

**Date Issued: 20 February 2025**

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 27 February 2025 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

**Peter Murray**  
**Interim Convener**

**AGENDA**  
**PUBLIC SESSION**

	<b>Item</b>	<b>Report No</b>
1.	Welcome and apologies for absence	
2.	Declarations of interest	
3.	Minutes of previous meeting – 21 November 2024	
4.	Matters arising	
5.	Interim Conveners report	<b>01/2025</b>
6.	Chief Executives report	<b>02/2025</b>
7.	Audit and Assurance Committee report to Council	<b>03/2025</b>
8.	Decision on review of Registration Fees	<b>04/2025</b>
9.	Draft Budget 2025 - 2026	<b>05/2025</b>
10.	People Management Policies report:  Recruitment Retirement and Severance Workforce Change	<b>06/2025</b>
11.	Corporate Governance report	<b>07/2025</b>
12.	Future Proofing Programme Achievements report	<b>08/2025</b>

13.	Council Action Record	
14.	<p>Date of next meeting and calendar of business – The next meeting of the Council for full business will be held on Thursday 22 May 2025 at 10am.</p> <p>There will be a meeting in March to discuss the 2025/26 budget and the date and time will be confirmed at the meeting today.</p>	

### **PRIVATE SESSION**

15.	Minutes of previous meeting – 21 November 2024	
16.	Employment Appeal Panel	<b>09/2025</b>
17.	Staffing Matters (verbal update)	

### **Private session items explained**

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

<b>Agenda item</b>	<b>Reason for exclusion</b>
16 and 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)

## SCOTTISH SOCIAL SERVICES COUNCIL

### Unconfirmed minutes of the Council meeting held on 21 November 2024 at 10.00am in Tay Room, Compass House, Dundee and by Teams meeting

**Present:** Peter Murray, Interim Convener, Council Member  
Sharon Ballingall, Council Member  
Jillian Brannan, Council Member  
Edel Harris, Council Member (online)  
David Heaney, Council Member  
Rona King, Council Member  
Lindsay MacDonald, Council Member  
Doug Moodie, Council Member (online)  
Frank Reilly, Council Member

**In Attendance:** Maree Allison, 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 10 staff observing

<b>1.</b>	<b>Welcome and apologies</b>
1.1	The Interim Convener welcomed everyone to the meeting. He advised that there were no apologies and the meeting was quorate.
<b>2.</b>	<b>Declarations of interest</b>
2.1	There were no declarations of interest.
<b>3.</b>	<b>Minutes of the previous meetings – 22 August 2024</b>
3.1	The minutes of the meeting held on 22 August 2024 were approved as an accurate record, subject to updating the job title for Maree Allison in the attendance list to Chief Executive.
<b>4.</b>	<b>Matters arising</b>
	<i>This item was taken in the private session</i>
<b>5.</b>	<b>Interim Convener's report</b>
5.1	Peter Murray presented his report as Interim Convener to Council. The report provided an overview of his induction into the Interim Convener role, having shadowed Sandra Campbell for a number of weeks before her resignation came into effect.

5.2	The report gave an overview of meetings he had attended and other general engagements including his attendance, along with other Council Members, at the staff conference held on 30 October 2024.
5.3	Peter Murray also asked the Council to approve a change of date for the Council meeting scheduled for Monday 24 March into Thursday 27 March 2025. This meeting is convened mainly to approve the budget and this slight delay would allow an additional few days for receipt of the budget confirmation letter from Scottish Government and also normalise the meeting day to Thursday (rather than Monday) which is the usual day for Council meetings.
5.4	The Council
	1. noted the report
	2. agreed to change the meeting date in March 2025 from Monday 24 March to Thursday 27 March 2025.
<b>6.</b>	<b>Chief Executive's report</b>
6.1	Maree Allison presented report 33/2024 which provided Council with an update on her key points of interest and also SSSC activities broken down by strategic outcomes. The key points mentioned were <ul style="list-style-type: none"> <li>• the launch of the consultation on registration fees</li> <li>• giving evidence about the National Care service Bill (NCS) to the Health, Social Care and Sport Committee</li> <li>• noting the final meeting of the Future Proofing Programme Stakeholder Engagement Group had taken place with the final meeting of the Sponsor Group also having taken place the day before the Council meeting.</li> </ul>
6.2	Maree Allison advised that in conversations with the Chief Social Work Officer, she had confirmed that arrangements for establishing the National Social Work Agency continued to progress notwithstanding the delays to the NCS. She also verbally highlighted that the SSSC's three-year Future Proofing Programme was near its end and that the benefits were already being realised
6.3	Members congratulated all officers involved with the FPP. Rona King requested a report on lessons learned, both positive and negative experiences, which may help address how to successfully run and future long running project. Maree Allison advised that the communications team were working on a video diary of the project which would be shared with Members and would form part of a discussion session.
6.4	Other areas discussed were <ul style="list-style-type: none"> <li>• Whether the delay of the NCS would result in any resource issues for the SSSC. Maree Allison confirmed that the focus for the organisation would continue to be support for the workforce including conditions and development.</li> <li>• Laura Lamb advised that the work with the Fire and Rescue Service on developing learning modules was progressing and once available</li> </ul>

	<p>this would be an open resource and could be useful to workers in homeless units and care at home workers.</p> <ul style="list-style-type: none"> <li>Jillian Brannan mentioned that the recent regulatory conference had covered the upstreaming of regulation. It was agreed that the SSSC worked towards preventative regulation, resulting in fewer Fitness to Practice issues and cases. Maree Allison commented that social services were more advanced in this method but that health regulators are now also moving to an upstreaming method of regulation.</li> </ul>
6.5	Peter Murray confirmed that a report on FPP, including the likely and full effect of the changes made, should come to Council in February.
6.6	<p>The Council</p> <ol style="list-style-type: none"> <li>noted the information contained in the report</li> <li>noted that further information and a report of the FPP would be submitted to the February meeting of the Council.</li> </ol>
<b>7.</b>	<b>Audit and Assurance Committee report to Council</b>
7.1	Lindsay MacDonald presented report 34/2024, which summarised the matters dealt with at the Audit and Assurance Committee held on 29 October 2024.
7.2	<p>He highlighted the following matters which were discussed at the meeting</p> <ul style="list-style-type: none"> <li>The level of the general reserve had been discussed and noted that this would be reviewed during budget setting for 2025/26. The level would be left as is for the current year.</li> <li>The internal audit reports on Future Proofing Systems Control and on Complaints were both positive reports.</li> <li>The improvements and benefits realised arising from the FPP should filter through into the Strategic Performance Indicators in time for the next Committee meeting in February.</li> </ul>
7.3	<p>The Council</p> <ol style="list-style-type: none"> <li>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</li> <li>noted that Committee: <ol style="list-style-type: none"> <li>recommended a review of the general reserve should take place during the budget setting process for 2025/26</li> <li>reviewed the risk register as at 30 October 2024 which included the risk relating to the issue with the FPP Notices of Decision</li> <li>approved an extension of time to 31 March 2025 to complete one recommendation of the audit report on Internal Workforce Planning Management Information</li> <li>endorsed the procurement update and performance report for 2023/24.</li> </ol> </li> </ol>
<b>8.</b>	<b>Qualified status of the workforce</b>

8.1	Laura Lamb presented report 35/2024 which provided the Council with an extensive overview of the qualified status of the social services workforce. This report was the second of the six-monthly reports on this. The report highlighted the rate of new workers joining the register, who were not yet qualified and also the attrition rate from the sector.
8.2	The report included data showing qualified numbers by register part and by job groups, eg managers, practitioners etc. The report referred to the parts of the register which were opened most recently as these workers are the least qualified group, taking into account the time allowed in order to gain qualifications. The adult social care sector has least percentage qualified and highest attrition rates. This group is the main area of focus and solutions are being sought in discussions with other stakeholder groups and bodies to identify the blockers to qualifications and to find solutions. The FPP is bringing in more accurate data from workers which will also help identify solutions. The launch of the FPP has also has resulted in more flexibility of qualifications needed and should help flexibility in the workforce and improve attrition rates.
8.3	There is further work planned to determine whether the percentage of qualified staff in a service impacts on the grades awarded to the service by the Care Inspectorate.
8.4	Laura Lamb referred Members to the appendix to the report which listed a number of actions in place to assist in ensuring a qualified workforce.
8.5	<p>Members raised a number of queries</p> <ul style="list-style-type: none"> <li>• There was reference made to the younger age of workers in childcare and the benefits of guidance and assistance available through schools, youth academies etc.</li> <li>• On the question of whether the public can see the percentage of staff qualified at any care service, Maree Allison reminded Members that a decision was taken by Council not to publish information on qualification status on the Public Register. Much more work would require to be done on this before considering whether there is any benefit to providing this type of information to the general public.</li> <li>• It was suggested that disparity of conditions and wages may be a factor between children's and adults services and it would be useful to see if these are factors in attrition and also qualification rates.</li> <li>• Laura Lamb confirmed that the newly introduced leavers survey will highlight reasons that the workforce leave the sector.</li> <li>• Laura Lamb also confirmed that funding to support qualifications for staff is an issue.</li> </ul> <p>Peter Murray concluded the discussion confirming that the desired result was to support a better service for people who use the services.</p>
8.6	<p>The Council</p> <ol style="list-style-type: none"> <li>1. endorsed the actions that the SSSC is taking to support the workforce to get qualified</li> <li>2. requested that newer Council Members be signposted to the earlier reports.</li> </ol>

<b>9.</b>	<b>Proposed registration of new groups</b>
9.1	<p>Laura Lamb presented report 36/2024 which provided detail on the Government's proposal to register additional groups of workers in the social services sector. These would be included on the SSSC's register. We carried out a scoping exercise which formed part of the Future Proofing Programme. We reported back to Scottish Government in January 2024 and recommended that the following seven groups be included in the proposed consultation to expand the register:</p> <p>Support Worker – Adult Day Care Service  Practitioner – Adult Day Care Service  Supervisor – Adult Day Care Service  Practitioner – Offender Accommodation Service  Supervisor – Offender Accommodation Service  Manager – Offender accommodation Service  Social Work Assistants.</p>
9.2	<p>Consultation with a number of stakeholders has taken place on relevant qualifications, appropriate fee levels and Continuous Professional Learning (CPL) requirements for these groups.</p>
9.3	<p>During discussion the following matters were raised</p> <ul style="list-style-type: none"> <li>• Maree Allison confirmed that the decision to register new groups belongs to Scottish Government. She also clarified that child minders are registered as a service but not as individuals, but they must still be qualified. Personal Assistants is a group that remains unregistered and at this point Scottish Government does not intend to bring onto the Register.</li> <li>• Some Housing Association workers provide a caring/social service type of role also. The SSSC can suggest groups to the Scottish Government and this could form part of the reply to the consultation process.</li> <li>• Laura Lamb advised that we will develop a function descriptor to help in categorising who will require to be registered, particularly helpful for registration of social work assistants, which is considered the most complex group to categorise.</li> <li>• Doug Moodie raised concerns about regulation of out of school groups and workers as there is strict criteria to be met and many groups and workers fall outwith the description and outwith regulation.</li> <li>• Peter Murray raised the issue of provision of sufficient training places if these additional groups are to be registered.</li> </ul>
9.4	<p>The Council approved</p> <p>1. Consultation on the registration of the following new groups  Support Worker – Adult Day Care Service  Practitioner – Adult Day Care Service  Supervisor – Adult Day Care Service  Practitioner – Offender Accommodation Service  Supervisor – Offender Accommodation Service  Manager – Offender accommodation Service  Social Work Assistants.</p>

<b>10.</b>	<b>Appointment of Internal Auditors</b>
10.1	Laura Shepherd presented report 37/2024 which provided information to Council on the process for the appointment of the internal audit service. Members noted that although Audit and assurance Committee had sought to recommend appointment of Henderson Loggie, the Members requested further information be provided to Council. They had asked how the Scottish Government procurement process and framework worked to ensure the best service was successful and how is due diligence carried out in the process?
10.2	Laura Shepherd explained the process carried out by Scottish Government in order for companies to be included in the framework and also the cost benefits to organisations like the SSSC as the costs are based on the wider opportunities provided to the companies by being part of the framework.
10.3	Maree Allison also explained that the instruction from Scottish Government is that the first option must be the framework as the combined potential size of the market for those on the framework ensure best value.
10.4	Peter Murray thanked the officers for the clarity provided adding that Members must have trust and understanding of the process.
10.5	The Council 1. approved the appointment of Henderson Loggie LLP to provide internal audit services to the SSSC. The appointment will be for an initial three-year period until 31 March 2028 with an option to extend for a further two 12-month periods.
<b>11.</b>	<b>Digital Strategy</b>
11.1	Laura Shepherd presented report 38/2024 which included the refreshed Digital Strategy for 2024-2027. She confirmed that there were no major changes and the direction of the strategy remained the same but with an increased focus on Artificial Intelligence (AI) and cyber resilience. She advised on the reporting protocol for digital projects confirming that the Council receives an annual report from the Digital Programme Board.
11.2	Sharon Ballingall commented on some recent self-development she has undertaken in order to better understand the capabilities of AI and how helpful and informative she had found it.
11.3	In answer to a query, Laura Shepherd confirmed that where the SSSC promotes external sites for learning and experiences, this uses very little in resources as it essentially means posting a link to the other information site.
11.4	Members commented on and requested some small changes to be made to the Strategy to include



	<ul style="list-style-type: none"> <li>ensure references such as the Promise and Adult Social Care Review are updated to current language</li> <li>update the date of the strategy to align with the Strategic Plan, ie 2024 – 2026</li> <li>update to section six to show which actions are new and which are continuing.</li> </ul>
11.5	The Council
	1. approved the refreshed Digital Strategy subject to the strategy covering the period 2024-2026 and to the other minor changes to wording as requested.
<b>12.</b>	<b>Interim Communications Strategy</b>
12.1	Laura Shepherd presented report 39/2024 along with the Interim Communications Strategy which will support the Strategic Plan until 2026. The interim strategy was discussed with Members at the development session in June 2024 and it sets out the focus for the coming months, to the end of the current Strategic Plan. Laura Shepherd emphasised that the strategy covers how we communicate with the public and stakeholders and not what we communicate.
12.2	Members and officers discussed the size and reach of our audience and whether our audience should be broader, in order to further raise awareness about funding and development of the workforce. There was also general discussion around visibility of social work and the social services sector.
12.3	Discussion also covered how we produce and advertise our publications and the availability of different formats. These concerns were addressed by Maree Allison and Laura Shepherd who both advised on the various formats available for our external communications as well as our utilisation of interpretation services.
12.4	The Council
	1. approved the draft Interim Communication Strategy for 2024-2026.
<b>13.</b>	<b>Data Protection Policy</b>
13.1	Anne Stewart presented report 40/2024 along with the revised Data Protection Policy which sets out the arrangements in place to comply with data protection legislation and guidance. She advised on the reporting process for incidents and referred Members to the Assurance Map which is reviewed quarterly by the Audit and Assurance Committee. Anne Stewart confirmed that compliance with Data Protection was the subject of internal audit in 2022 with a good level of assurance and is also included within the current audit on legislative compliance.
13.2	The Council
	1. approved the revised Data Protection Policy 2024.

<b>14.</b>	<b>Health and Safety Annual Report</b>
14.1	Laura Shepherd presented report 41/2024 along with the Annual Health and Safety Report for 2023/24. She advised that Display Screen Equipment (DSE) forms continue to be required to be completed annually by staff for home and office working. In the office environment there is a focus on near misses as well as accidents as these can often be easily remedied.
14.2	Jillian Brannan commented that she was disappointed to see there were two verbal aggression incidents reported, although pleased that these were included within the reporting process.
14.3	The Council
	1. endorsed the performance in the Health and Safety report for 2023/24, noting that in paragraph 3 the table will be amended to read 2023/24.
<b>15.</b>	<b>Fitness to Practise Committee</b>
15.1	As Chair of the Fitness to Practise Committee, Peter Murray presented report 42/2024. Along with the report, he presented the minutes of the triennial meeting of the committee held on 10 September 2024, and the information on outcomes and disposals and training for panel members, which was considered by the committee members who had attended the meeting.
15.2	The Council noted the contents of the report and the appendices.
<b>16.</b>	<b>Council Action Record</b>
16.1	Council noted that two actions were completed and would be archived for future information. For action C24/01 Hannah Coleman advised that only one letter was still to be issued and this was subject to information incoming first. Maree Allison confirmed that discussions on the Partnership Agreement with the Care Inspectorate were taking place at Board level and for clarity, action C23/25 should be relabelled Partnership Agreement rather than Shared Services.
<b>17.</b>	<b>Date of next meeting and Calendar of Business</b>
17.1	The next scheduled meeting of the Council will be held on Thursday 27 February 2025.
17.2	The calendar of business for the next 12 months was noted.

The meeting started: 10am  
The meeting finished: 1.15pm

Signed \_\_\_\_\_  
Peter Murray  
Interim Convener

Date\_\_\_\_\_

<b>Title of Report</b>	Interim Convener's Report
<b>Summary/purpose of report</b>	Update on the Interim Convener's activities since the last Council meeting on 21 November 2024
<b>Recommendations</b>	The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Interim Convener
<b>Author</b>	Peter Murray, Interim Convener
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p>

	<p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</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>
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	None
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. This report covers the Interim Convener's activities for the period from the last full Council meeting on 21 November 2024.

## **INTRODUCTION**

2. Even with the Christmas break in the middle of the period since my last report much has been happening in SSSC. In particular the conclusion of the fees increases consultation and the launch of the potential new registrant's consultation. I would like to thank everyone involved in both these pieces of work and those who have responded. We have a paper at today's meeting which will allow Council consideration of the response to the fees increase consultation.
3. I have been very impressed how quickly our new Members have assimilated into their new role as Council Members. There is clearly considerable experience and enthusiasm to continue to support SSSC's ambition.

## **ENGAGEMENTS**

4. I was interviewed as part of the Investors in People reaccreditation and was delighted to hear subsequently that the Gold award status had been maintained. Well done to all staff for their contribution in ensuring such high standards throughout the organisation.
5. The two development days in both December and January covered a range of topics including several aspects of good governance. In January we were pleased to welcome the Minister for Young People and Children, Natalie Don-Innes.
6. In the January development day, a focus on the registration fees increase consultation allowed Council colleagues to informally discuss the feedback received.
7. Council colleagues raised questions with the Minister on our budget and how a more sustainable position can be reached. They also asked about the difficulty of sustaining an adult social care workforce against significant challenges of more attractive employment opportunities, including in other parts of the health and social care sector. The wider question of Public Sector Reform was raised with a request to the Minister to assist in cross department coordination at Scottish Government level where that can help SSSC achieve better outcomes.
8. We also heard about the outcome of a registrant survey and developments in the National Occupational Standards.

## **MEETINGS WITH PARTNERS**

9. Maree and I have met several times with both NHS Education for Scotland (NES) and the Care Inspectorate. Following feedback from Council colleagues I have spoken with Maree about the best way to ensure that our partner engagements have a strategic focus and can identify how the partnerships achieve positive outcomes for all partners. Our most recent meeting with both partners allowed us to consider how this can be best achieved. More detail on this will be provided in due course.

## **CONCLUSION**

10. There is much to be proud of for those working across all departments of SSSC. The successful launch of the Future Proofing Programme is testament to the forward-looking perspective the SSSC takes. We look forward to exploring how both internally and externally working with others we can continue to grow, become more sustainable and connect to registrants in a way that ensures their registration fee is not only a sign of their level of professionalism but value for money.

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

	<p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</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>
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	None
<b>Background papers</b>	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 21 November 2024, and look forward to emerging issues.

## **KEY POINTS**

2. Our Minister Natalie Don-Innes MSP visited in January and met with Council Members to discuss issues, as highlighted in the Convener's report. She then attended a workshop with staff who were looking at feedback on the successful Future Proofing Programme and some key improvement areas identified in the Registrant Survey. This was a positive meeting and it was helpful for the Minister to understand some of the issues the SSSC is trying to support across the sector.
3. Whilst Scottish Government announced in January that they would not proceed with the structural reforms and creation of a new public body as part of the National Care Service, on 17 February they presented their Stage 2 amendments including the creation of a National Social Work Agency as an agency of Scottish Government and the Chief Social Work Adviser as a statutory role. This is welcome news for the profession and we will work closely with colleagues in the Office of the Chief Social Work Adviser, clarifying the interface with our functions. Along with other stakeholders, I met with the Minister for Social Care, Mental Wellbeing and Sport, Maree Todd on 5 February to discuss progress on the aims of the National Care Service after the decision not to proceed with the structural reforms.
4. On 17 February, the Minister for Public Finance, Ivan McKee, held a Public Service Reform Summit which I attended. The summit brought together leaders across the public sector to discuss challenges and focus for reform.
5. We have received the outcome of our triennial Investors in People assessment and I am very pleased to report that we retained Investors in People Gold award. The assessment has highlighted improvements across almost all measures and particular strengths are the positive culture within the organisation, our focus on staff wellbeing and an improvement in how we manage performance. Members have received a copy of the report and we will share it with staff this month.

6. Our consultation on registration fees has concluded and the outcome of that consultation is reported to Members elsewhere on today's agenda.

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

7. Our consultation on the registration of new groups is now live. We are consulting on the potential registration of workers in adult day care services, workers in offender accommodation services and social work assistants. We are consulting on whether they should be registered and if they are, the proposed qualification, Continuous Professional Learning (CPL) and fee requirements for each role. Any decision on bringing new groups onto the Register sits with Ministers and this consultation will inform their decision.
8. We carried out an internal review of fitness to practise hearings and processes to enhance our person-centred approach. The review concluded with recommendations for improving the experience for all parties, which we will implement in the new financial year.
9. We are carrying out initial scoping work for a replacement case management system to support our fitness to practise work. Our existing system is coming to the end of its life with the supplier intending to move it to open source and sunset support.

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

10. We collaborated with NES and the TURAS team to create technology that links the SSSC MyLearning CPL app with the NHS Education for Scotland (NES) TURAS Learn platform. This integration lets learners track progress on National Induction modules and share it via the MyLearning app. It represents a significant step towards reducing duplication for learners, aligning with the Once for Scotland approach to continuous professional learning (CPL).
11. The MyLearning (v5) app launched on Google Play and Apple App Stores in January. It now aligns with the new CPL model, and its QR code functionality allows users to scan codes with their device camera without opening the app first.
12. In partnership with the Leading to Change team at NES, we held events, both in person and online, to support adult social care supervisors. These events target newly recruited supervisors or those working towards a supervisory qualification required for registration. They aim to connect

supervisors, discuss various aspects of their role, and cover supporting and supervising colleagues. Two more online events and one in-person event are scheduled for March.

13. We held two sessions (November and January) for employers to enhance their understanding our process for the assessment of qualifications of social workers who are internationally qualified and applying for registration with the SSSC. The learning from the sessions will help employers who recruit internationally to understand what is required and how to support their workers through the process.

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

14. Our first 'Have Your Say' workforce wellbeing survey is now live. We aim to gather vital data from the workforce to help us and agencies like the Scottish Government understand their experiences and views on key issues. We will use this information to shape our work, offerings, and address important concerns for social work, social care, and children and young people's workers in Scotland. The survey covers topics such as well-being, pay, conditions, support, training access, and job experiences. We will conduct the survey annually to track changes and improvements. We will publish the results at the end of March 2025.
15. We have established the Dementia Network liaison group with NES, the Care Inspectorate, and Scottish Care to enhance a cooperative approach and support workers engaged in dementia learning and practice. We conduct quarterly online dementia network webinars for dementia ambassadors and other staff interested in dementia education. Additionally, we partner with NES and the Scottish Government to facilitate and develop the objectives of the Dementia Workforce Short Life Working Group (SLWG) to guide the implementation of the recent Dementia Strategy delivery plan.
16. In partnership with Social Work Scotland and the University of Strathclyde we have co-designed a series of relationship-based practice webinars for Social Workers. The webinars will take place during April and May 2025.
17. In collaboration with the Care Inspectorate, Skills Development Scotland, Scottish Care, and the Coalition of Care and Support Providers in Scotland, we have published guidance for employing 16 and 17-year-olds in social care. This guide dispels myths about regulatory barriers, includes case studies and testimonials from employers, and provides practical advice on recruitment and onboarding, covering application processes, interviews, pre-employment communication, mentoring, and legal considerations.

18. As part of Cyber Scotland week 2025 we are hosting a free online event on 27 February 2025 to help improve cyber resilience across Scotland. Attendees will have the opportunity to hear from senior leaders about what support and advice is available for organisations and their workforce. The event will also explore how we can help those using services to stay safe online.

**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.

19. We are publishing the first set of data from our leaver survey before the end of March. The leavers survey provided valuable data and intelligence about why people are leaving the registered workforce and for those who are not retiring, where they are moving to.
20. The SSSC, as part of the UK wide Skills for Care and Development Alliance, commissioned research into the economic and social value of the UK adult social care sector. The research analyses the adult social care sector's economic and social value in the UK as a whole and in each of the four nations using data from 2022/23. It is used to inform the economic case for investment in the social care sector and its workforce in the UK as a whole (as well as having national breakdowns). It is also used to inform policy making and national spending review decisions on investment. The total direct, indirect, and induced value of the adult social care sector in Scotland was £5.2 billion. It was estimated that for every £1 spent in the sector, there was £1.98 in socioeconomic benefits. The UK and Scotland report can be found here <https://data.sssc.uk.com/8-pages/383-economic-and-social-value-of-the-uk-adult-social-care-sector-scotland>
21. We have updated our Careers in Care website to highlight new career stories sharing and promoting different experiences and pathways people working across the sector have taken and what motivated them to take up various roles in the sector. These stories are used to promote opportunities within the sector during Scottish Careers Week in November.
22. We published our latest six-monthly social work vacancy report in November 2024. Key findings from the report are:
  - There was a 5.3% increase in the whole time equivalent (WTE) number of practising social workers between December 2023 and June 2024.
  - The WTE of practising social workers had also increased by 15.1% between December 2019 and June 2024.

- There were 6,212 WTE practising social workers in June 2024. This is the highest number since records began in the 1990s.
- The data from June 2024 shows an increase in WTE vacancies compared to the December figures but a decrease in the vacancy rate from December 2023, down from 10.3% to 9.3%.
- In June 2023 the vacancy rate was 12.9% compared to 9.3% in June 2024.
- Vacancy rates varied by fieldwork team, however high rates in the children and adult fieldwork teams suggest an increasing demand for social workers.
- Vacancy rates are higher for main grade posts than senior posts.
- At the Scotland level the WTE per 100k population has increased from 99 Personal Support Workers (PSWs) in December 2019 to 113 in June 2024.
- Between December 2023 and June 2024, the WTE of generic fieldwork social workers decreased while all others increased.

## **SUSTAINABLE ORGANISATION**

23. We held the first formal National Stakeholder Advisory Forum that was established post FPP. The meeting was well attended from key partners across the sector and discussion provide valuable insights into some of the work the group will help us look at and shape in the future.
24. We will publish the Registrant Survey results in March 2025. Our recent survey results show positive increase in responses across most of the questions asked. We had very positive responses to the changes brought in by Future Proofing Programme (FPP).
25. We concluded our pilot project to implement the use of Co-Pilot AI software. The pilot received good feedback and a decision will be made about full implementation shortly. The Digital Development Programme Board agreed to set up a working group of officers to further investigate the use of AI in the delivery of our services and functions. Research into the use of AI in other regulators will start in 2025/26 to inform our needs.
26. We have staffing matters to discuss with Council which I will cover under the private part of the agenda.

## **HORIZON SCANNING**

27. **National Care Service (Scotland) Bill:** In January, the Scottish Government announced plans to remove Part 1 of the National Care Service (Scotland) Bill but keep Parts 2 and 3, pending Parliament's approval. The proposed NCS National Board will be replaced by an independent Advisory Board, which may advise Ministers on areas such as support for the workforce and Fair Work. A letter from the Minister for

Social Care, Mental Wellbeing and Sport to the Convener of the Health, Social Care and Sport Committee outlines next steps, including plans for a national approach to social work, improved complaints processes and continued implementation of Anne's Law. It also mentions good progress on plans for sectoral bargaining for social care workers. On 17 February Scottish Government announced the Stage 2 amendments which include the National Social Work Agency and the statutory Chief Social Work Adviser.

28. **Post-School Education and Skills Reform:** In January, the Scottish Government confirmed that will change the funding system for universities, colleges and apprenticeships. Responsibility for national training programmes including apprenticeships will move from Skills Development Scotland to the Scottish Funding Council. Legislation will be published shortly, and the changes are scheduled for autumn 2026.
29. **Assisted Dying for Terminally Ill Adults (Scotland) Bill (Members Bill):** The Health, Social Care and Sport Committee is currently scrutinising the Bill. Some responses to the Committee have highlighted the need to consider the role of social workers. Others have highlighted the need to support and upskill the workforce if the Bill is successful. The Committee's provisional timetable of evidence is due to end on 4 February. We wrote to the Committee to highlight the impact on the registered workforce of the proposals.
30. **Adults with Incapacity Amendment Act:** In 2025 the Scottish Government has committed to bringing forward a Bill in 2025 which will amend the Adults with Incapacity legislation. In January, the Scottish Government published an analysis of responses to a consultation on the Bill and noted that most respondents supported the proposals. The consultation covers areas such as the role of Mental Health Officers (MHOs), including reports and guardianship forms.

## CONSULTATION

31. 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

32. There are no risks identified.

## **IMPLICATIONS**

### **Resourcing**

33. There are no resourcing issues identified.

### **Compliance**

34. There are no compliance issues.

## **IMPACT ASSESSMENT**

35. An impact assessment is not required because this report is for noting.

## **CONCLUSION**

36. This report provides a broad overview of activity across the organisation.

<b>Title of report</b>	Audit and Assurance Committee report to Council
<b>Public</b>	Public
<b>Summary/purpose of report</b>	To make recommendations from the Audit and Assurance Committee
<b>Recommendations</b>	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> <li>1. the Council accepts that the assurance report presents a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management.</li> <li>2. the Council notes that Committee <ol style="list-style-type: none"> <li>a. recommends to Council approval of the Risk Register at Appendix 2</li> <li>b. recommends to Council that the Risk Register is reviewed quarterly at each Committee meeting and that the risk appetite is reviewed annually</li> <li>c. noted the internal audit report on Future Proofing Programme phase 3 will be submitted to the April meeting of the Committee</li> <li>d. approved the Draft Strategic Internal Audit Plan 2025 to 2028</li> <li>e. approved the Draft External Audit plan for 2024/25</li> <li>f. noted future arrangements for reporting on benefits realisation.</li> </ol> </li> </ol>
<b>Author</b>	Lindsay MacDonald, Chair, Audit and Assurance Committee
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p>



	<p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
<b>Impact Assessments</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	<p>Appendix 1 - Assurance report at 31 December 2024</p> <p>Appendix 2 - Risk Register as at 31 December 2024</p> <p>Appendix 3 - Risk Appetite Statement</p> <p>Appendix 4 - Assurance Map as 31 December 2024</p>
<b>Background papers</b>	<a href="#"><u>Draft minutes of Audit and Assurance Committee of 4 February 2025</u></a>

## **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 matters of the Audit and Assurance Committee to SSSC Council following the Committee's meeting on 4 February 2025.

## **ASSURANCE REPORT**

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

### **Finance**

4. Committee noted payroll savings for the nine months to 31 December 2024 was £569k. Staff costs remain at 80% of expenditure. Committee noted that accommodation costs were reduced from previous years due to the reduction in office space.
5. The Committee also discussed and accepted the direction from Scottish Government that, where possible, reserves should be used to reduce spending pressure, leaving the reserves at 5.9% at the year end. This is above the percentage set, internally, some years ago, but this will be reviewed during budget setting process for 2025/26.

### **Strategic Performance Indicators**

6. Committee discussed the change to the reporting of the statistic at SPI 2.1 and this led to discussion about whether the Committee wished to see an additional statistic, perhaps a rolling month-to-month projection.
7. Committee also received an explanation for SPI 2.2 tracking amber whereas it had previously tracked green and Members asked if further information on the reasons for the extended time for some hearings can be reported.
8. Committee also noted that the new structure of the Register will reduce the risk of workers leaving the register in order to register on another part.
9. Committee noted the positive outcomes following data taken from registrants' surveys and the annual declarations.

## **HR data**

10. Committee discussed the long-term sickness absences and noted that benchmarking and noted that the threshold for 'long term' is 4 weeks and over and that a number of processes were in place to manage the current levels and also that there were no trends noted.
11. Committee also noted the staff turnover statistic and it was agreed that more relevant benchmarking was required for accurate comparisons against similar types of workforce.
12. Committee took assurance from the information contained in the reports and verbally provided that appropriate action was being taken by management to manage the staff absences and also to research more accurate benchmarking.

## **Risk Register**

13. Committee reviewed the Risk Register position as at 31 December 2024 and noted the recommendation to reduce risks 5 and 6 and also to review the level of risks 1 and 2 with a view to reducing these taking into account the positive internal audit reports.
14. Committee took assurance from the recommendations that management is closely monitoring the risk register and making appropriate recommendations to Members.

## **Assurance Map**

15. Members reviewed the Assurance Map as at 31 December 2024.

## **AUDIT REPORTS**

16. The Committee was presented with the following audit reports from Henderson Loggie:  
  
Qualification Assessment  
Compliance with Legislation  
Internal Audit Progress report
17. Both Qualification Assessment and Compliance with Legislation reports provided a good level of assurance with one recommendation in the latter.
18. The follow-up review provided detail on the progress against the 2024/25 audit plan. It was noted that the Future Proofing Programme – Phase 3 would be presented to the Committee in April, the timetabling of the fieldwork having overrun the original schedule.

19. The Committee reviewed the internal/external audit tracker.
20. The Committee took assurances from the auditor's reports and the management's tracker on completion of recommendations and congratulated those involved in positive reports throughout the year.

#### **DRAFT STRATEGIC INTERNAL AUDIT PLAN**

21. After noting that the plan was prepared taking various documents and procedures into account, the Committee reviewed and approved the draft Strategic Internal Audit Plan for 2025-2028.

#### **DRAFT EXTERNAL AUDIT PLAN**

22. Deloitte presented the external audit plan for 2024/25 to Committee. It was noted that the timeline was in place and there were no issues or difficulties anticipated in meeting the schedule.

#### **FUTURE PROOFING PROGRAMME NOTIFICATION ISSUE UPDATE**

23. The Committee took assurance from the update that appropriate steps are being taken to resolve the issue which had been well managed. As a result of this, the budget ringfenced to compensate for this issue was reduced by a significant amount.

#### **RISK REGISTER AND APPETITE STATEMENT REVIEW**

24. The Committee reviewed the Risk Register and acknowledged that, as a matter of practice, it is reviewed at each quarterly meeting of the Committee. The Committee also considered the Risk Appetite Statement and agreed that this should continue to be reviewed annually. Committee welcomed the suggestion that a development session on risk appetite be held in the afternoon of 19 March 2025 (following the joint meeting with the board of the Care Inspectorate that morning) and the Committee will review the Statement at its next meeting and thereafter make a recommendation to Council.
25. The Committee recommends approval of the Risk Register to Council and that it be reviewed on a quarterly basis at Committee and that the Risk Appetite Statement continue to be reviewed annually but that no recommendation be made to Council until the first meeting after the development session scheduled for 19 March 2025.

## **BENEFITS REALISATION REPORT JULY - DECEMBER 2024**

26. The Committee noted and endorsed the benefits realised from digital projects between July and December 2024. Committee discussed the future reporting of digital projects and noted these would be reported regularly through the Digital Sponsor Group and annually to Council.

## **CONSULTATION**

27. 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**

28. 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**

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

### **Compliance**

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

## **IMPACT ASSESSMENT (IA)**

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

## **CONCLUSION**

32. 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.
33. 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.

<b>Title of report</b>	Assurance Report as of 31 December 2024
<b>Summary/purpose of report</b>	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> <li>assesses delivery of our strategy through the analysis of strategic performance indicators</li> <li>highlights areas of concern</li> <li>identifies corrective action required.</li> </ul> <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
<b>Recommendations</b>	<p>The Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> <li>endorse the direction of travel for the .strategic measures</li> <li>approve the risk register position and changes to scores set out in the report for risk 5 and 6</li> <li>approve the changed reporting at 2.1 as explained at Appendix 3</li> </ol>
<b>Author</b>	Laura Shepherd, Director of Strategy and Performance
<b>Responsible Officer</b>	Maree Allison, Chief Executive
<b>Link to Risk Register</b> Risks as of 1 April 2024	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> - People who use services are protected by a regulated workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> - Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> - Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> - The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Link to the Strategic Risk Register</b>	Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.

<b>Documents attached</b>	Apx 1: Full 2024/25 Strategic Risk Register. Apx 2: Assurance Map. Apx 3: revised measure explanation
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# ASSURANCE REPORT AS OF 31 DECEMBER 2024

AAC Meeting Version

4 February 2025

Agenda item: 05, Report no: 01/2025

Action: For Decision



## EXECUTIVE SUMMARY

### DECEMBER 2024 SPI PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
Finance	Available reserves (%)	1-4		2 to 2.5	5.9	+0.7	↓	Red	Our reserves are currently higher than our internal set target for 2.5%
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	16.6	+1.0	↓	Green	Legislative change introduced by the Future Proofing Programme will reduce time to apply and improve performance over the year. Change in calculation to only consider new individuals to the register or a register part.
2.2 Reg	SSSC will maintain the number of open fitness to practise cases at an acceptable level	1	1	1850	1866	-38	↑	Amber	Year-end position based on current performance trends. Potential to be green.
	95% of our open cases will be less than three-years-old	1	1	95.0	96.8	+0.2	↑	Green	
2.3 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	33.0	34.3	-1.5	↓	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	83.7	+0.3	↑	Green	Annual declaration data now coming in to these measures
	Cumulative performance (%)	2	2	80.0	83.4	+0.1	↑	Green	

KOI	KOI Description	Outcome	Risk	Ambition			Movement	Proj. YE	Actions & Comments
2.5	Delivery of key milestones across our joint initiatives and programme of work against national strategies	2, 3, 4		-				N/A	
3. 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	6.0	-1.2	↑	-	Absence is higher than benchmarking.HR continue to monitor trends and work is ongoing to develop better reporting.
4.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	12.1	-0.9	↑	-	
5.1 KOI Reg	Registrant workforce numbers			N/A	177.4k	-104	-	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.
5.2 KOI S&P	The percentage of the workforce feeling valued for the work they do	4		N/A	16.2	+0.8	-	N/A	
5.3 KOI S&P	The percentage of the workforce with the correct qualification (%)	1,2,3,4		N/A	54.9	+0.4	-	N/A	There have been improvements within the logic for how this measure is calculated

### RAG Status Key

Green	On track, on budget, minor issues within green parameters set within a measure
Amber	Low level risks/issues, short term delays, potential for budget under or overspend that has not yet manifested. Within amber parameters set within a measure
Red	Not on track, reported red risks, over budget, significant delays. Within red parameters set within a measure

## 1. CORPORATE FINANCIAL POSITION

### 1.1 Results

**The Results & Summary** below show the projection for the year to 31 March 2025 based on reviews to the end December 2024.

The projection is the addition of actual income and expenditure to 31 December 2024 and forecast of remaining income and expenditure to 31 March 2025.

- Our projected expenditure for the year is £19.779m compared against a budgeted expenditure of £20.470m (excluding disbursements).
- Our projected results show projected net expenditure of £75k (deficit) to be supported through the use of reserves. This will result in a £0 spending pressure.
- Our projected results show an expected underspend due to staffing costs as described below, mostly due to vacancies/turnover which has had an impact on performance in some areas.
- Our projected available reserves are currently 5.9% (£1.58m) compared to the 2.5% internal target, however there are risks that might require mitigating with the use of reserves.
- There is an underspend expected in Post Graduate Bursaries, Practice Learning Fees and Workforce Development Grant.
- There are no commitments noted in the results table due to the continued reporting issues with the new Finance system.

Scottish Social Services Council	Projection						
Income Statement	Actual	Committed	Total Actual + Committed	Forecast remaining	Projection	Budget	Movement Against Budget
Grant in Aid							
Staff Costs	11,724	0	11,724	4,421	16,145	16,714	569
Non Staff Costs	2,141	0	2,141	1,478	3,619	3,741	122
Grant in Aid & Other Income	(17,732)	0	(17,732)	(1,971)	(19,704)	(19,675)	(30)
Net Grant in Aid							
Expenditure/(Income)	(3,866)	0	(3,866)	3,928	60	781	(721)
GIA income Disbursements		0					
Post graduate bursaries	0	0	0	(2,655)	(2,655)	(2,655)	0
Practice learning fees	0	0	0	(3,852)	(3,852)	(3,852)	0
Payments							
Post graduate bursaries	836	0	836	827	1,663	2,655	992
Practice learning fees	96	0	96	3,524	3,620	3,852	232
Net Grant in Aid Disbursements	932	0	932	(2,157)	(1,224)	0	(1,224)
Income							
Voluntary Sector Development Fund	(16)	0	(16)	(584)	(600)	0	(600)
Other grants	(84)	0	(84)	(972)	(1,056)	0	(1,056)
Payments							
Voluntary Sector Development Fund	0	0	0	735	735	0	(735)
Other grants	511	0	511	983	1,494	15	(1,479)
Net Other Grants/Disbursements	411	0	411	162	573	15	558

\* Budget includes £2.4m additional GIA awarded in Autumn budget revision

**Staff Costs** represent over 80% of expenditure excluding disbursement payments

In the 9 months to 31 December, there is an overall net saving on staff costs of £569k resulting from the following:-

Payroll costs show a £790k saving on budget (6.6%) and the projection reflects the savings so far this year. There has been the use of agency staff to fill vacant posts increasing other staff costs by £108k. Vacancies across Registration and FtP have been due to secondments into FPP and higher levels of maternity leave than usual, both have affected performance in 2.1 and 2.2. The delays in recruiting in other posts across have affected our ability to deliver across some services but no overall impact on our current strategic plan. Staff costs include costs for the settlement of legal issues of £165k not included in the budget. There is a £30k reduction in the projection for training costs £30k due to departmental changes & priorities in the year meaning they have not been able to commit staff to training.

Panel Member allowances (£617k) are also included in staff costs and there is projected to be a £20k reduction on budget for the year based on outturn to date.

**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). The main element within projects is explained in FFP below.

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.

Within admin costs there is a projected saving of £50k on write offs due to a reduction in the level of registration fee debt written off following the FPP changes.

**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 £19.7m of basic GIA funding (including £2.4m additional GIA awarded as part of the Autumn budget revision) and other internally generated income plus Spending Pressure of £796k. During May to December 2024, we have drawn down £13.5m from the Scottish Government.

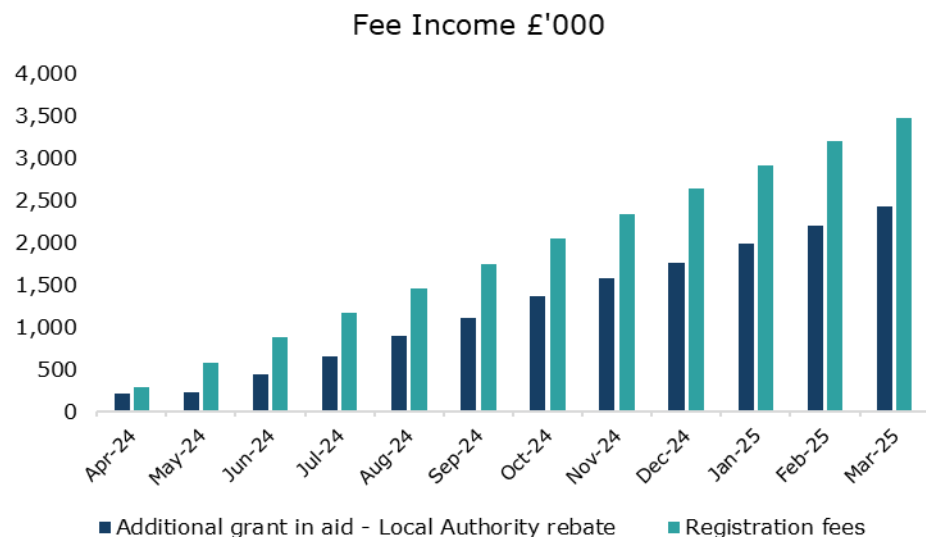
**GIA Disbursements** cover Post Graduate Bursaries (PGB) and Practice Learning Fees (PLF). In 2024/25 there is funding of £2,655k for PGB and £3,852k for PLF of which £1,500k is an additional funding element. These disbursements follow the timing of the academic year. There is a projected underspend of £1,210k on PGB of which £300k is to be allocated to the Student Practice Learning Support Grant. A further £250k has been agreed in principle for use to fund students in hardship. The underspend is due to a reduction in student numbers and more students applying for funding through SAAS. Spend on PLF is projected to be in line with the previous year resulting in a projected underspend of £347k for 2024/25.

**Other Disbursements** cover the Voluntary Sector Development Fund (VSDF) and other grants that are not budgeted. The main component of other grants is the Workforce Development Grant (WDG) with funding of £156k for 2024/25. Only £71k is required in addition to the carry forward from 2023/24, with agreement that the balance of £85k will be carried forward to 2025/26. A further £184k, originally for NQSW supported year work, SG are looking at carry forward to 2025/26 as there are no plans to spend it this year with discussions to be held with SG on how the funds could fund other work around social work education. Additional funding of £700k has also been awarded for the Student Practice Learning Support Grant. Costs are expected to be around £900k, with a further £100k for travel costs. The shortfall is to be met from the expected underspend in the Post Graduate Bursaries budget. Other grants include ELC projects, Cyber Resilience work with the sector and other small areas of external disbursements.

## 1.2 Areas of exceptions and risk

Category	Exception/risk	Value	Comments
NOD issue	Other challenges may require potential payments regarding the NOD issue, affected registrants are being contacted to provide proof of loss of earnings.	£30k	All those affected have been contacted. 13 responses received and are being processed. The total is not expected to exceed £30k.
Legal issues	The Sommerville judgment affecting panel members requires us to pay pension contributions and additional backdated holiday pay.	£135k	This amount has been ring fenced within the reserve figure - see 1.5. This was previously £300k due to other legal issues but £165k has now been paid out as identified above.
Write Offs	We are now seeing a reduction in fee write-offs and there is a projected saving of £50k by the end of the year on this budget. The fee write-offs budget was set at £238k for 2024/25.	Write off 50k savings on £238k budget.	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.

### 1.3 Registration fee income



Fee income reflects actual income for April to December 2024 totalling £4,393k and is in line with what we expected. The projection for the full year is expected to be closely in line with budget.

### 1.4 Funding and income

Funding and income	Budget £000	Scottish Government £000	Other £000	Drawdown /received £000	Projection 31 Mar 25 £000
<b>Grant in aid *</b>	13,428	13,428		13,050	13,428
Local Authority fees	2,593	2,593			2,593
Registration fees	3,310		3,310	2,636	3,310
Other income	344		344	289	374
	19,675	16,021	3,654	15,975	19,704
<b>GIA - disbursements</b>					
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
<b>Other disbursements</b>					
Voluntary Sector Development Fund			600	16	600
Workforce Development Grant and others			1,056	84	1,056
	0	0	1,656	100	1,656
Spending pressure	796	0			0
<b>Total funding and income</b>	<b>26,978</b>	<b>22,528</b>	<b>5,310</b>	<b>16,075</b>	<b>27,866</b>

\* Budget includes £2.4m additional GIA awarded in the Autumn budget revision

Total funding is budgeted at £27m with £13.05m being drawn down to 31 December. The Grant in Aid figure from the Scottish Government of £13.4m (including £2.4m additional GIA awarded as part of the Autumn Budget Revision) 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. We are currently projecting no draw down of the spending pressure, but as detailed at 1.5 we expect to use savings and reserves instead to fund the net expenditure for 2024/25.



## 1.5 General reserve and available reserve

Scottish Social Services Council		Reserve	
Change in Taxpayers Equity	Grant in Aid	GIA Disbursements	Other Disbursements
<b>Balance at 31st March 2024</b>	2,018	467	392
<b>Carried Forward to 2024/25</b>			
Post graduate bursaries		217	
Practice learning fees		250	
Voluntary Sector Development Fund			135
Other grants			257
<b>Ring fenced</b>			
IT Equipment	100		
<b>Carried forward &amp; Ring fenced</b>	100	467	392
<b>Available General Reserve</b>	<b>1,918</b>	<b>0</b>	<b>0</b>
Balance at 1st April 2024	2,018	467	392
Expenditure	(19,779)	(5,283)	(2,214)
Funding from Government & other income	19,704	6,507	
Funding from Others			
Disbursements			1,656
Transfer to Practice Learning Support Grant		(435)	435
Spending Pressure	796		
<b>Balance at 31st March 2025</b>	<b>2,739</b>	<b>1,257</b>	<b>269</b>
<b>Carried Forward to 2025/26</b>			
Post graduate bursaries		910	
Workforce Development Grant		347	
<b>Ring fenced</b>			269
Potential external issues (refer to 1.2)	135		
Potential NOD issue (refer to 1.2)	30		
Removal of Spending Pressure	796		
Digital Equipment (refer to Non Staff Costs in 1.1)	200		
<b>Carried forward &amp; Ring fenced</b>	<b>1,161</b>	<b>1,257</b>	<b>269</b>
<b>Available General Reserve</b>	<b>1,578</b>	<b>0</b>	<b>0</b>

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 Government.

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

The projected net expenditure for 2024/25 of £75k is to be supported by reserves, with no draw down of the spending pressure of £796k.

From the available general reserve, there are ring-fenced amounts totalling £200k for digital equipment and £165k for legal issues as explained in 1.2.

As a result of the salary savings to date and a higher level of reserves at the start of 2024/25 the spending pressure of £796k has been removed. This means that the SPI Finance Available reserves % at 31 March 2025 is 5.9%.

It is assumed the disbursements carried forward into 2024/25 will be disbursed in the year and that the underspend on PGB and PLF will be carried forward into 2025/26 until confirmed by SG

The table below shows reserves available after the ringfenced amounts are deducted.

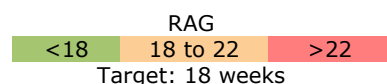
Approved Budgeted Expenditure		26,977
(Staff Costs, Non-Staff Costs & disbursement payments)		
<b>Available Reserve (%)</b>		<b>5.9%</b>
Range	lower	2.0%
	upper	2.5%
		540
		674

## 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 16.6 weeks in December 2024. Overall application to registration was 3.4 weeks, an increase of 0.1 weeks from the previous month.



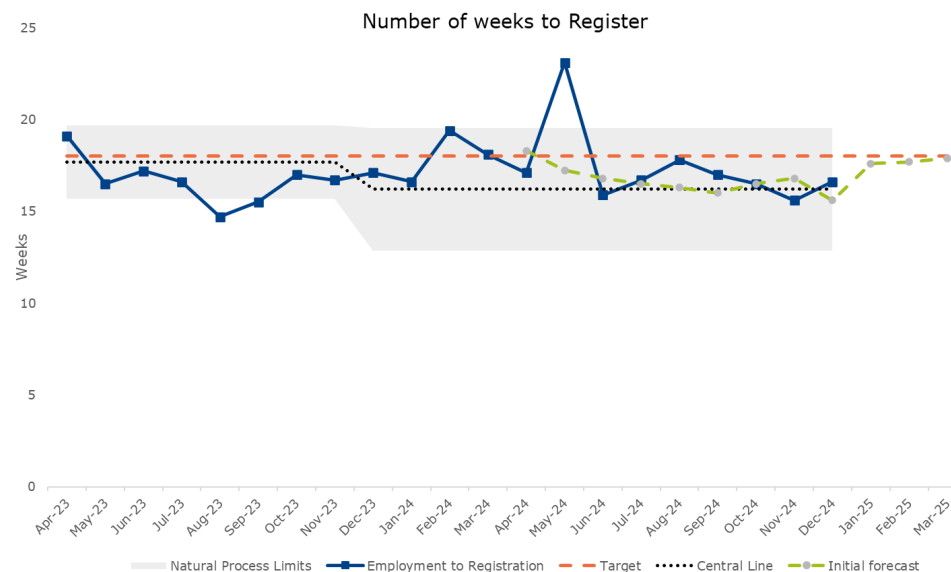
Length of time to register -  
Individuals who haven't been  
registered previously on the same  
register part

Apr-24	17.1	-5.0%
May-24	23.1	28.3%
Jun-24	15.9	-11.7%
Jul-24	16.7	-7.2%
Aug-24	17.8	-1.1%
Sep-24	17.0	-5.6%
Oct-24	16.5	-8.3%
Nov-24	15.6	-13.3%
Dec-24	16.6	-7.8%
Jan-25	17.6	-2.2%
Feb-25	17.7	-1.7%
Mar-25	17.9	-0.6%

This measure has been revised, initially there were two measures. We have removed the first measure that looked at the length of time to register for all individuals. This figure was 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 submit their annual declaration. That measure will be addressed on an ongoing basis as part of joint operational work we will be carrying out with the Care Inspectorate. This will be reported under the relevant partnership agreement and will in turn be reported to Council.

The measure that remains captures the risk of those new into the sector who have not been registered at all or were previously registered on another part. From the data we can see that these individuals usually register in a timely manner.

From 3 June, new workers need to apply for registration within three months and gain registration within six months (Future proofing legislation). We launched our 'SSSC Registered' campaign in September 2024 to raise awareness and support employers with this change. This campaign is ongoing. The projected figures for the remainder of the year build in anticipated improvements due to the changes brought in by the legislative change and our ongoing communication campaign.



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

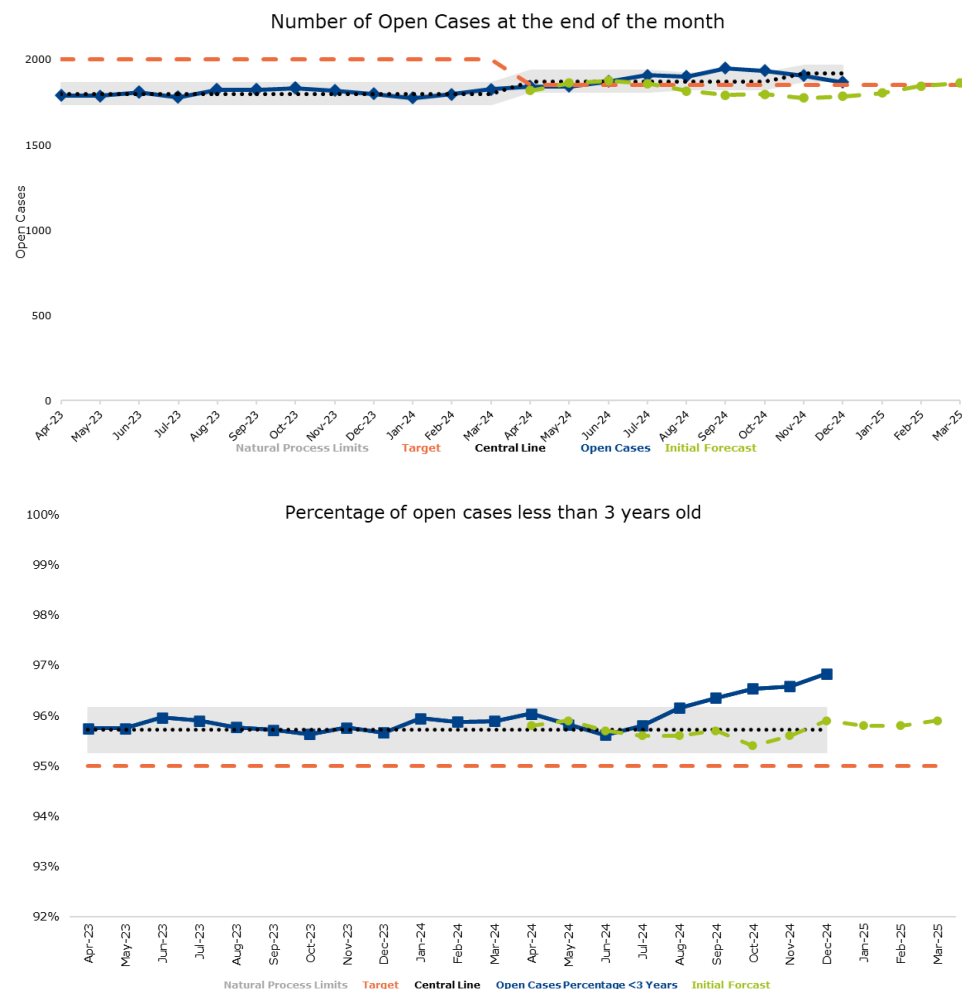
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. This analysis focuses on both number of cases open and how many of those are less than three years old.

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	1906	3.0%	Jul-24	95.8%	0.8%
Aug-24	1899	2.6%	Aug-24	96.2%	1.2%
Sep-24	1948	5.3%	Sep-24	96.4%	1.4%
Oct-24	1934	4.5%	Oct-24	96.5%	1.6%
Nov-24	1904	2.9%	Nov-24	96.6%	1.7%
Dec-24	1866	0.9%	Dec-24	96.8%	1.9%
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 about 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. The number of referrals received is increasing.

At the end of December 2024, the number of open cases was 1,866. A decrease of 38 from the previous month but an increase of 68 from December 2023. Of these open cases, 96.8% (1,807 of 1,866) are less than three years old. The number of cases

open over 3 years old is decreasing, following targeted work. The number of cases being referred is slowly increasing.



### Management Action

Performance has been amber for seven months and the following management action plan is in place:

1. increase capacity by inducting newly recruited temporary FtP investigators to backfill maternity leaves (induction starts on 13 January 2025)
2. we have submitted business cases for next year's budget to address the habitual loss of capacity due to volume of maternity and/or turnover due to the makeup of the FtP workforce; budget approval awaited.

The above actions have not impacted the projections for this financial year; the impact of these actions will be in 2025/26.

## 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

RAG		
>33%	28% to 33%	<28%
Target: 33%		
Apr-24	29.6%	-10.2%
May-24	30.5%	-7.4%
Jun-24	32.7%	-0.8%
Jul-24	32.6%	-1.1%
Aug-24	34.5%	4.6%
Sep-24	35.4%	7.3%
Oct-24	35.6%	7.8%
Nov-24	35.8%	8.5%
Dec-24	34.3%	4.0%
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.

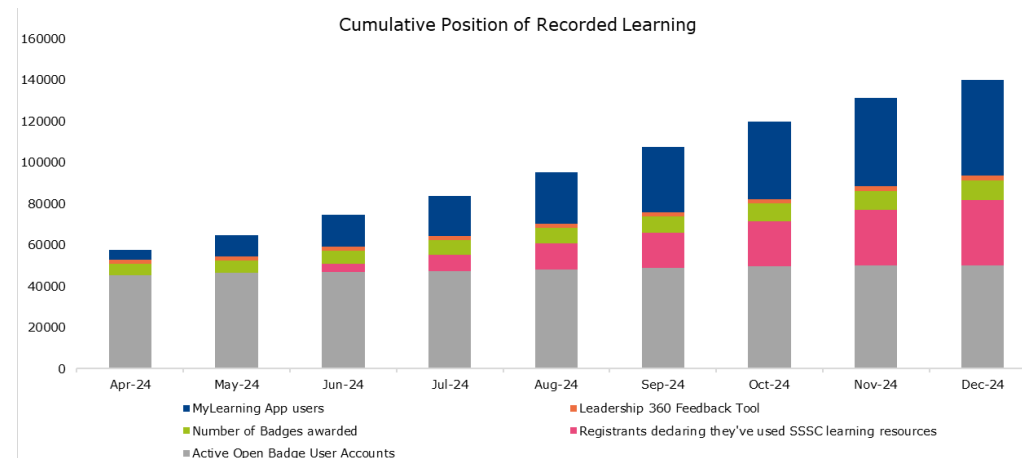
A new target of 33% has been agreed. The previous financial years performance led to a target of 28% being suggested however, due to improvement work planned and the introduction of annual declarations as a data source the target has been increased.

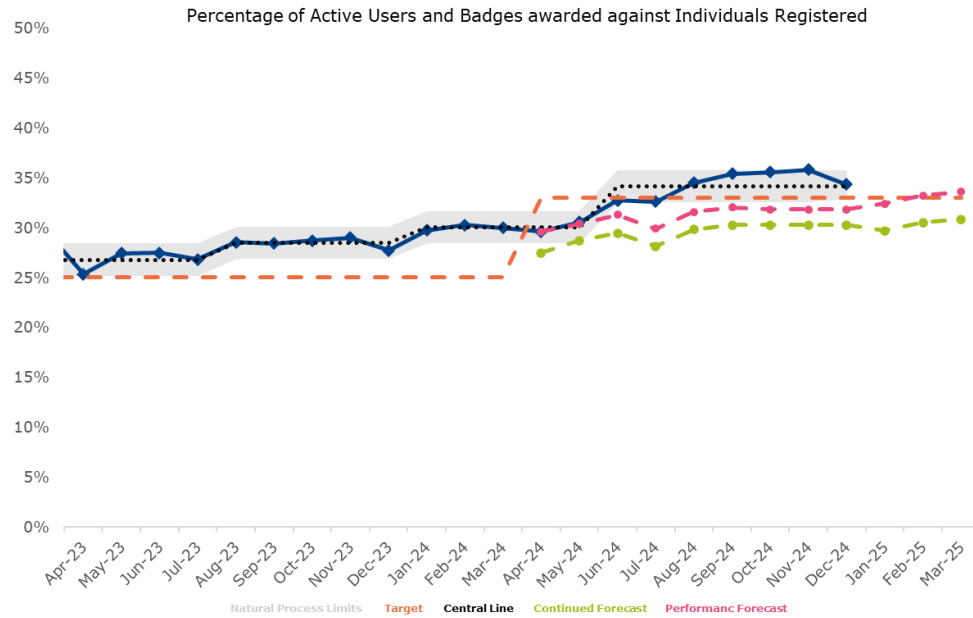
Performance continues to be above the target despite the increase to 33%.

There were 350 badges awarded in December 2024, a decrease of 152 compared to last month but an increase of 148 from December 2023.

We currently have 50,079 active SSSC Open Badges user accounts and saw 3,230 users of the MyLearning app in the previous 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 if they used our learning resources. We have changed the calculation for this measure from declaration date to use submission date, for December this was 4,512 individuals or 38% of the declarations submitted. This is 2.6% of the unique number of individuals on the register for November.





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%		

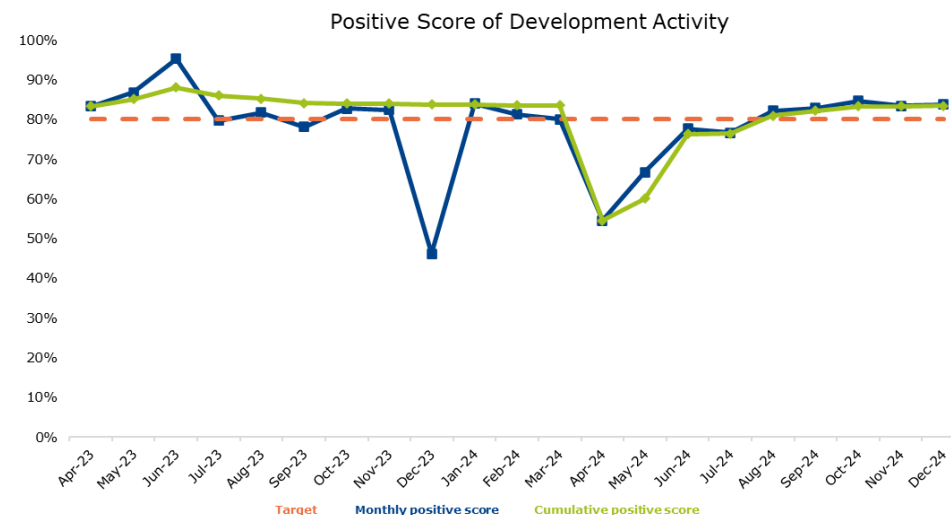
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance Actual and Reforecast		
Apr-24	54.5%	-31.8%
May-24	66.7%	-16.7%
Jun-24	77.6%	-3.0%
Jul-24	76.3%	-4.6%
Aug-24	82.2%	2.8%
Sep-24	82.8%	3.5%
Oct-24	84.7%	5.9%
Nov-24	83.4%	4.2%
Dec-24	83.7%	4.6%
Jan-25	80.8%	1.0%
Feb-25	82.8%	3.5%
Mar-25	82.7%	3.4%

Cumulative Performance actual and Reforecast		
Apr-24	54.5%	-31.8%
May-24	60.0%	-25.0%
Jun-24	76.3%	-4.7%
Jul-24	76.3%	-4.6%
Aug-24	80.9%	1.1%
Sep-24	82.1%	2.7%
Oct-24	83.3%	4.1%
Nov-24	83.3%	4.1%
Dec-24	83.4%	4.2%
Jan-25	80.7%	0.9%
Feb-25	80.9%	1.2%
Mar-25	81.1%	1.4%

From the above resources we received 4,660 responses, 4,512 (97%) are from the annual declaration. The responses to questions in the annual declaration have been changed and the responses in the correct format have been included in this measure.

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



The annual registrant survey asked, 'How much do you believe the work of the SSSC helps improve your practice' 75.4% of registrants gave a positive score (4 or 5 rating) in answer to this question. This was 5,806 responses out of 7,701. This is a 3.8% increase compared to 71.7% of registrants who gave a positive score in 2023. As this isn't a direct match to the data captured in this measure it hasn't been included in the overall figures.

### Management Action

2.5 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
<b>FPP</b>	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.  Revised register, changes to qualifications, revised CPL and new RTP requirements launched 03/06/2024.	Communications activity is ongoing.  Monitor CPL feedback from registrants and update CPL website as required.	Trusted Skilled Valued
<b>NOS Review</b>	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 made up of key stakeholders have been established to support the review.  L&D Advisor has been appointed specifically to lead on the technical detail of the review.  SDS have allocated a grant of £69,000 for this work	The projected spend for all countries this financial year is £30k which we advise SDS of in December. We have submitted a claim for a further grant for this work for 25/26.	Skilled
<b>The Promise: Change Programme 1</b>	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.	The Directorate for Children and Families in SG have confirmed this work has been delayed and we await their response to the revised Common Core.	Skilled
<b>Adult Social Care Skills Response Plan</b>	Carried forward from 2023/4  Actions and timescales to be agreed by partners.	Starting to progress		Meeting with partners and lead agencies SDS/NES in January to review progress on actions agreed in November in relation	Skilled Confident Valued



				to funding, system capacity and delivery models, and approaches to learning. Current focus continues to be improving the achievement of qualifications for registrants.	
<b>National Health and Social Care Workforce Strategy</b>	<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"> <li>a career opportunities tool for adult and C&amp;YP social care workforce</li> <li>a national induction framework for adult social care workforce</li> </ul> <p>Continued engagement with stakeholders for both areas of work. M.</p> <p>Following feedback from the sector, the content, structure and learning resources to be included in the National Induction Framework are being finalised.</p> <p>Digital plan and budget for both workstreams agreed for the national induction framework. Digital development on track for both – supplier identified for COT web development and development plan for COT AI solution agreed and work started</p>	<p>Meeting to be planned to agree an evaluation plan for the project.</p> <p>Progress development of the COT website and the AI solution.</p>	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	Development of GA and approval of award in progress and due for completion by June 2025.	Timeline for GA development has been agreed with SDS and OCSWA.	Confident
<b>National Dementia Strategy delivery plan</b>	<p>SSSC and partners to establish a short life working group to:</p> <ul style="list-style-type: none"> <li>• further develop our understanding of the dementia workforce and scope the learning 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.</li> <li>• 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</li> </ul>	95% of actions on track. Plan to be developed and specific activity identified	Continued collaboration with SG, NES colleagues and NES supplier to agree plan for Q4 and delivery of knowledge product to inform both objectives. Product to be delivered by NES supplier. SSSC to work with NES to support delivery.	<p>Agree any additional resource/budget requirements that will need to be requested to SG for agreed activity in 2025/26.</p> <p>Contribute to knowledge-gathering with Dementia Workforce SLWG at their meeting on 23 January.</p> <p>Work closely with NES, their supplier, and the SLWG to progress the commissioned work.</p>	Confident

### 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 Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	<p>SSSC Learning Zone redevelopment Phase 2 Project: Total deliverables: 7 Due: 2 Completed:2 Delayed:0</p> <p>SSSC corporate website Development Project: Total deliverables:7 Due: 3 Completed: 3 Delayed: 0</p> <p>SSSC MyLearning developments Project: Total deliverables:5 Due: 2 Completed:2 Delayed:0</p> <p>D365 recontracting project: Total deliverables:3 Due: 1 Completed:1 Delayed:0</p> <p>AI co-pilot project: Total deliverables:8 Due:6 Completed:6 Delayed:0</p>	<p>Risks and issues:</p> <p>SSSC corporate website project: The timescales and resource allocation for the project are tight which were highlighted to DPB however work is progressing as planned.</p>

							<p>CYP platform project: Total deliverables:10 (5 each for two sub projects) Due:4 Completed:4 Delayed:0</p> <p>CPL project: Total deliverables:5 Due:1 Completed:2 Delayed:0</p> <p>MatterSphere upgrade project: Total deliverables:4 Due:1 Completed:1 Delayed:0</p> <p>Fees increase system changes project: Total deliverables:7 Due:1 Completed:1 Delayed:0</p>	
JSST programme (National Induction Framework)	Green	Green	Green	Green	Green	Projects approved and monitored by JSST Project Board and Sponsor Group.	Total deliverables: 7 Due:2 Completed: 2 Delayed: 0	Risks and issues: No significant strategic risks or issues.
JSST programme (Career Opportunity Tool)	Green	Amber	Green	Green	Green	Projects approved and monitored by JSST Project Board and Sponsor Group.	Total deliverables: 9 Due:4 Completed: 4 Delayed: 0	Risks and issues: Continued negotiation between partners could have an impact on deliverables however work is progressing as planned.
NOS review programme	Green	Green	Green	Green	Green	Programme approved and monitored by the NOS Review programme board. Updates with PMO.	Total deliverables: 4 Due: 1 Completed: 1 Delayed: 0	Risks and issues: No significant strategic risks or issues.

## 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	3.9%	8.3%
May-24	3.7%	2.8%
Jun-24	6.1%	69.4%
Jul-24	6.1%	69.4%
Aug-24	5.0%	38.9%
Sep-24	4.7%	30.6%
Oct-24	6.4%	77.8%
Nov-24	7.2%	100.0%
Dec-24	6.0%	66.7%
Jan-25		
Feb-25		
Mar-25		

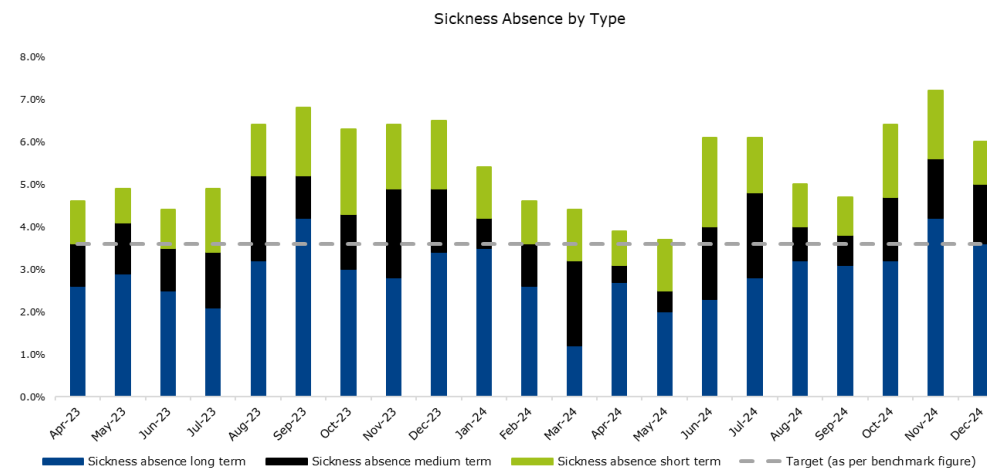
Definitions: Short-term absence is up to a week. Medium-term absence is between 8 and 27 calendar days. Long-term absence is a period of four weeks or more.

20 employees were off on long term sick in December 2024. These were in seven different absence categories and make up 4.2% of the sickness absence rate.

In December 2024 SSSC lost 383 days to sickness (6.0% of capacity). We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	0	0.0%
Regulation	FtP	77	3.8%
Regulation	RIH	25	7.3%
Regulation	Registration	119	8.6%
Regulation	LCG	14	9.4%
WE&S	E&S	7	1.2%
WE&S	WP&P	33	8.9%
WE&S	HR	0	0.0%
WE&S	OD	0	0.0%
S&P	Comms & Policy	27	9.0%
S&P	P&I	44	11.9%
S&P	Digital Services	37	12.1%
S&P	Finance	0	0.0%

Although not displayed in the above table, SSSC shared service staff are included in the calculation of overall capacity and SSSC sickness figures.



## Management Action

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

We are working with the CI to develop better reporting processes for absence management. There is still a lag in reporting due to manual intervention. CI have met with Zellis to develop better reporting functionality.

## 4.2 HR: The overall staff turnover percentage.

### Assessment & Analysis

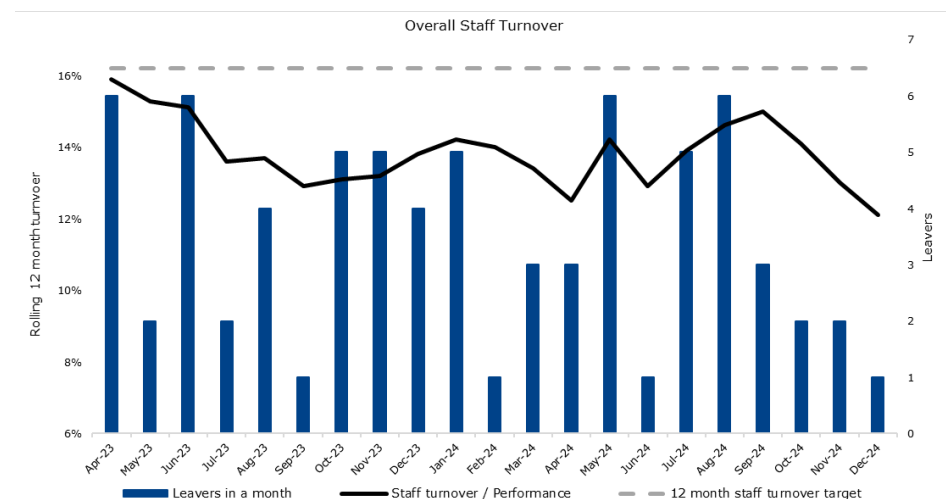
This metric looks at the average staff turnover for the SSSC. The assessment focuses on any areas of concern or risk by looking at staff turnover in certain directorates/team. We will identify any emerging reasons that could cause more staff turnover within an area.

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	13.9%	-14.2%
Aug-24	13.3%	-17.9%
Sep-24	15.0%	-7.4%
Oct-24	14.1%	-13.0%
Nov-24	13.0%	-19.8%
Dec-24	12.1%	-25.3%
Jan-25		
Feb-25		
Mar-25		

In December we had one leaver in Registration. The overall rolling turnover was approximately 12.1%.

Directorate	Department	Leavers	Current Headcount	12-month turnover %
EMT & Support	EMT & Support	0	7	14.1%
Regulation	FtP	0	98	13.1%
Regulation	RIH	0	18	11.0%
<b>Regulation</b>	<b>Registration</b>	<b>1</b>	<b>73</b>	<b>8.1%</b>
Regulation	LCG	0	7	13.5%
WE&S	E&S	0	29	17.3%
WE&S	WP&P	0	17	0.0%
S&P	Comms & Policy	0	14	0.0%
S&P	P&I	0	15	6.6%
S&P	Digital Services	0	14	7.4%
WE&S	HR	0	4	0.0%
S&P	Finance	0	5	21.1%
WE&S	OD	0	3	0.0%

Although not displayed in the above table, all SSSC shared service staff are included in the overall calculation of the SSSC turnover figure.



### Management Action

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

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

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

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
<b>EMT and Support</b>	<b>EMT and Support</b>	<b>14.1%</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>6.7</b>	<b>Green</b>
<b>Regulation</b>	<b>Total</b>	<b>10.6%</b>	<b>8</b>	<b>15</b>	<b>190</b>	<b>176.6</b>	<b>Green</b>
	Fitness to Practise	13.1%	8	8	97	91.4	Amber
	Registration	8.1%	0	7	69	63.3	Green
	Regulatory Improvement and Hearings	11.0%	3	5	17	15.2	Amber
	Legal and Corporate Governance	13.5%	0	0	7	6.7	Green
<b>Strategy and Performance</b>	<b>Total</b>	<b>6.3%</b>	<b>1</b>	<b>1</b>	<b>51</b>	<b>49.8</b>	<b>Green</b>
	Communications and Policy	0.0%	0	0	15	14.0	Green
	Digital Services	7.4%	0	1	14	14.0	Green
	Finance	21.1%	1	0	5	5.0	Green
	Performance and Improvement	6.6%	2	2	17	16.8	Green
<b>Workforce, Education and Standards</b>	<b>Total</b>	<b>9.6%</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>49.2</b>	<b>Green</b>
	Education and Standards	17.3%	0	0	28	25.3	Green
	Workforce Policy and Planning	0.0%	0	0	17	16.6	Green
	Human Resources	0.0%	0	0	5	4.7	Green
	Organisational Development	0.0%	0	0	3	2.7	Green
<b>Total</b>		<b>12.1%</b>	<b>9</b>	<b>16</b>	<b>308</b>	<b>288.2</b>	<b>Green</b>



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	<b>Total</b>		<b>1</b>	<b>1</b>	<b>14</b>	<b>14.0</b>	<b>Green</b>
	Estates, Health and Safety		1	0	2	2.0	Amber
	Finance transactions		0	1	6	6.0	Green
	Payroll		0	0	4	4.0	Green
	Procurement		0	0	2	2.0	Green

\*Total Current FTE include CI employed staff

5. KEY OPERATIONAL INDICATORS

5.1 Regulation: Registrant workforce numbers

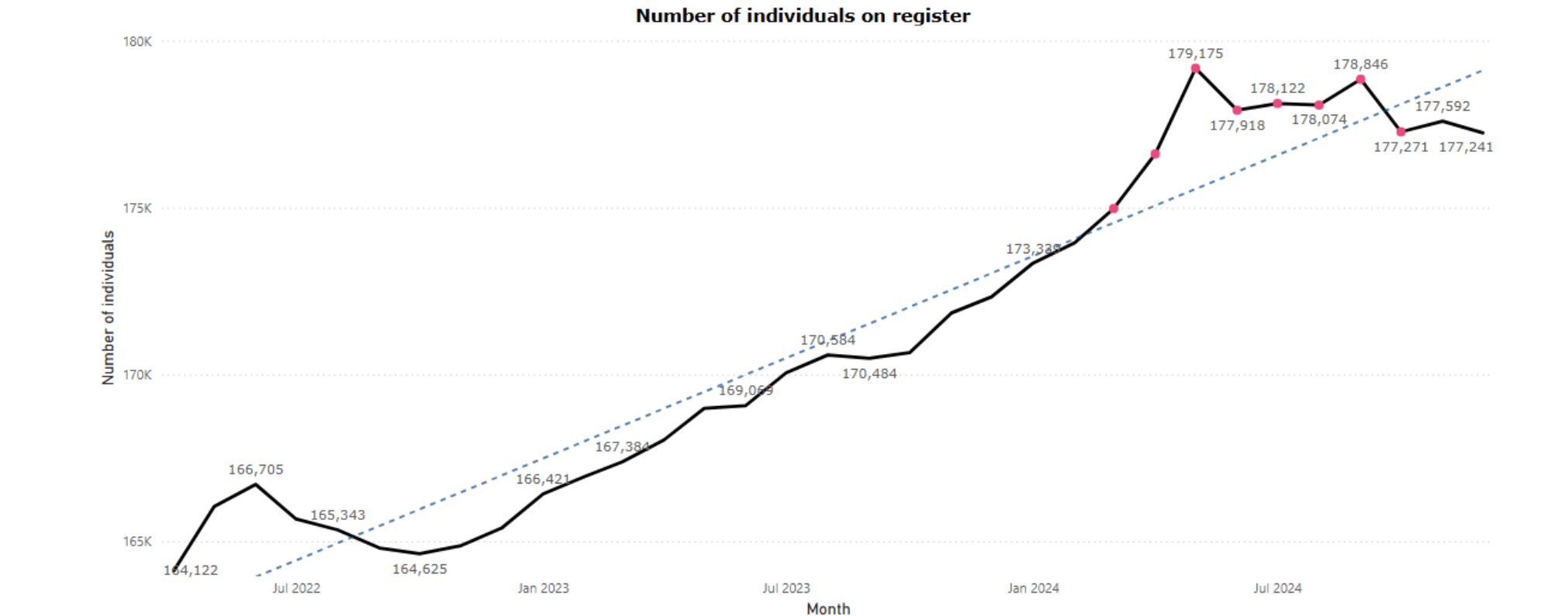
Key Operational Indicators (KOIs) are measures the SSSC aims to influence by its work but may have limited control over.

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

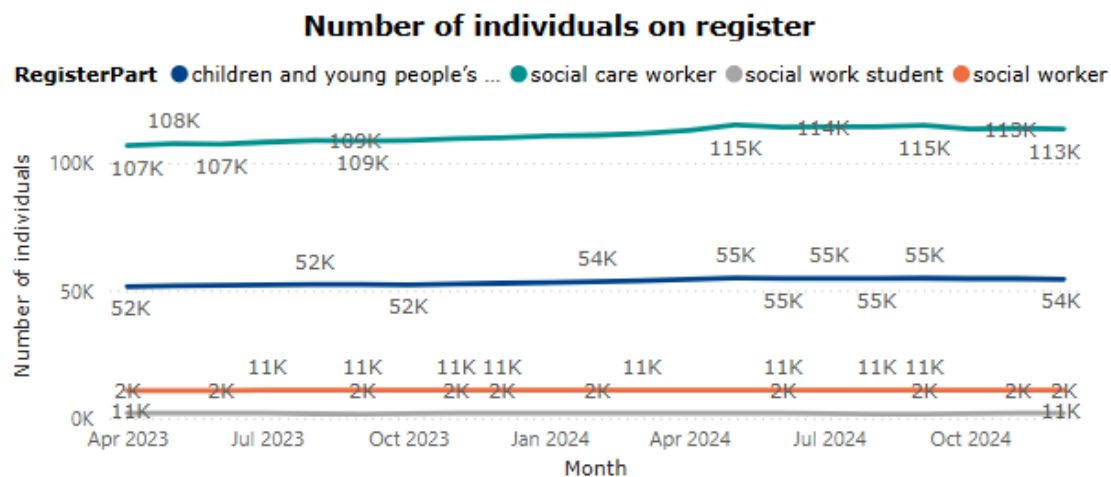
We will focus on data from April 2021 which accurately reflects our register after the SSSC changed certain policies linked to the start of the COVID-19 pandemic.

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 pausing then restarting our registration processes during the Future Proofing Programme. As a result, the number of registered workforce during this time is not entirely accurate. The period affected between March 2024 to October 2024 is highlighted in the graph with different coloured markers,



We also looked at the number of individuals by register part groupings to show the movement for each grouping.



Register Part Grouping	Number of individuals on register	Vs 2023
<b>Children and Young People's Worker</b>	<b>54,456</b>	<b>+1,585</b>
Day Care of Children Services	45,438	+1,198
Residential Child Care Services	8,669	+406
Residential School Care Accommodation Service	427	-11
Care Inspector	303	+62
<b>Social Care Worker</b>	<b>113,382</b>	<b>+3,486</b>
Adult Day Care Services	352	+2
Care at Home Services	69,210	+2,855
Care Home Service for Adults	44,970	+1,866
Housing Support Services	57,860	+1,689
Care Inspector	313	+21
<b>Social Worker</b>	<b>10,940</b>	<b>-52</b>
<b>Social Work Student</b>	<b>1,851</b>	<b>-30</b>

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

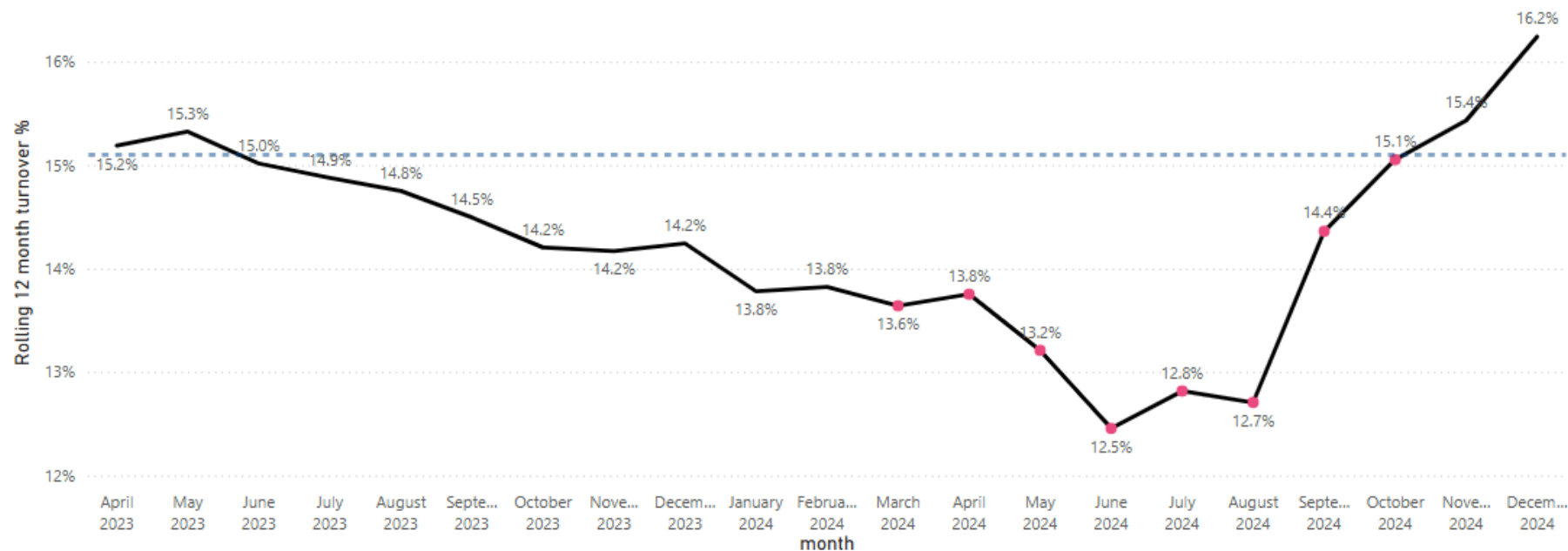
We will collate this information from several internal and external data sources. We also propose to have turnover of registrant workers as part of the analysis on this KOI. This will be done under the assumption that a workforce feeling valued for the work they do will remain within the sector.

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 2024. This measure only includes individuals who have left the register and currently haven't returned:

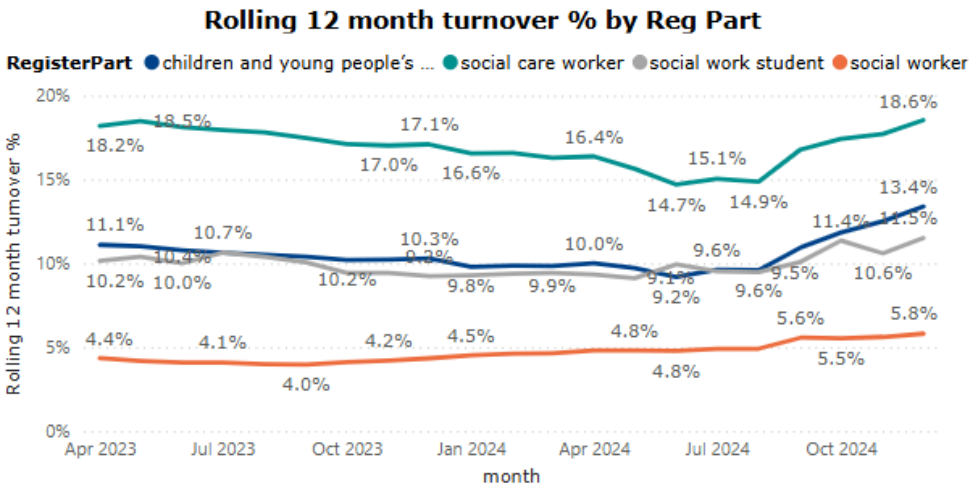
- 2022/2023 – 15.3% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 13.9% - turnover in all sectors was 15.1% in 2023
- 2024/2025 – 12.7% - current rolling 12-month position is 16.2%

Turnover has been affected by changes implemented for the future proofing programme. Due to pausing and restarting our registration processes we saw turnover reduce then increase for a period. The period directly affected, between March 2024 to October 2024, is highlighted in the graph with different coloured markers. The data from November may be affected by legislative changes implemented as part of the Future Proofing Programme.

Rolling 12 month turnover % by month

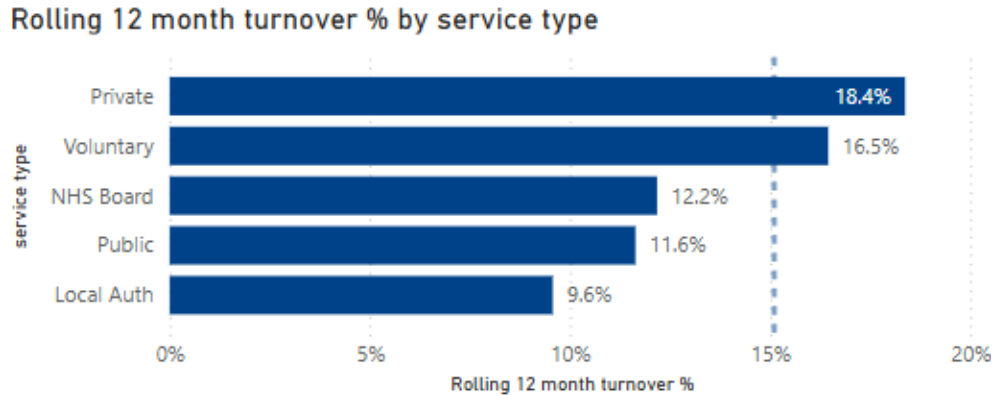


We also looked at turnover by register part groupings to show the movement for each grouping. We can see that the highest turnover of staff leaving the sector and not returning is within the social care workforce. This movement does not consider when an individual moves from one register part to another but leaving the register.



Register Part Grouping	Rolling 12-month turnover %	Vs 2023
<b>Children and Young People's Worker</b>	<b>13.4%</b>	<b>+3.1%</b>
Day Care of Children Services	13.2%	+3.5%
Residential Child Care Services	14.6%	+1.5%
Residential School Care Accommodation Service	18.5%	-1.1%
Care Inspector	0.0%	0.0%
<b>Social Care Worker</b>	<b>18.6%</b>	<b>+1.4%</b>
Adult Day Care Services	14.7%	+6.4%
Care at Home Services	17.8%	+1.9%
Care Home Service for Adults	20.1%	+1.1%
Housing Support Services	16.8%	+2.0%
Care Inspector	1.7%	-6.5%
<b>Social Worker</b>	<b>5.8%</b>	<b>+1.5%</b>
<b>Social Work Student</b>	<b>11.5%</b>	<b>+2.3%</b>

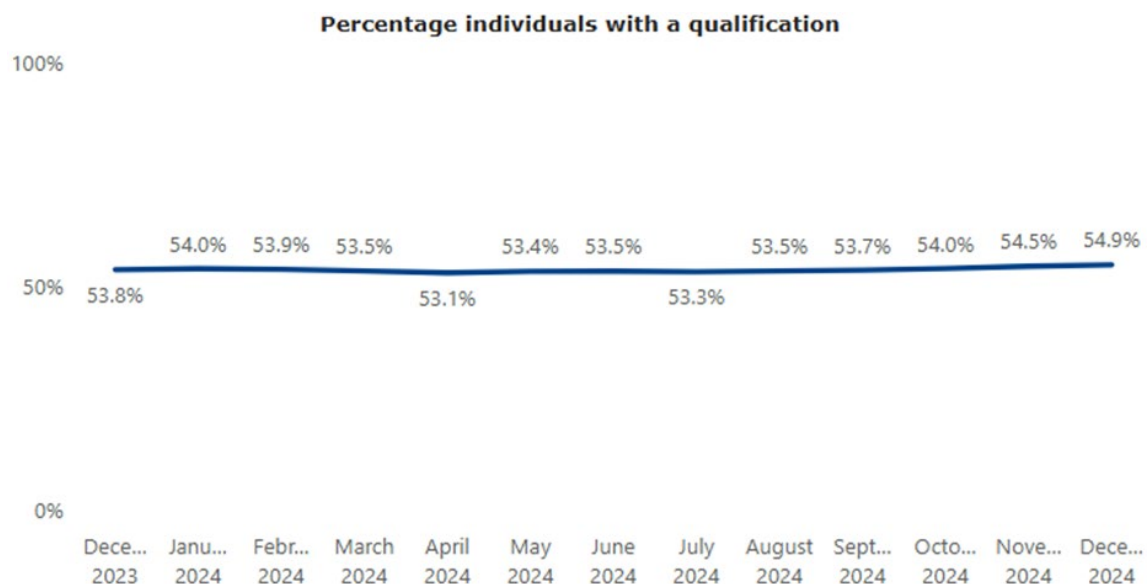
We can see that the highest turnover of staff leaving the sector and not returning is within private service types. This movement does not consider when an individual moves from one employer to another but leaving the register.



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

Overall, the numbers of individuals with the correct qualification in December was 54.9%. 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.

There was a slight error in the logic for the calculation for this measure, this has now been corrected. There has also been some changes to the logic due to FPP. As a result, the proportion of individuals with the correct qualification has increased.



Job Grouping	Percentage Qualified	Vs 2023
Managers	56.6%	+0.7%
Practitioners	73.7%	-1.5%
Supervisors	48.4%	+1.3%
Support Workers	43.5%	+2.2%
Primary Authorised Officer	62.5%	+9.3%
Secondary Authorised Officer	77.4%	+19.3%

Register Part Grouping	Percentage Qualified	Vs 2023
<b>Children and Young People's Worker</b>	<b>69.2%</b>	<b>0.0%</b>
Day Care of Children Services	73.8%	+0.4%
Residential Child Care Services	47.1%	-1.6%
Residential School Care Accommodation Service	45.2%	-1.6%
Care Inspector	59.7%	+11.8%
<b>Social Care Worker</b>	<b>43.5%</b>	<b>+1.8%</b>
Adult Day Care Services	65.4%	-1.5%
Care at Home Services	44.1%	+3.1%
Care Home Service for Adults	40.7%	-0.5%
Housing Support Services	47.9%	+3.5%
Care Inspector	59.9%	+12.8%

Analysis of the “maximum” amount of people you would expect to be registered with/without a condition will continue. 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

DECEMBER 2024 SSSC STRATEGIC RISK REGISTER							
Risk number	Strategic Risk Description	Outcome	Gross	Residual	V(+/-)	Owner	Actions & Comments
1.	We fail to ensure that our system of regulation meets the needs of people who use services and workers.	1	20	12	➡	DoR	
2.	We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.	2, 3	16	12	➡	DoWES	
3.	We fail to meet corporate governance, external scrutiny and legal obligations.	1	16	16	➡	DoFR	
4.	We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	12	➡	DoSP	
5.	We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.	1, 2, 3	20	4	⬇	DoFR	See below
6.	The SSSC fail to secure sufficient budget required to deliver the strategic plan.	1	20	12	⬇	DoFR	See below
7.	We fail to have the appropriate measures in place to protect against cyber security attacks.	1, 2, 3, 4	20	12	➡	DoSP	

[Current Full Strategic Risk Register](#)

[Current Assurance Map](#)

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

EMT are recommending that risk 5 is reduced to an overall score of 4 green. We have received a very positive IIP report and maintained our gold standard, staff turnover remains low and there are no significant factors that would affect the morale and motivation of our staff.

EMT are recommending that risk 6 is reduced to an overall score of 12 amber. We have had verbal confirmation that SG will provide the spending pressure as required and our GIA remains unaffected.

By exception.

19 stage two complaints were received during the year related to FPP and the Notification of Decision issues. There was a decision taken by Council to manage these via legal advice which would take a matter of months to conclude and therefore they would not be resolved within the 20-working day statutory timescale. All 19 were given extension dates, which all 19 met.


## 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.



ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
1	Regulatory or compliance	Averse (risk score 25)	<p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p><b>Cause:</b></p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> <li>Insufficient staff as a result of external factors we cannot control, resourcing issues in the sector affecting service provision, difficulty recruiting or errors in our resource model assumptions</li> <li>Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties</li> <li>Legislation or third-party policies preventing us from obtaining necessary information.</li> </ul> <p>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>FPP Failure to scope digital testing adequately system changes cause errors in registration. Workers advised in error they are no longer registered.</p> <p><b>Consequence:</b></p>	Director of Regulation	5	4	20 (High)	<p><b>Existing Mitigation and Controls</b></p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, 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 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><b>Planned Mitigation and Controls</b></p>	4	3	12 (Moderate)		N	


ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<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 advised in error they are no longer registered; PFR updated in error. Legal action due to errors in workers understanding their registration. Claims for compensation due to not being able to work.</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><b>FPP Mitigations</b></p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Legal advice being sought around the impact of the NOD errors. Report to Council to decide on action required.</p> <p>System error has been fixed and lessons learned for future testing.</p>						
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p><b>Cause:</b></p> <p>Failure to ensure the sector understand the changing qualification, CPL and Return to Practice (RTP) requirements.</p> <p>Failure to engage and communicate the changes to the code of practice with the sector</p>	Director of Workforce, Education and Standards	4	4	16 (High)	<p><b>Existing mitigation and controls</b></p> <p><b>It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</b></p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p>	4	3	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>Our contribution to developing resources does not meet the needs of registrants and employers.</p> <p>Our standards (i.e National Occupational Standards, CPL, Standards in Social Work Education, Codes of Practice, Qualification requirements) don't meet the needs of employers and/or the workforce to deliver high quality care and support.</p> <p>Failure to share supply and demand data and intelligence with key partners to ensure adequate levels of training and funding</p> <p><b>Consequence:</b></p> <p>Workers are not appropriately qualified and skilled and are removed from the register, leading to gaps in service delivery which affects the delivery of care to people using services.</p> <p>Reduced confidence of public protection.</p> <p>Existing qualifications and standards do not support new models of care.</p> <p>Workers are unable to adhere to the SSSC Codes of Practice.</p> <p>Risk to our reputation with external partners when we cannot provide the information or data requested</p> <p>Workers do not understand the new CPL and RTP requirements and fail to maintain their registration.</p> <p>Workers do not adhere to the new codes because they do not know about them or understand them</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>We are supporting a Joint Social Services Taskforce workstream aiming to produce information for employers and workers about funding for training and qualifications. This will be live on our careers website by the end of the year.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p>We are developing a career opportunities tool with NES to support career development in social care.</p> <p>We are working with NES to revise the National Induction Framework for adult social care and develop a portable induction.</p> <p>We are supporting the development of a new Graduate Apprenticeship Route into Social Work.</p> <p>We have developed a new integrated health and social care SVQ qualification.</p> <p>We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups.</p> <p>The new model of CPL, flexibility of qualifications we accept for registration and return to practice standards</p>						

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								<p>for social workers have been implemented.</p> <p><b>Planned actions</b></p> <p>Working in partnership with Skills Development Scotland, SG,NES and other partners to develop a Skills Response Plan for Adult Social Care.</p> <p>Working with Sector Skills partners on the NOS review, to be completed by end of 2025.</p> <p>Employer and registrant events during 2024/25 highlighting all key changes to CPL, qualifications and Return to Practice and what stakeholders need to know.</p> <p>Workforce Skills Report to be written and published in Q4 2024/25.</p> <p>SSSC data triage and delivery group established between WES and P&amp;I to prioritise and respond to data requests.</p>						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council Members and Officers. Poor assurance mapping. Systems that support good corporate and financial governance not being fit for our needs</p> <p><b>Consequence:</b></p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight.</p>	Director of Regulation	4	4	16 (High)	<p><b>Existing mitigation and controls</b></p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Assurance mapping part of regular reporting to 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><b>Planned actions</b></p>	4	4	16 (High)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>Reduced public confidence. Qualified audit.</p> <p>Failure to deliver strategic objectives.</p> <p>Systems that create risks of meeting good financial governance – Oracle Fusion FPP</p> <p>Legal action due to errors in workers understanding their registration. Claims for compensation due to not being able to work.</p>					<p>Contract in place with Henderson Loggie to 31 March 2025.</p> <p>Complaints re NOD issue being managed by Registration directly. Legal advice being sought re impact.</p> <p>Escalation of Oracle Fusion issues to Sponsor</p>						
4	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p><b>Cause:</b></p> <p>People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage.</p> <p>Limited resource to communicate the role of SSSC and our key programmes Unable to respond timeously to requests for internal data due to lack of resource.</p> <p>FPP – System changes errors resulted in us advising workers, and updating the PFR to wrongly show, that they were not registered.</p> <p><b>Consequence:</b></p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in design and delivery of strategic outcomes. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees. Insufficient communication and engagement of the Future Proofing Programme with low awareness of the changes affecting registrants and employers.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>Regular review of business plan objectives in line with budget monitoring (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p>New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy &amp; Performance)</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Data and intelligence delivery plan in place which demonstrates how we influence national policy and decision making.</p> <p><b>Planned actions</b></p> <p>Complaints re NOD issue being managed by Registration directly. Complainants notified and offers being worked through (March 2025)</p>	4	3	12 (moderate)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								Consultation on fees underway (February 2025)						
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><b>Cause:</b></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. Large number of fixed term contracts supporting delivery. Single points of failure in several areas. Unsuccessful recruitment</p> <p><b>Consequence:</b></p> <p>Increased turnover of staff - staff leave the organisation due to uncertainty Unable to deliver our statutory functions Unable to deliver strategic plan ET claim. Reputational damage. Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended.</p>	Director of WES)	5	4	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>People Strategy in place and OMT 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>IIP Gold status and regular reviews to maintain this.</p> <p><b>Planned actions</b></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 2025)</p>	2	2	4		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
6	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</p> <p><b>Cause:</b></p> <ul style="list-style-type: none"> <li>Scottish Government do not increase permanent funding, and we continue to run with a deficit budget</li> <li>Single year funding settlements to support a three-year strategic plan.</li> <li>Fee income is not in line with projections.</li> <li>Late notification of Scottish Government budget allocations.</li> <li>Removal of ability to hold reserves.</li> <li>Ineffective financial planning, not aligned to strategic and business plans.</li> <li>Any agreed increase in fees is offset by a reduction in grant in aid.</li> <li>No compulsory redundancy policy affects ability to realise savings from staffing efficiencies</li> <li>Scottish Government struggle to fund spend-to-save initiatives</li> </ul> <p><b>Consequence:</b></p> <ul style="list-style-type: none"> <li>We are unable to fund the organisation to deliver our statutory public protection functions</li> <li>We have a reliance on temporary funded post to delivery core statutory functions</li> <li>We cannot implement improved process due to lack of investment</li> </ul>	Acting CEO)	4	5	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>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</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</p> <p>Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation).</p> <p>Close communication with Scottish Government about budget and fee levels.</p> <p><b>Planned actions</b></p> <p>Budget planning for 2025/24 underway November 2024 Director of S&amp;P</p> <p>Fees proposal consultation – February 2025 CEO</p>	4	3	12 (moderate)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
7	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p><b>Cause:</b></p> <p>Insufficient funds allocated to manage core IT infrastructure.  Insufficient development investment to upgrade security and systems.  Lack of staff, skills and knowledge.  Insufficient horizon scanning of future threats.  Lack of understanding and awareness by staff.  Successful cyber-attack.</p> <p><b>Consequence:</b></p> <p>Complete loss of use of core business systems.  Loss of data and sensitive information.  Major data breach.  Financial fraud.  Action by external stakeholders – ICO, SPSO, Audit Scotland.  Financial penalties.</p>	Director of Strategy and Performance	4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit</p> <p>Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place.</p> <p>Regular pen testing carried out twice yearly.</p> <p>Regular cycle of phishing exercises carried out for all staff and reported to Council yearly.</p> <p><b>Planned actions</b></p> <p>Planned Digital Development Programme for 2024/25</p>	3	4	12 (Moderate)	↔	N	



## RISK SCORING MATRIX

**Table 1 Impact scores**

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of, staff or public (physical/psychological harm)</b>	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
<b>Quality/complaints/audit</b>	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
<b>Human resources/organisational development/staffing/competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff  Unacceptable 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
<b>Statutory duty/Governance/inspections</b>	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
<b>Adverse publicity/reputation</b>	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
<b>Business objectives/projects</b>	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
<b>Finance including losses and claims</b>	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
<b>Service/business interruption Environmental impact</b>	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
<b>Breaches of confidentiality involving person identifiable data (PID), including data loss</b>	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage  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
<b>Frequency</b> 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
<b>5 Catastrophic</b>	5	10	15	20	25
<b>4 Major</b>	4	8	12	16	20
<b>3 Moderate</b>	3	6	9	12	15
<b>2 Minor</b>	2	4	6	8	10
<b>1 Negligible</b>	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:  
 $C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
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.

## **2025/26 SSSC Risk Appetite**

### **Date agreed by Council:**

### **Introduction**

This statement sets out how we balance risk and opportunity. It describes our appetite for risk in different areas of our work. It is a key element of our corporate governance framework and is reviewed by Council annually. We recognise that the appetite for risk will vary according to the activity undertaken and there will be different appetites and tolerances for risk.

Risk appetite and risk tolerance are often used interchangeably. Risk appetite is defined as the level of risk which we aim to operate within. Risk tolerance, is the level of risk which we are willing to operate in.

Our risk appetites are aligned with the strategic risk register to identify existing and emerging risks that outside of our stated risk appetites.

### **Overarching Statement**

We have successfully regulated and developed the social care workforce for over 20 years. We have developed an organisational maturity that helps us understand our risks and opportunities. We are therefore not a risk averse organisation. All our processes, procedures and activities have a degree of risk. Our approach is to choose the most appropriate course of action based on an assessment of impact, anticipated benefits, risk and cost.

### **Risk Appetite Definition**

<b>Appetite</b>	<b>Descriptor</b>
<b>Hungry</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Open</b>	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward/value for money.
<b>Cautious</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Minimalist</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Averse</b>	Avoidance of risk and uncertainty is a key organisational objective.

## **Risk Appetite Rationale**

### **Finance and Value for Money**

#### **How will we use our resources?**

We operate in a tightly controlled and audited financial regime. We maintain a **cautious** risk appetite where financial management and delivering within allocated budget is our primary concern and will help us pursue Best Value. We are willing to consider the costs and benefits of any proposed course of action and are prepared to accept the possibility that some reward gains will outweigh the cost. The Executive Management Team closely monitors the overall level of financial risk we face.

Efficiency is a very high priority to maximise our ability to pursue our strategic goals. Furthermore, efficiency and Best Value is within our control and is a strong focus for all staff. We therefore have an **open** risk appetite for Best Value initiatives.

### **Infrastructure**

#### **How will we be operationally fit for the future?**

We have a **minimalist** appetite for business continuity and the changes to our service. This allows us to make decisions to ensure our services are maintained with minimal impact and change for the sector.

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

### **People and Culture**

#### **How will we be perceived by our workforce?**

We recognise that our staff are critical to the achievement of our strategic priorities. The support and development of our staff is key to making the SSSC an inspiring and safe place to work.

We are **averse** to taking risks that mean we are unable to manage our talent, succession plan, motivate, develop and train our staff. This includes having the right people in the right jobs and a structure fit to deliver our organisational outcomes. We have an **open** risk appetite for decisions that improve culture and support transformational change or continuous improvement.

## Legal Compliance

### How do we meet our legal obligations?

We aim to reduce our risk of failing to meet our legal and financial obligations to a managed position of being “as low as reasonably practicable”. We maintain an **averse** risk appetite towards regulatory and legal compliance.

Risk taking is generally limited to those events where there is little chance of any significant repercussion for the SSSC if there is a compliance failure.

## Regulatory Quality

### How will we deliver effective regulatory functions?

We place public protection as our highest priority. We aim to respond proportionately to fitness to practise issues as they arise, and we have a **cautious** risk appetite to the management of these processes. We understand the need to be transparent in the decisions we make and maintaining the independence of Hearing panels. We understand the importance of maintaining proportionate regulation that provides public assurance and protects and improves the experience of people using social care services. The risks we are willing to take do not have a significant chance of long-term negative impacts on our regulatory quality. We accept that in striving for excellence and trying new approaches, short term issues may arise which we will seek to mitigate as best we can.

### How will we approach assessment of qualification and standards?

Developing and setting the standards for practice, setting the qualification requirements, and quality assuring the education and training are part of our regulatory function. There are principles criteria, established rules and requirements set around assessment and standards that we must adhere too. When the guidance allows, we take a proportionate approach, however we are bound by the legislative framework that exists therefore we have a **cautious** risk appetite.

## Developing the Sector

### How do we support development of the sector?

In our work on learning and development for the sector, we recognise the need to maintain and enhance our reputation for being innovative and responsive to stakeholders' needs. We are therefore open to experimenting with new approaches for the delivery of CPL resources and products in the knowledge that not all of them will succeed. We have a **hungry** risk appetite for this area of our activity.

## National policy landscape

### How do we contribute to national policy and the developing landscape?

We are a key contributor to the national policy landscape that defines the sector we work in. We play a key role in informing and delivering wider policy developments that contribute to the Scottish Government's national outcomes and shape wider society.

We have a **cautious** approach to policy changes that impact on regulation of the workforce. We have an **open** appetite for areas of our work that create opportunities to support workforce development, initiatives and policies designed to improve the delivery of social work, social care and children and young people services.

## Communication and Profile

### How will we be perceived by our stakeholders?

We can take decisions that have the potential to expose us to additional scrutiny but only where appropriate steps have been taken to minimise any adverse exposure and where such decisions could result in sustainable change. We have a **cautious** risk appetite for this area of our activity.

We horizon scan to ensure we are aware of changes, so we can respond timeously to changes to policy at a national and local level that have an impact on the sector. We take a **minimalist** approach to responding to changes so our services are maintained and aligned with national policy, legislation and professional standards.

We take an **open** approach to promoting our work to ensure we remain visible and are recognised for the value we bring to the sector. While we maintain a high standard of reputation, we will use different methods and technologies to promote the work of the SSSC and the sector.

Developing an understanding of stakeholders' opinions, concerns and views will help us shape the delivery of our work. For this to be effective we need to use different ways of engagement to reach all our stakeholder groups. We have an **open** approach to ensuring the mechanisms are in place to hear the views and voices of our stakeholders.

## Data and Intelligence

We take a **cautious** approach to our data quality and use of our data. This ensures our data is the data accurate, complete, and consistent and that data is used ethically and for the right purpose. We take an **open** approach to our data availability to ensure the data is accessible and available when needed within the parameters of our capacity to delivery and that of data protection guidance. We want our stakeholders to use our data to develop and support the sector and our

registrants and will work to make sure we can provide data and intelligence that is necessary.

### **Risk appetite summary**

<b>Heading</b>	<b>Description</b>	<b>Current Appetite</b>
Finance and value for money	Pursuit of BestValue	Open
	Cost/benefitappraisal	Cautious
	Financial management	Cautious
Infrastructure	Developing new process, systems and projects	Hungry
	Existing processes, systems and controls	Cautious
	Business continuity and adaptation of service	Minimalist
People and Culture	Organisationaldevelopment (developing SSSC workforce)	Averse
	Culture and transformational change	Open
Legal Compliance	Failure to meet obligations	Averse
Regulatory Quality	Deliver effective regulation	Cautious

	Quality and standards of education and training for the sector	Cautious
National policy landscape	Changes to regulation	Cautious
	Supporting wider policy development	Open
Developing the sector	L&D innovation & responsiveness	Hungry
Communication and profile	Exposure to scrutiny	Cautious
	Failure to respond to policy developments	Minimalist
	Promoting theSSSC brand	Open
	How we engagement with stakeholder	Open
Data and Intelligence	Data quality and ethical use	Cautious
	Data availability	Open



# 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	DoSP														
Fraud	Acting 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	Acting DoReg														
Health & Safety	DoSP														
Legislative Compliance	Acting 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	

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
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 2025-26 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.

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
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	

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
Financial management	DoSP	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	

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
Fraud	Acting DoReg	Counter Fraud Policy  Procurement controls  Fraud training   Whistleblowing Policy  Codes of Conduct  Financial Controls  Payroll & expenses controls  Fraud Risk Assessment process  Compliance Reviews  Intranet page	Reporting to A&A	Oversight by A & A and Council (Annual Fraud Report)  Certificates of Assurance  NFI Update report to A&A Committee (Oct 23)	Fraud Prevention, Detection and Response 21/22	NFI every two years	High	Yes	Promotion of International Fraud Awareness Week November 2024  NFI exercise commenced October 2024 will report in October 2025



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
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	Yes	

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
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	Yes	
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.

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
Information Governance	Acting 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 by exception)  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	Yes	Data Protection Policy approved at November Council.
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	Yes	

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
Legislative Compliance	Acting 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  Legislative Compliance procedure and table of legislative requirements	Certificates of Assurance  Horizon scanning at A&A Committee	Compliance with legislation 24/25	Committed to Excellence – EFQM accreditation	High	Yes	Work continuing on action plan.  Internal audit report going to Feb A&A.
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		

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
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	Yes	Continued review of technology with Microsoft to ensure the right processes are in place to mitigate risks
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	Yes	

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

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

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

<b>Title of Report</b>	Decision on Review of Registration Fees
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To provide the outcome of the consultation on the review of registration fees and present options to Council for a decision on future fee levels
<b>Recommendations</b>	<p>The Council is asked to</p> <ul style="list-style-type: none"> <li>a. approve option 2</li> <li>and to</li> <li>b. delegate authority to the Convener to sign the Registration Rules required to implement the increase.</li> </ul>
<b>Author</b>	<p>Laura Shepherd</p> <p>Director of Strategy and Performance</p>
<b>Responsible Officer</b>	Maree Allison, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.

<b>Impact Assessment</b>	<p>An Impact Assessment (IA) was developed.</p> <p>The impact assessment contains significant detail and can be accessed <a href="#">here</a></p>
<b>Documents attached</b>	Appendix 1: Consultation Analysis
<b>Background papers</b>	<a href="#">Report 07/2024 review of Registration Fees</a>



## INTRODUCTION

1. As agreed at the Council meeting in February 2024, we carried out a consultation on reviewing fee levels, consulting for twelve weeks between 30 September and 23 December 2024. This consultation had been due to take place in 2020 but was delayed due to the pandemic.
2. We received 3,178 responses to the consultation. 2,935 of these were from registrants, being 1.7% of the 177,060 people on the Register as at 23 December 2024. We also received 161 responses from employers and 82 from other bodies.

The 2,935 registrant responses came from the following Register parts:

Register Part	Individuals on each Register Part	Number of Consultation Responses	Percent of Responses	Percent of Individuals on the Register
Social care worker	112,446	1,189	40.5%	1.1%
Children and young people worker	54,291	1,098	37.4%	2.0%
Social worker	10,881	614	20.9%	5.6%
Not Provided		22	0.7%	
Social work student	1,900	12	0.4%	0.6%

3. This paper sets out the proposal consulted on, the views received from responders, context of reviewing fees and options for Council. The detailed consultation response is at Appendix 1.

## CONSULTATION QUESTIONS

4. In the consultation we set out the following proposal for regular, small fee increases over the next five years in recognition of the feedback from the previous occasion we increased fees in 2017:

	2024/25 Current fee	Proposed increase per year over five years	25/26	26/27	27/28	28/29	29/30
Social worker/ Manager/ Inspector	£80	£8	£88	£96	£104	£112	£120

Supervisor/ Practitioner	£35	£4	£39	£43	£47	£51	£55
Support worker	£25	£3	£28	£31	£34	£37	£40
Social work student	£15	£2	£17	£19	£21	£23	£25

5. We then asked three main questions:

- To what extent do you agree that the proposed fee increase is reasonable?
- Rather than one large increase we are proposing to raise the registration fees by increasing each fee by a small amount each year for five years from 1 April 2025 to 31 March 2030. For example, taking this approach would mean that the fee for support workers would go up by £3 per year for five years. Do you support increasing the fee by a small amount each year for five years?
- Do you have alternative options you would like us to consider?

## CONSULTATION PROCESS

6. Before formal consultation, we engaged with key partners and stakeholders through our regular meetings and through the Future Proofing Programme Stakeholder Advisory Group, to inform the wider consultation.
7. We held a 12-week public consultation which opened on 30 September and closed on 23 December 2024.
8. We publicised the consultation throughout the 12 weeks directly to all registrants, countersignatories, employers and newsletter subscribers through SSSC news, our email newsletter and via social media (46 posts across all platforms) along with regular direct engagement with key partners including representative bodies and unions.
9. We sent seven email newsletters with an average of 4.5k people opening the article on the fee consultation in each edition. While the engagement in the content and the information was very good and higher than normal for an individual article, this did not then result in a similar number of responses to the consultation. We believe there will be several reasons for this which are outlined in the report, for example, around 44% of registrants have their fees paid by their local authority employers which may have resulted in them not responding.

10. There are registrants who opt out of receiving SSSC News and we emailed them separately about the consultation. There are a very small number of registrants who do not want to receive any emails from the SSSC and they were sent information on the consultation by post.

## CONSULTATION QUESTIONS AND REPONSES

11. **Q1** To what extent do you agree that the proposed fee increase is reasonable?

There were 3,151 responses to this question.

Level of agreement	Number	Percent
1 (Strongly disagree)	2,138	67.9%
2	430	13.6%
3	287	9.1%
4	150	4.8%
5 (Strongly agree)	146	4.6%

12. **Q2** Rather than one large increase we are proposing to raise the registration fees by increasing each fee by a small amount each year for five years from 1 April 2025 to 31 March 2030. For example, taking this approach would mean that the fee for support workers would go up by £3 per year for five years. Do you support increasing the fee by a small amount each year for five years?

There were 3,152 responses to this question.

Response	Number	Percent
No	2,465	78.2%
Yes	687	21.8%

13. **Q3** We are proposing to keep the differences between the fee levels for the different parts of the Register. To what extent do you agree with this approach?

There were 3,128 responses to this question.

Level of agreement	Number	Percent
1 (Strongly disagree)	911	29.1%
2	238	7.6%
3	696	22.3%
4	460	14.7%
5 (Strongly agree)	823	26.3%

14. A more detailed breakdown of the responses is contained within Appendix 1. We can see that:
- Proportionately we received more responses from social workers and children and young people's workers than from social care workers.
  - There was a fairly even split of registrant responses from those working in local authority settings, private settings and voluntary settings.
  - A higher proportion of employer and organisation responses came from voluntary and private settings than local authority settings.
  - Proportionately we received more responses from managers than from support workers or practitioners.
15. Many of the text comments demonstrated deep unhappiness at the thought of an increase in fees, particularly in the current economic climate. There were also comments about matters outwith our control, such as the impact of increased employer national insurance contributions, the decision in 2022 for Scottish Government to pay fees for those employed by local authorities as part of the settlement with COSLA and the general concern about the different funding arrangements for private and voluntary provider versus local authority providers.
16. We received the following concerns from key stakeholders, none of whom supported the proposals:

Scottish Association of Social Work	<ul style="list-style-type: none"> <li>• Proposed increase is much higher than annual salary increase</li> <li>• Concern about impact on recruitment which is already challenging</li> <li>• Social Work England fee at £90 is currently the highest – proposing we move to £95 over five years</li> <li>• Request for salary related fees</li> <li>• Highlighted female nature of the workforce</li> </ul>
Coalition of Care and Support Providers in Scotland	<ul style="list-style-type: none"> <li>• Request that SSSC advocate for government funding of fees</li> <li>• Highlights timing coincides with Disclosure fee increases</li> <li>• Deterrence to recruitment</li> <li>• Financial burden on employers who reimburse fees may impact on professional development</li> <li>• Impact on morale and value of the workforce</li> <li>• Lack of awareness of the role of the SSSC</li> </ul>
National Day Nurseries Association	<ul style="list-style-type: none"> <li>• Discrepancy between local authority levels of pay/fees being paid, and that of the private and voluntary sector</li> <li>• View that they do not know what they get from the SSSC for the fee</li> </ul>

	<ul style="list-style-type: none"> <li>• Request for option to pay by instalments and a scale based on salary</li> <li>• Comments about the manager fee being disproportionately high</li> <li>• Highlighted female nature of the workforce</li> </ul>
Scottish Care	<ul style="list-style-type: none"> <li>• Concern about impact on recruitment and retention</li> <li>• More transparency in the way fees are used</li> <li>• Request for instalments</li> <li>• Unfairness of local authority fee settlement</li> <li>• Highlighted female nature of the workforce</li> </ul>

## ALTERNATIVE OPTIONS

17. We did ask a question for any alternative options. Many of the responses simply proposed no fee or a lesser fee. The more specific suggestions are considered below:

Options	Response
Scottish Government or employers to pay all fees	<p>We are aware that like local authority staff, other registrants have their fees paid as part of their contractual arrangements with their employer.</p> <p>This is outwith our control. Our legislation only permits us to charge fees to registrants.</p>
New fee level for Managers of Care Services	<p>We recognise there is a difference in role and generally in salary between a social worker and a registered care service manager, including the requirement for social workers to be qualified before they can practice.</p> <p>It would be within our competence to introduce a new fee level for Managers of Care Services, sitting between social workers and supervisors/practitioners. (Care Inspectorate Inspectors would also fall into this category).</p> <p>This is included in Option 2 below with a proposal that the existing fee of £80 be introduced and then frozen for the five year period.</p>
No increase for social work students	<p>Scottish Government have taken steps to improve support to social work students through bursaries and placement grants and hardship funds. It is open to Members to not apply an increase to the 1,900 social work students.</p> <p>This is included in Option 2 below, with a proposal that the fee for students remains at £2.</p>
No increase for those who are lowest paid	<p>Fees are currently tapered so that generally fee level is commensurate with seniority of role.</p>

	<p>A point raised through the consultation was the impact of the increase in employer national insurance contributions not being factored into contracts and chargeable rates. For those employers who do pay their workforce's registration fees this will add another unplanned financial burden.</p> <p>It is open to Members to delay the increase of fees for the lowest paid parts of the Register to permit a period of adjustment.</p> <p>This is incorporated into Option 2.</p>
Fees should be based on salary/sector and part/full time hours not register part	<p>Regulators across the UK do not link fees to job title or role, but to the category on the register. It is not feasible for the SSSC to determine appropriate salary levels or establish a fair sliding scale. Public sector workers may work part-time or earn less than their private sector counterparts, and many may work multiple jobs or have zero-hour contracts. Rules around full- and part-time hours vary by organisation, creating potential for fee discrepancies.</p> <p>Verifying salaries or part time hours would require additional resources, create opportunities for fraud, and would face employer resistance due to verification requirements. Changes would disrupt efficient processes like the green channel applications and the annual declaration process, which currently has minimal employer intervention.</p>
Fees paid by instalments	<p>To allow payment by instalments we would require to revert to the previous debt management process to manage missed instalments including a process to chase instalments, remove registrants who missed instalments and make decisions about the cost-effectiveness of recovering outstanding fees. As well as requiring additional staff and systems development it would risk actually decreasing fee income due to turnover.</p> <p>Given annual fee levels the cost and lost income would have a significant impact on fee income.</p>

## CONTEXT

18. The SSSC was established in 2001 with the intention that fees would cover the direct costs of maintaining the Register (which includes the registration and fitness to practise function), to ensure effective public protection. The Executive Framework between Scottish Government and the SSSC requires the Council set fees with the longer-term aim of balancing income and expenditure for registration. Currently fee income

covers 60% of the direct cost of regulation (the cost of staff and running fitness to practise hearings).

19. Fees have only been increased once, in 2017. The increase was significant, being 67% for support workers and 167% for social workers and managers. The feedback from respondents to the consultation and from Ministers was that future increases should be small and regular. We were planning to consult in 2020 with a potential increase in 2021. Due to the pandemic the consultation was delayed and we are now eight years away from the previous fee increase with resultant impact on our financial sustainability.
20. During that time we have continued to focus on our efficiency and effectiveness as a regulator and our cost per registrant has decreased from £154 to £112 since 2017, which is the lowest of the social work and healthcare regulators we benchmarked against.
21. Although only a very small number of the registered workforce have decided to respond to the consultation, the responses do highlight the concerns about the health of the sector as a whole, impact on recruitment and retention and general financial pressures. Although payment of fees is not a significant cause for leaving the sector referenced in our leaver's survey, we do understand the challenging times. Members have the task of balancing their role in securing the financial sustainability of the SSSC, moving further towards the objective of fee income funding regulation to support public protection, and the concerns expressed through the consultation.
22. In Option 2 below, we have set out concessions targeted at the points raised in the consultation which would still move the dial on the SSSC's financial sustainability whilst recognising the areas of concern in the consultation.

## OPTIONS

### 23. **OPTION 1 – Consultation Option**

- £8 a year increase for social workers and care service managers
- £4 a year increase for practitioners/supervisors
- £3 a year increase for support workers
- £2 a year increase for student social workers

	2024/25	Proposed	25/26	26/27	27/28	28/29	29/30
	Current fee	increase per year over five years					

Social worker/ Manager/ Inspector	£80	£8	£88	£96	£104	£112	£120
Supervisor/ Practitioner	£35	£4	£39	£43	£47	£51	£55
Support worker	£25	£3	£28	£31	£34	£37	£40
Social work student	£15	£2	£17	£19	£21	£23	£25

**24. OPTION 2 - Concessions:**

- £8 a year increase for social workers
- Introduce a care service managers fee and freeze it at £80
- No fee increase year one for practitioners/supervisors and £4 a year for the following four years
- No fee increase year one for support workers and £3 a year for the following four years
- No increase for student social workers

	<b>2024/25 Current fee</b>	<b>Proposed increase per year over five years</b>	<b>25/26</b>	<b>26/27</b>	<b>27/28</b>	<b>28/29</b>	<b>29/30</b>
Social worker	£80	£8	£88	£96	£104	£112	£120
Managers of Care services and Inspectors	£80	0	£80	£80	£80	£80	£80
Supervisor/ Practitioner	£35	£4 but £0 in first year	£35	£39	£43	£47	£51
Support worker	£25	£3 but £0 in first year	£25	£28	£31	£34	£37
Social work student	£15	0	£15	£15	£15	£15	£15

25. This proposal would result in social workers being the only Register part to see a fee increase in 25/26. Whilst most social workers are employed by local authorities some are employed by other organisations or are independent and pay their own fee.



## RISKS

26. We have a cautious risk appetite for financial management. We have a cautious risk appetite for decisions affecting how we will be perceived by our stakeholders.
27. There is a risk to the sector that any increase in fee levels leads to an increase in people leaving the sector or a barrier to people joining the sector. There is no evidence of such an impact when we raised fees in 2017. However, the financial landscape has changed.
28. 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 three years. An increase will improve our financial sustainability and contribute to lowering our strategic risk.

## IMPLICATIONS

### Resourcing

29. The impact of Option 1 and Option 2 on the financial sustainability of the SSSC:

	<b>Fee income at end of 5 years</b>	<b>Proportion of cost of regulation funded by fees</b>	<b>Funding Gap</b>
<b>No fee increase</b>	£6m	51%	£5.7m
<b>Option 1</b>	£9.4m	85%	£2.3m
<b>Option 2</b>	£8.6m	78%	£3.1m

30. We require to develop changes to the system for notifying registrants of their fee value. This has cost approximately £40,000 and means that we will be able to apply future changes without the need for extra systems development work.

### Compliance

31. Fee levels are set within our Registration Rules. We are required to consult with the sector on any changes to our Registration Rules. If Members decide to change fee levels then the next step is to request that the Minister approve changes to our Registration Rules to implement the new fee levels.

## **IMPACT ASSESSMENT**

32. An impact assessment was carried out. The impact on women was highlighted through the consultation responses and as our Register is predominately female regulation, including fees, affects more women than men. Many comments referred to women being low-paid and working part-time due to caring responsibilities. The tiered structure of fees already links fee to pay level and Option 2 proposes concessions for the lower paid parts of the Register.
33. There are a few areas we will consider in future for registrants that are identified in the assessment, such as those with care experience. However, we need to explore these further, some are not technically possible and some are reliant on national decisions such as the outcome of Scottish Government consultation on a defining care experience. We will consider the category of care experienced following the outcome of that consultation.

## **CONCLUSION**

34. Council is asked to reach a decision on future fee levels, recognising that Members must balance the potential impact on registrants with their responsibility as a Council Member to the financial sustainability of the SSSC.
35. Considering the low number of responses, the unavoidable delay in progressing the review process due to the pandemic, the aim to improve the proportion of our regulatory function which is funded by fee income rather than Scottish Government funding, my recommendation is to implement Option 2, which incorporates targeted concessions based on the feedback received through the consultation.

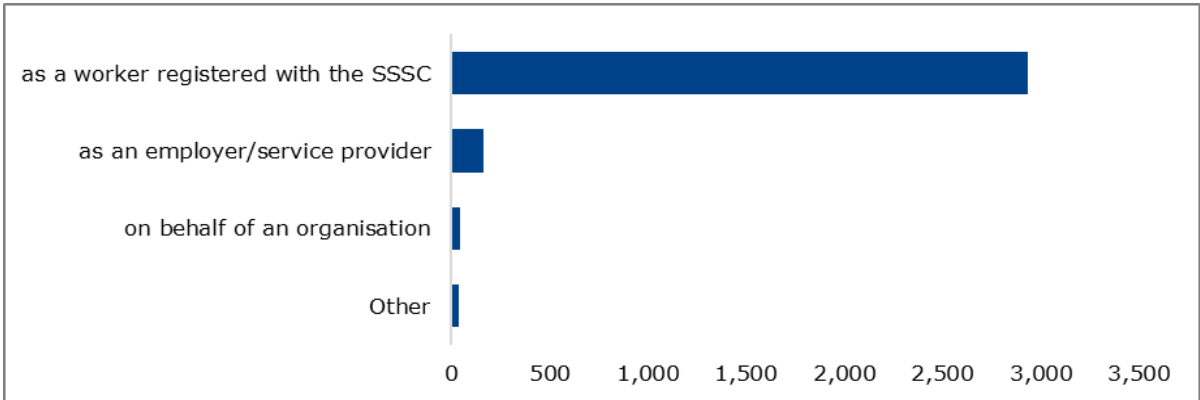
# **2024 fee consultation response analysis**

# 2024 fee consultation response analysis

Total responses – 3,178

## Q. Are you responding

Responses: 3,178



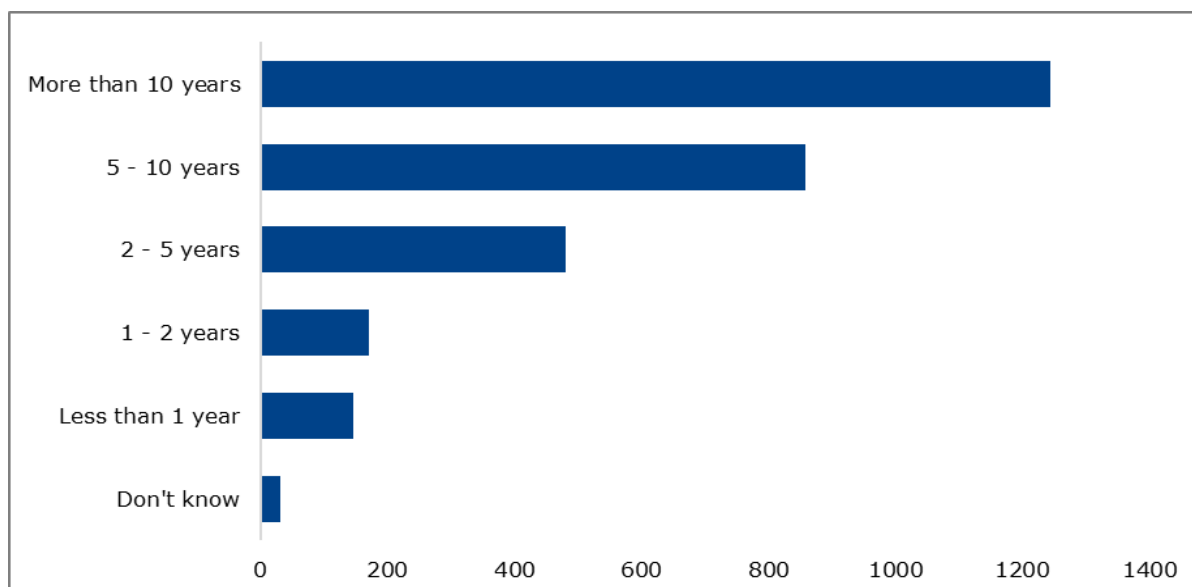
	Number	Percent
as a worker registered with the SSSC	2,935	92.4%
as an employer/service provider	161	5.1%
on behalf of an organisation	44	1.4%
Other	38	1.2%

Blank responses to this question that subsequently selected a register part in response to 'Please tell us what Register part you are on' have been counted in the category 'as a worker registered with the SSSC'. Additionally, there were 38 responses categorised as 'Other' (including blank responses).



## Q. How long have you been registered with the SSSC?

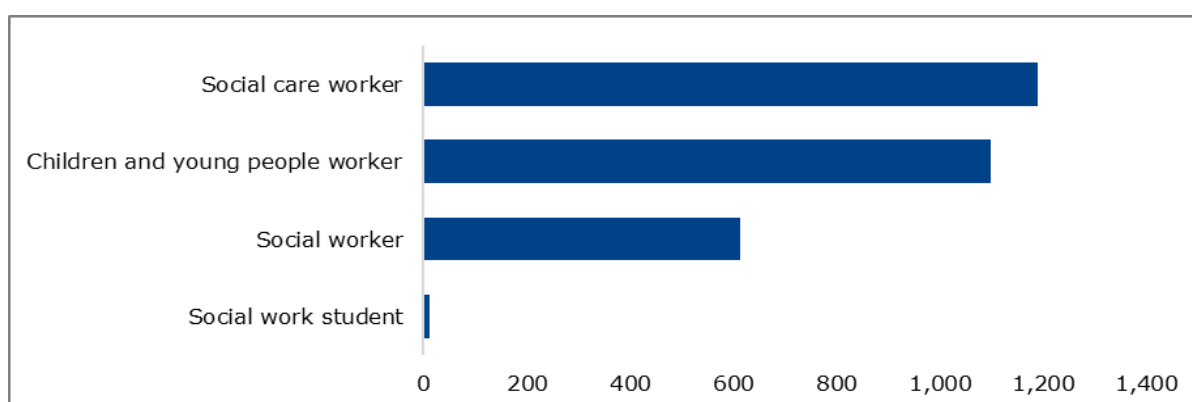
Responses: 2,933



	Number	Percent
More than 10 years	1,245	42.4%
5 - 10 years	859	29.3%
2 - 5 years	481	16.4%
1 - 2 years	170	5.8%
Less than 1 year	147	5.0%
Don't know	31	1.1%

## Q. Please tell us what Register part you are on:

Responses: 2,913



		Percent
Social care worker	1,189	40.8%
Children and young people worker	1,098	37.7%
Social worker	614	21.1%
Social work student	12	0.4%

**Q. If you are registered on more than one Register part please specify here:**

Responses: 339

Unique Values: 135

	Number	Percent
No	90	26.5%
N/A	28	8.3%
Yes	18	5.3%
Social Care Worker	12	3.5%

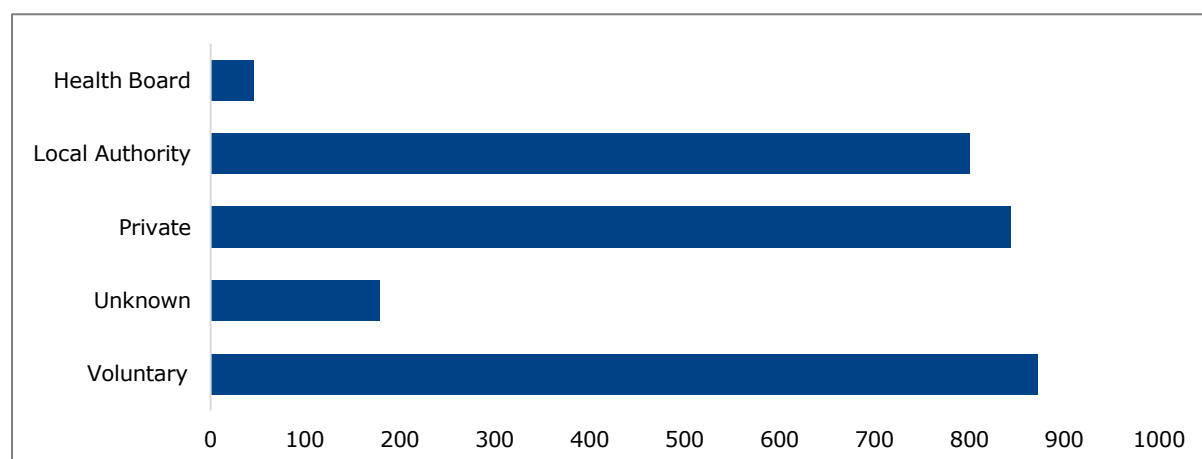
Additionally there were 131 unique free text responses each with less than 10 respondents.

Of the 339 responses, 214 indicated that the respondent was on more than one register part.

## Q. What is the name of your organisation?

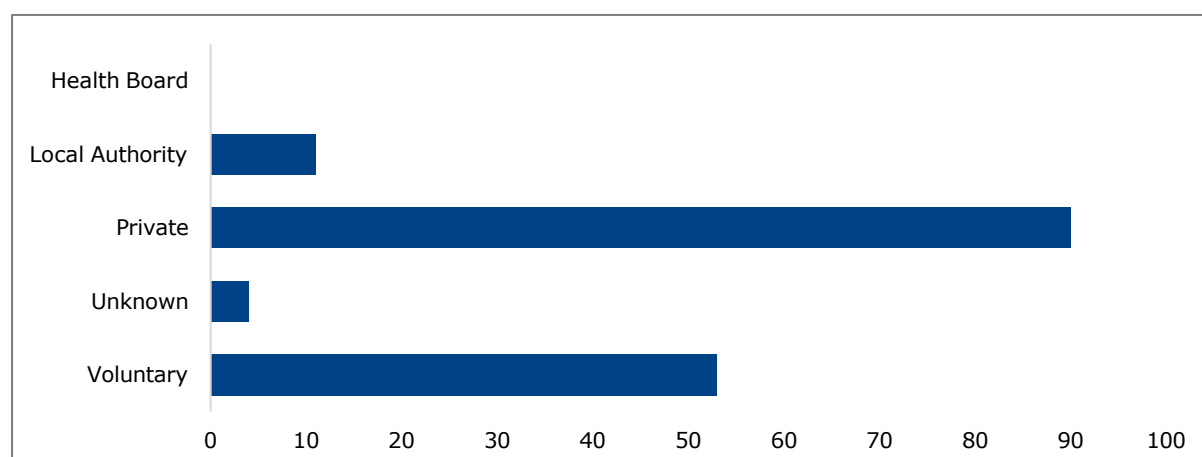
The text responses to this question have been categorised into Health Board, Local Authority, Private, Voluntary or Unknown.

For those whose response was counted as 'As a registered worker with the SSSC' there were 2,739 responses.



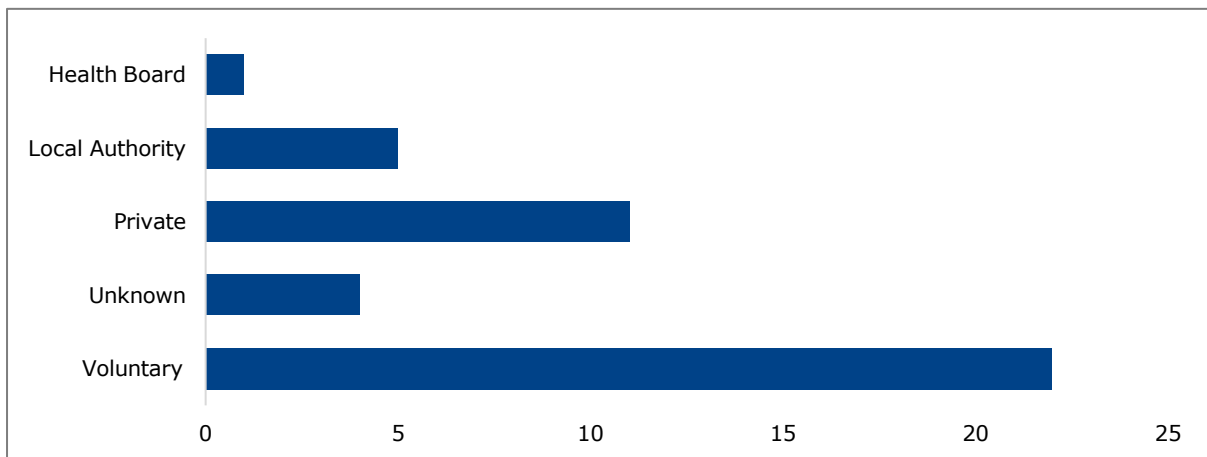
	Number	Percent
Health Board	45	1.6%
Local Authority	800	29.2%
Private	844	30.8%
Unknown	178	6.5%
Voluntary	872	31.8%

For those whose response was counted as 'as an employer/service provider' there were 158 responses.



	Number	Percent
Health Board	0	0.0%
Local Authority	11	7.0%
Private	90	57.0%
Unknown	4	2.5%
Voluntary	53	33.5%

For those whose response was counted as 'on behalf of an organisation' there were 43 responses.



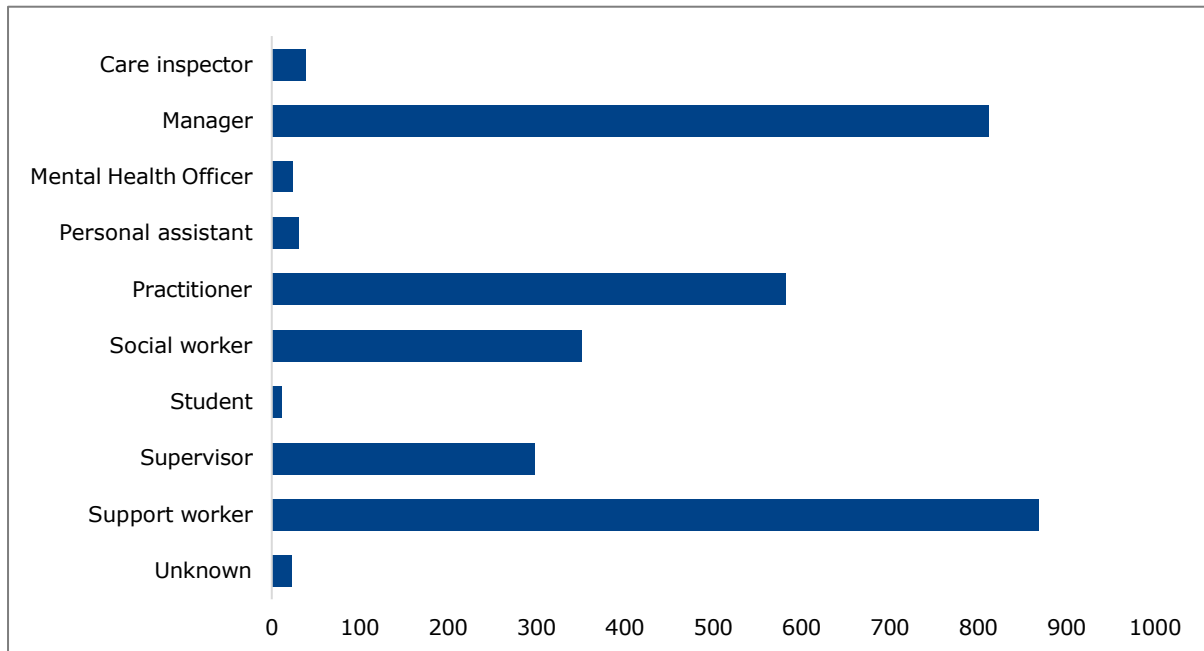
	Number	Percent
Health Board	1	2.3%
Local Authority	5	11.6%
Private	11	25.6%
Unknown	4	9.3%
Voluntary	22	51.2%



### Q. What is your role within your organisation?

The text responses to this question have been categorised into role groups.

Responses: 3,038



	Number	Percent
Care inspector	39	1.3%
Manager	812	26.7%
Mental Health Officer	24	0.8%
Personal assistant	31	1.0%
Practitioner	582	19.2%
Social worker	351	11.6%
Student	11	0.4%
Supervisor	298	9.8%
Support worker	868	28.6%
Unknown	22	0.7%

### Q. Which local authority area do you work in?

Responses: 3,027

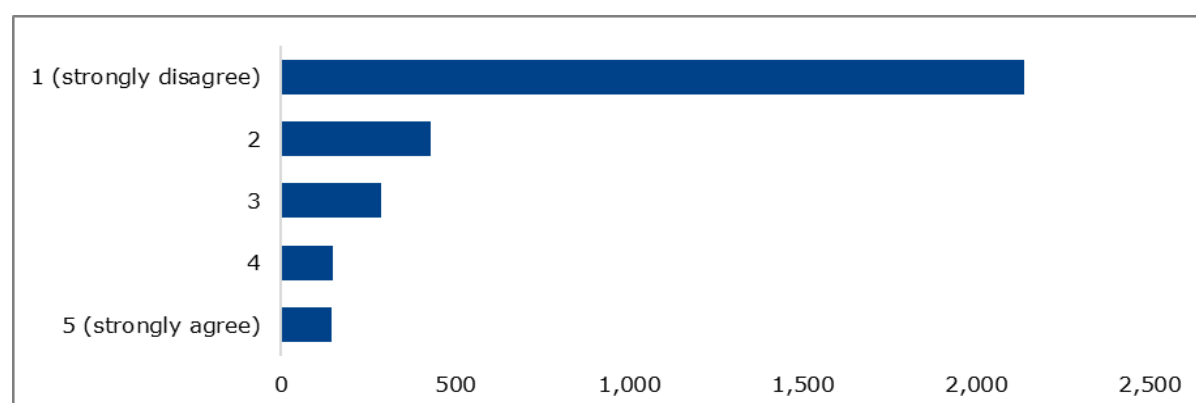
Responses were received representing all 32 Scottish local authority areas.

**Q. To what extent do you agree that the proposed fee increase is reasonable?**

**Please select on a scale of 1 to 5 where 1 is 'strongly disagree' and 5 is 'strongly agree'.**

### All Responses

Responses: 3,151



### All Responses

	Number	Percent
1 (strongly disagree)	2,138	67.9%
2	430	13.6%
3	287	9.1%
4	150	4.8%
5 (strongly agree)	146	4.6%

### Responses by 'Are you responding'

	as a worker registered with the SSSC		as an employer/service provider		on behalf of an organisation		Other	
	Number	%	Number	%	Number	%	Number	%
1 (Strongly disagree)	1990	68.3%	104	64.6%	24	55.8%	20	57.1%
2	391	13.4%	28	17.4%	6	14.0%	5	14.3%
3	256	8.8%	17	10.6%	8	18.6%	6	17.1%
4	135	4.6%	10	6.2%	3	7.0%	2	5.7%
5 (Strongly agree)	140	4.8%	2	1.2%	2	4.7%	2	5.7%



## Responses by Register Part

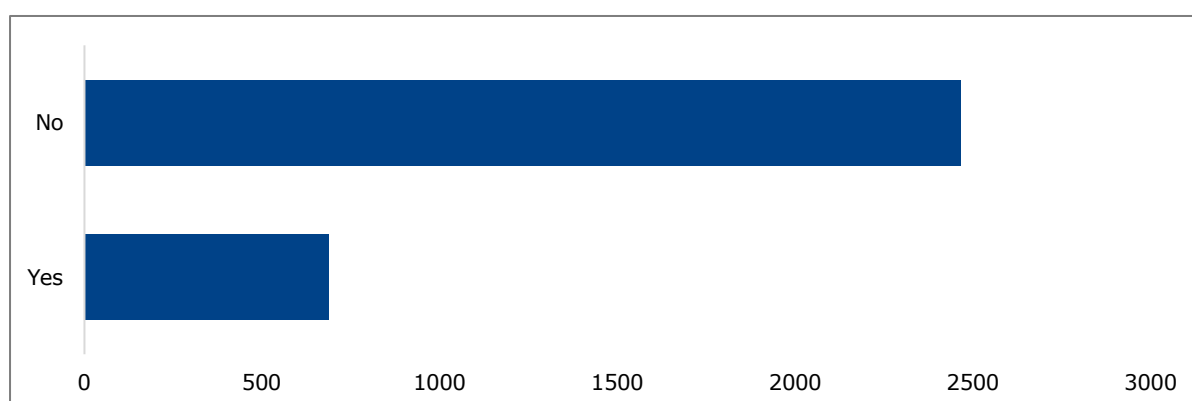
	Children and young people worker		Social care worker		Social work student		Social worker	
	Number	%	Number	%	Number	%	Number	%
1 (Strongly disagree)	776	71.3%	763	64.7%	7	58.3%	430	70.5%
2	150	13.8%	143	12.1%	2	16.7%	93	15.2%
3	86	7.9%	120	10.2%	1	8.3%	47	7.7%
4	36	3.3%	74	6.3%	0	0.0%	22	3.6%
5 (Strongly agree)	41	3.8%	79	6.7%	2	16.7%	18	3.0%

**Q. Rather than one large increase we are proposing to raise the registration fees by increasing each fee by a small amount each year for five years from 1 April 2025/26 to 31 March 2030.**

**For example, taking this approach would mean that the fee for support workers would go up by £3 per year for five years.**

**Do you support increasing the fee by a small amount each year for five years?**

Responses: 3,152



## All responses

	Number	Percent
No	2,465	78.2%
Yes	687	21.8%

## Responses by 'Are you responding'

	as a worker registered with the SSSC		as an employer/service provider		on behalf of an organisation		Other	
	Number	%	Number	%	Number	%	Number	%
No	2,297	78.8%	116	73.4%	25	58.1%	27	77.1%
Yes	619	21.2%	42	26.6%	18	41.9%	8	22.9%

## Responses by Register Part

	Children and young people worker		Social care worker		Social work student		Social worker	
	Number	%	Number	%	Number	%	Number	%
No	894	82.2%	889	75.0%	9	75.0%	493	80.7%
Yes	194	17.8%	296	25.0%	3	25.0%	118	19.3%

## Q. You can provide more information to support your answer

2,442 comments were received.

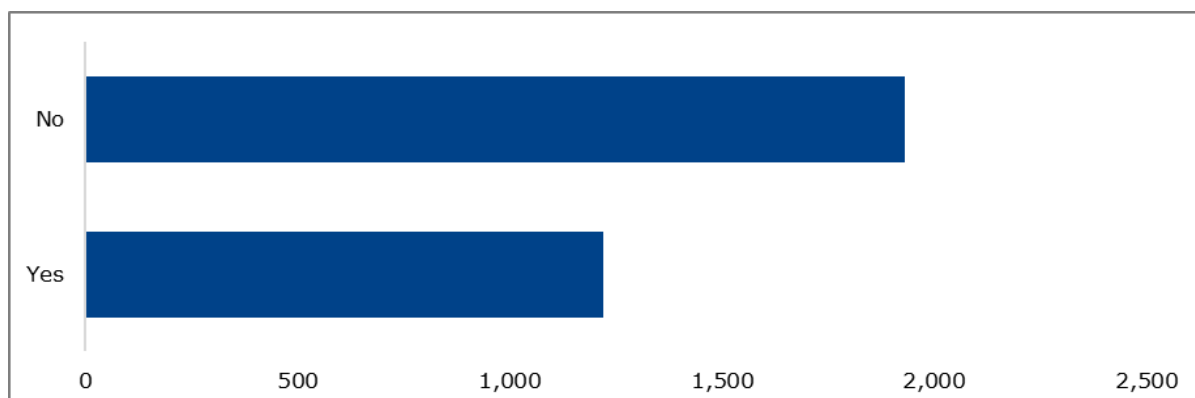
- 2,232 comments were from those categorised as workers registered with the SSSC.
- 140 from those categorised as responding as an employer / service provider.
- 37 from those categorised as responding on behalf of organisations
- 33 categorised as 'Other'.

Text mining software was used to extract topics from these comments. Here are the main themes.

- There was a strong sentiment that they did not agree with the fee rise or in some cases paying a fee at all, particularly with local authority workers having their fees paid for them.
- That there is a difference in pay and funding between local authority and private sector and voluntary workers.
- There are significant challenges with recruitment in the care sector
- There are cost of living issues and a financial strain on a low paid workforce who would struggle to pay.
- That there are more part-time workers in this sector and there would be a greater impact on these workers.
- There needs to be more transparency around the value the SSSC delivers and what it offers.

## Q. Do you have an alternative option you would like us to consider?

Responses: 3,149



	Number	Percent
No	1,929	61.3%
Yes	1,220	38.7%

## Q. Please tell us more about the options you'd like us to consider.

In total 1,198 comments were received in response to this question.

- 1,078 comments were from those categorised as workers registered with the SSSC.
- 84 from those categorised as responding as an employer / service provider.
- 20 from those categorised as responding on behalf of organisations
- 16 categorised as 'Other'.

Comments were read and grouped into themes. Overall the main suggestions identified were:

- they would prefer no increase or a smaller increase particularly for the lowest paid
- to remove or reduce the existing fee
- Scottish Government to fund all fees or for employers to pay all fees.

A smaller number of comments identified other suggestions:

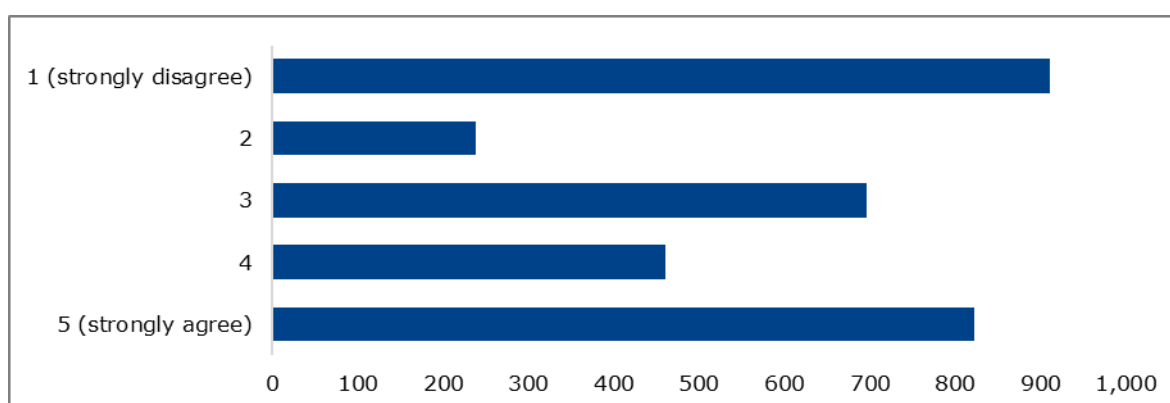
- care Services Managers to have a lower fee than Social Workers
- fees being linked to salary and/or part time hours
- paying fees by instalments.

**Q. We are proposing to keep the differences between the fee levels for the different parts of the Register. We do this to take account of the different salaries between roles in this sector and so that those on lower salaries pay less.**

**To what extent do you agree with this approach?**

**Please select on a scale of 1 to 5, where 1 is 'strongly disagree' and 5 is 'strongly agree'**

Responses: 3,128



	Number	Percent
1 (strongly disagree)	911	29.1%
2	238	7.6%
3	696	22.3%
4	460	14.7%
5 (strongly agree)	823	26.3%

**Responses by 'Are you responding'**

	as a worker registered with the SSSC		as an employer/service provider		on behalf of an organisation		Other	
	Number	%	Number	%	Number	%	Number	%
1 (Strongly disagree)	850	29.4%	40	25.2%	11	26.2%	10	28.6%
2	220	7.6%	14	8.8%	3	7.1%	1	2.9%
3	645	22.3%	36	22.6%	5	11.9%	10	28.6%
4	416	14.4%	27	17.0%	10	23.8%	7	20.0%
5 (Strongly agree)	761	26.3%	42	26.4%	13	31.0%	7	20.0%

## Responses by Register Part

	Children and young people worker		Social care worker		Social work student		Social worker	
	Number	%	Number	%	Number	%	Number	%
1 (Strongly disagree)	370	34.2%	312	26.6%	2	16.7%	157	26.0%
2	90	8.3%	82	7.0%	1	8.3%	46	7.6%
3	272	25.1%	245	20.9%	3	25.0%	122	20.2%
4	138	12.8%	166	14.2%	0	0.0%	108	17.9%
5 (Strongly agree)	212	19.6%	367	31.3%	6	50.0%	172	28.4%

### Q. You can provide more information to support your answer

Comments: 1,362

- 1,235 comments were from those categorised as workers registered with the SSSC.
- 77 from those categorised as responding as an employer / service provider.
- 26 from those categorised as responding on behalf of organisations.
- 24 categorised as 'Other'.

Text mining software was used to extract topics from these comments. The main topics identified were very similar to those mentioned in other free text answers. Cost of living and the financial impact being the most noted. There were also comments that outlined a positive approach to having different levels of fees for different parts of the register.

### Q. What, if any, do you see as the main equality related issues that you feel could arise from the proposals set out in this consultation?

**For further information please see our Impact Assessment (September 2024) covering several areas such as protected characteristics and children's rights.**

Comments: 1,319

**Q. We are committed to promoting equality, diversity and inclusion.**

**We want to understand the diversity and consider the unique needs of the people on our Register who have protected characteristics and take steps to meet and support these needs.**

**You have the option to provide your equalities information.**

**The reason we ask for this information is that it helps us to better understand the context for the responses which informs the analysis and can contribute to the decisions that are made following the consultation.**

**You do not have to answer these questions, but it would be helpful to us if you do.**

Responses: 3,177

	Number	Percent
Yes	2,024	63.7%
No	1,153	36.3%

In this section of the document categories with less than 10 responses are not displayed to avoid identifying individuals.

**Q. What is your age group?**

Responses: 2,019

	Number	Percent
35 - 44	525	26.0%
45 - 54	501	24.8%
55 - 64	469	23.2%
25 - 34	354	17.5%
16 - 24	91	4.5%
65 or older	79	3.9%





### Q. What is your ethnic group?

Responses: 1,998

	Number	Percent
White	1,903	95.2%
African, Scottish African or British African	53	2.7%
Mixed or multiple ethnic groups	22	1.1%
Asian, Scottish Asian or British Asian	11	0.6%
Other ethnic group	Less than 10	*
Prefer not to say	Less than 10	*
Caribbean or Black	Less than 10	*

Where a respondent answered in more than one ethnic group a calculation was used to select the most appropriate group.

### Q. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Responses: 2,017

	Number	Percent
No	1,565	77.6%
Yes, limited a little	315	15.6%
Prefer not to say	69	3.4%
Yes, limited a lot	68	3.4%

### Q. What term best describes your sex?

Responses: 2,016

	Number	Percent
Female	1,652	81.9%
Male	341	16.9%

Additionally there were 23 responses in the categories 'Prefer not to say' and 'In another way'.



### Q. Do you consider yourself to be trans, or have a trans history?

Responses: 1,964

	Number	Percent
No	1,932	98.4%

Additionally there were 32 responses in the categories 'Prefer not to say' and 'Yes'.

### Q. What religion, religious denomination or body do you belong to?

Responses: 1,994

	Number	Percent
None / Atheist	1,102	55.3%
Church of Scotland	316	15.8%
Roman Catholic	268	13.4%
Other Christian	112	5.6%
Prefer not to say	107	5.4%
Other	32	1.6%
Pagan	23	1.2%
Muslim	19	1.0%
Buddhist	Less than 10	*
Jewish	Less than 10	*
Sikh	Less than 10	*

There were 43 unique free text responses each with less than 10 responses which have been grouped into one of the above religions.

### Q. Which of the following best describes your sexual orientation?

Responses: 1,974

	Number	Percent
Heterosexual/straight	1,719	87.1%
Prefer not to say	110	5.6%
Gay/lesbian	79	4.0%
Bisexual	63	3.2%
Other	Less than 10	*

There were 6 unique free text responses each with less than 10 responses which have been grouped into one of the above categories.





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<b>Title of Report</b>	Draft Budget 2025/26
<b>Public</b>	Public
<b>Summary/purpose of report</b>	To outline the draft budget for 2025/26 to Council
<b>Recommendations</b>	The Council is asked to endorse 1. the draft budget which will be submitted to Council for formal approval in March 2025.
<b>Author</b>	Laura Shepherd Director, Strategy and Performance
<b>Responsible Officer</b>	Laura Shepherd, Director, Strategy and Performance
<b>Link to Strategic Plan</b>	The information in this report links to:  Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.  Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.  Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.  Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
<b>Link to Risk Register</b>	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.  Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.

	<p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p>
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	<p>Appendix 1 Budget</p> <p>Appendix 2 Movement</p> <p>Appendix 3 Staffing</p> <p>Appendix 4 Forecast</p> <p>Appendix 5 Reduction scenarios</p>
<b>Background papers</b>	None

## **INTRODUCTION**

1. The SSSC's new financial year starts on 1 April 2025 and we are entering the final year of our current Strategic Plan. Following the successful conclusion of the Future Proofing Programme we have focused our budget planning on investment in:
  - Engaging and involving people in our work, being recommendations from both the Independent Review of Inspection, Scrutiny and Regulation and the Promise.
  - Our digital security, implementing and improving our key platforms and increasing our AI capability.
  - Our work with key stakeholders, including Scottish Government to improve the education, training and development of the workforce.
2. The public sector funding environment is extremely challenging and whilst 80% of our operational spend remains on staff costs, we have set the draft budget on the basis of reducing overall headcount, reshaping our workforce to focus on strategic priorities, and maintaining digital investment.
3. This paper sets out the background to the budget, the approach taken by Officers in setting the budget, key points to highlight and a specific issue relating to our reserves.

## **BACKGROUND**

4. Council must approve the annual budget each year, as required by our Code of Corporate Governance. Council also approves increases to the permanent staffing establishment. Our Executive Framework sets out that the Scottish Government Sponsor (Sponsor) must confirm our funding before the new financial year starts.
5. Due to the challenging public sector financial position, we have not received an uplift in our grant in aid (GIA) allocation in the Spring Budget Revision (SBR) announced on 20 December 2024. Our Sponsor has verbally advised that the funding deficit will be managed as a resource pressure in 2025/26 and our Sponsor will work with Scottish Ministers, aiming to permanently increase GIA in future years.
6. We are currently projecting to end the year with an estimated general available reserve of £1,7m. However, there is work progressing that will reduce this. We are proposing a change to the target reserves policy which we will present to Council in the March budget paper.
7. Our overall budget includes money that we use to support the sector. Postgraduate Bursaries (PG), Practice Learning fees (PL), Workforce Development Grant (WDG) and Voluntary Sector Development Fund (VSDF) budgets do not affect the GIA allocation.

8. Council is asked to review this draft budget for 2025/26 in preparation for approving the budget at the Council meeting in March 2025.
9. Sponsor confirms GIA by letter before the end of the financial year. It is expected that this will be with us before 31 March 2025 and we will advise Members when this is received.

## **APPROACH**

10. We have prepared a draft budget for 2025/26 that includes business as usual and developments that Executive Management Team (EMT) considers necessary to effectively deliver our statutory functions and the Strategic Plan 2023-2026.
11. We reviewed each budget item to take account of actual costs from previous years and the latest budget monitoring information. We applied inflationary uplifts where we know of increases.
12. Table 1 in Appendix 1 shows the sources of our operating and disbursement income of £24.190m and expenditure of £28.414m resulting in a funding deficit (shortfall) of approx. £4.224m. Appendix 2 details the movements of the key areas between 2024/25 and 2025/26.
13. Our Sponsor has verbally confirmed that they have approved the budget pressure of £4.224m.
14. The budget excludes specific grant funding such as the WDG and the VSDF as Scottish Government has yet to agree this.
15. Council is considering a proposal to consult on reviewing registration fees. Fees have not been increased from the current level since 2017. No assumption on increasing fees has been made in this version of the budget. Any decision to change fees will be known for the March budget paper and will be included at that point. The draft budget includes a projected increase in fee income in 2025/26 of £391k. This is based on projections relating to size of the Register.
16. We have included indicative budgets for 2026/27, 2027/28 and 2028/29 in Appendix 4 for information. These are subject to change and only include an estimate for any pay awards of 3%. Appendix 5 provides an overview of the scenarios created by a reduction in GIA if that were to happen in future years.

## **OVERVIEW OF BUDGET KEY POINTS**

### **Staffing changes**

17. The most significant shift in staffing costs is driven by staff going up the increments within the pay scale, the national insurance (NI) increase to 15% and reduction in threshold at which NI is paid and the application of provisional 3% pay award. This increases staffing costs by £1.085m between years.
18. The budget proposes a reduction of 4 Full Time Equivalent (FTE) but increase to permanent headcount of 4.4 FTE giving a net permanent increase of 0.4FTE.
19. The reduction in permanent FTE includes reducing Director headcount from four to three posts. Additional permanent FTE are targeted at:
  - Increasing our in-house digital capabilities to support our digital strategy
  - Increasing our senior capacity to influence Scottish Government policy and lead and deliver around our education, standards and development of the workforce
  - Increasing our communications, research and policy capacity to improve our stakeholder reach.
20. However, with efficiencies created across the organisation due to Future Proofing Programme (FPP) and improvements to the way we work, with the removal of both permanent and temporary posts and repurposing of existing posts the budget sees a total net reduction overall in FTE of 16.4 (Appendix 3).
21. We continue with the over recruitment within the Fitness to Practise Department (FtP) that was approved at Council in 2022/23, which we use to support turnover to ensure we create stability to manage the throughflow of cases within FtP.

### **Operating costs**

22. Operating costs account for 20% of our budget. The most significant shift seen in the budget around these is £180k increase in digital business as usual (BAU) costs reflecting increases in licencing and inflation. There are also much smaller additional costs for practicing certificates for FtP staff and research for the strategic plan and further sector wellbeing surveys.
23. Our digital development cost for 2025/26 is £636k which includes (but is not an exhaustive list)
  - significant work on a new legal case management system required due to supplier changes



- new data website
  - continued work on the corporate website
  - upgrades and developments to MySSSC and D365.
24. In comparison our 2024/25 digital development costs are projected to be £356.5k from GIA, £150k from other grant funding on behalf of Scottish Government driven work, plus £136k for FPP digital work giving a total of £641K. Compared to actual spend on digital development there is a reduction in planned costs for 2025/26.

### **Rationale for operating and staffing proposals**

- Pay award parameters are set by Scottish Government therefore we have limited scope to provision for anything less than the 3% proposals.
- We are required to absorb the NI increase to 15% and the reduction of the threshold at which this is paid.
- The current draft budget assumes no increase in fees as a decision has not yet been made.
- Investment in our digital capacity, safety and technology is key to delivering our business. We are focusing on the increased BAU and digital development to maintain robust cyber security, ensure we develop the website, continue the development of Registration Systems and replace the legal case management system.
- Increased capacity at Head level in Workforce Education and Standards (WES) to meet the increasing demand on our regulatory functions to support national policy, Social Work Education Partnership (SWEP) developments, National Social Work Agency (NSWA) planning and student funding disbursement and at advisor level to support the review of the National Occupational Standards and consultation on new register groups.
- Increase our research, policy and communication capacity to reach our audiences, understand the national policy landscape and develop our work in direct relation to that need. Such as involving people, Independent Review of Inspection, Scrutiny and Regulation (IRISR), The Promise and our public sector equalities and diversity duties.
- Ensure we maintain our levels of throughput for case management and FtP needs are met with the appropriate tools and continued developments in place. The current provider of our legal case management system has indicated they will be moving the product to open source with a sunset on support. Therefore, we require to procure and implement a replacement system. We cannot deliver our statutory FtP function without a legal case management system.

## **Reserves**

25. Based on projections, we estimate an available general reserve of £1.7m by 31 March 2025. We will ringfence funds within this reserve for expenditure into 2025/26 due to ongoing work. We will detail this in the March budget paper.
26. We have an internally set target for available reserves of 2%-2.5% of gross budget. Through discussion with Council, Sponsor and auditors it has been determined that a reasonable position would be that we have enough cash in the bank to cover one to three months running costs of the organisation including paying staff salaries. The advice is that this is good practice to mitigate against emergency situations when drawdowns from main funds might be delayed or not available and to ensure the organisation can cover the costs of extenuating circumstance such as additional legal service without the need to request additional GIA. For the SSSC this would sit around 5% to 6% of gross budget.
27. Therefore, we will recommend to Council in March that we replace the set target of 2%-2.5% reserves with a tolerance position of around 5-6% to bring us in line with the advice received.
28. We are currently projecting an estimated underspend in Postgraduate Bursaries of £1.2m, of which, £250k has been agreed in principle to fund students in hardship and £474k for PL fees. We will discuss with our Sponsor whether carry this forward in addition to our general reserve if the underspend remains at the end of February 2025.
29. We are projecting an estimated underspend for WDG of £269k, Practice Learning Student Support Grant of £100k and other grants of £24k. We are in discussion with Sponsor about carry forward and the use of this underspend in 2026/25.
30. Our Sponsor has already confirmed that where work is committed and ongoing, the funds are to be retained in reserves to be carried forward for use as proposed.

## **CONSULTATION**

31. Operational Management Team (OMT), EMT and Sponsor have been involved in developing our budget plans.
32. A development session was held with Council Members in December 2024 to discuss the proposed budget.

## **RISKS**

33. Risk 7 in the strategic register is that SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the Strategic Plan. Our appetite to risk for our budget is cautious.
34. Our 2025/26 and future years GIA allocation does not meet the level of funding require to deliver our statutory responsibilities and strategic plan as set out in this report. There is very little of our operational spend which is discretionary and non-contractual and therefore an increasing budget gap represents an increasing risk. Sponsor has provided verbal assurance of spending pressure for 2026/25 and will continue to review our permanent GIA for future years with Ministers.
35. Other risks to the budget are set out below.
- We are only funded year-to-year from Scottish Government, we do not have the ability to make future strategic financial decisions and we have no investment decisions to make out with our GIA, without the support of Scottish Government.
  - 80% of our budget is allocated to staffing and Scottish Government pay strategy includes a commitment to a no-compulsory redundancy policy.
  - Significant changes to policy and changes to our regulation process or legislation governing regulation must be approved and funded by Scottish Government. We are not able to fund or invest in significant change within the limitations of GIA.
  - Registration fees have not increased since 2017 and Ministers agreed with our recommendation to postpone reviewing fees in 2021/22 and 2022/23 due to the cost-of-living crisis. Ministers agreed in 2022 to pay fees for registrants working for Local Authorities, which adds further complexity. We rely on registration fees to contribute towards our operating costs that continue to increase even if we stand still.
  - Inflation is included where known for example digital contracts, but no general inflationary uplift is included, meaning costs may be higher than the budget.

## **IMPLICATIONS**

### **Resourcing**

36. The resourcing required to delivery out statutory functions and strategic plan are set out in this report.

**Compliance**

37. There are no compliance issues as part of the report.

**IMPACT ASSESSMENT**

38. An impact assessment was not required. Work contained within the budget will be impact assessed are necessary.

**CONCLUSION**

39. Council is asked to endorse the draft budget which will be revised following any changes and submitted to the March 2025 Council meeting.

**Table 1**

	Approved Budget 2024/25 £000	Draft Budget 2025/26 £000	Movement 2024/25 to 2025/26 £000
Staff costs	16,097	17,180	1,083
Panel member fees	617	617	0
Accommodation	192	193	1
Administration	1,149	1,019	(130)
Travel	58	57	(1)
Supplies & Services	451	473	22
Digital BAU	1,534	1,714	180
Digital developments	356	636	280
<b>Operating expenditure</b>	<b>20,455</b>	<b>21,890</b>	<b>1,435</b>
Postgraduate bursaries	2,655	2,655	0
Practice Learning Fees	3,852	3,852	0
Skills for Care & Devt	15	17	2
<b>Total expenditure</b>	<b>26,978</b>	<b>28,414</b>	<b>1,436</b>
Grant in aid	(11,028)	(11,028)	0
Postgraduate bursaries	(2,655)	(2,655)	0
Practice Learning Fees	(3,852)	(3,852)	0
Registration fees	(3,310)	(3,701)	(391)
LA Reg Fee refund	(2,593)	(2,593)	0
Other income	(344)	(361)	(17)
<b>Total income</b>	<b>(23,782)</b>	<b>(24,190)</b>	<b>(408)</b>
<b>Spending pressure</b>	<b>3,196</b>	<b>4,224</b>	<b>1,028</b>
<b>Required funding from SG (excludes additional £1.5m P</b>	<b>21,823</b>	<b>22,852</b>	<b>1,028</b>

**Table 1**

	2025/26 £000
<b>Staff costs</b>	
Permanent staff	254
Temporary staff	366
Savings	(624)
Pay award and annual increments	774
NI increase	311
<b>Non-staff costs</b>	
Savings	(223)
Other expenditure	116
Digital BAU	180
Digital Development (movement)	280
Registration fees	(391)
Other income	(15)
<b>Movement from 2024/25 budget</b>	<b>1,028</b>

Total digital development is projected to reduce from the 24/25 figure of £641k and 25/26 figure of £636k, but spend in 24/25 is across different budget lines including the Future Proofing Programme budget. Further information is at paragraph 24 of the cover report.

**Table 1 – Deleted Posts**

	<b>FTE</b>	<b>25/26 £k</b>
<b>Permanent posts – recurring total</b>	<b>(4.0)</b>	<b>(70)</b>
<b>Temporary posts – recurring total</b>	<b>(22.6)</b>	<b>(554)</b>
<b>Total</b>	<b>(26.6)</b>	<b>(624)</b>

**Table 2 – New Posts**

	<b>FTE</b>	<b>25/26 £k</b>
<b>Permanent posts – recurring total</b>	<b>4.4</b>	<b>254</b>
<b>Temporary posts – recurring total</b>	<b>6.0</b>	<b>366</b>
<b>Total</b>	<b>10.4</b>	<b>620</b>

<b>NET DECREASE</b>	<b>(16.2)</b>	<b>(4)</b>
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**Future years**

	<b>2026/27 £000</b>	<b>2027/28 £000</b>
GIA	16,035	16,035
Budget required	20,607	20,943
Spending pressure	4,572	4,908



**GIA reduction scenarios**

	<b>2025/26 £000</b>	<b>2025/26 £000</b>	<b>2025/26 £000</b>
	<b>3% reduction</b>	<b>5% reduction</b>	<b>10% reduction</b>
GIA	15,554	15,233	14,431
Budget required	20,529	20,259	20,529
Spending pressure	4,975	5,026	6,098

<b>Title of Report</b>	People Management Policies
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To seek approval from Council for the updated Recruitment Policy, Retirement and Severance Policy and Workforce Change Policy.
<b>Recommendations</b>	<p>The Council is asked to approve:</p> <ul style="list-style-type: none"> <li>• Recruitment Policy</li> <li>• Retirement and Severance Policy</li> <li>• Workforce Change Policy.</li> </ul>
<b>Author</b>	Calum Kennedy, Head of Human Resources
<b>Responsible Officer</b>	Laura Lamb, Acting Director, Workforce Education and Standards
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p>

<b>Impact Assessment</b>	<p>An Impact Assessment (IA) was developed.</p> <p>The Policies and the changes proposed will have a positive impact on meeting our duties and obligations.</p> <p><a href="#">Recruitment Policy IA</a></p> <p><a href="#">Retirement and Severance Policy IA</a></p> <p><a href="#">Workforce Change Policy IA</a></p>
<b>Documents attached</b>	<p>Appendix 1: Recruitment Policy</p> <p>Appendix 2: Retirement and Severance Policy</p> <p>Appendix 3: Workforce Change Policy</p>
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. In May 2020, Council approved arrangements for the approval of policies which included a timetable for review and set out which policies were reserved for Council approval and those delegated to the Executive Management Team (EMT) (report 31/2020).
2. We maintain policies regarding:
  - Recruitment Policy
  - Redeployment Policy
  - Retirement and Severance Policy
  - Salary Protection Policy (delegated to EMT)
  - Secondment Policy (delegated to EMT)
  - Workforce Change Policy
3. We maintain guidance for:
  - Job Analysis Guidance (delegated to EMT)
  - Dealing with Reference Requests Guidance (delegated to EMT)
  - Relocation Guidance (delegated to EMT)
  - Starting Salary Guidance (delegated to EMT).
4. Council is asked to approve the following:
  - The new Recruitment Policy which will replace the current Recruitment Policy, Redeployment Policy, Salary Protection Policy, Secondment Policy, Job Analysis Guidance, Relocation Guidance and Starting Salary Guidance.
  - The revised Retirement and Severance Policy
  - The revised Workforce Change Policy.

## **POLICIES**

### **Recruitment Policy**

5. We propose replacing the Recruitment Policy, Redeployment Policy, Salary Protection Policy, Secondment Policy, Job Analysis Guidance, Relocation Guidance, Starting Salary Guidance with this combined policy. This approach is easier for staff and managers to navigate and ensures a coherent approach to all aspects of recruitment without the need to cross

reference and continually update various policies and guidance documents to ensure they align.

6. This has the effect of removing the Relocation Guidance provisions.
7. It will also partially replace the Dealing with Reference Request guidance, the remainder of which will be subsumed into a new Leavers Procedure which is currently being drafted.
8. We have drafted the combined policy to better reflect our practices. It incorporates our Care Experience Guaranteed Interview Scheme, better defines our minimum requirements for adverts, creates a simpler process for former staff to return and clarifies that referencing material is shared with the recruiting manager.
9. It also clarifies our approach to job evaluation and to administering changes in pay for acting up, promotions and redeployment. This addresses previous anomalies where a promotion would not result in an increase in salary or where an employee acting up may not receive an increment.
10. By incorporating previous policies and guidance into one place this improves the ease of use for the end user. This also improves the manageability of the policy and guidance and reduces the opportunity for unintended overlap.
11. The style of this policy will be updated to the new style if approved and to identify the new Document Owner.

### **Retirement and Severance Policy**

12. We have updated this policy primarily on recommendations from Tayside Pensions. It also introduces a two-year time restriction on staff seeking flexible retirement ie any new flexible retirement request should not last longer than two years. Currently we do not have a position on a maximum period. Flexible retirement is designed to ease the transition from work to retirement and having a limit is desirable.
13. This policy will replace the existing version.

### **Workforce Change Policy**

14. We have updated this policy to make it clearer and more explicit in how we effect workforce change for our staff and the process for high impact changes. It also sets out the steps that we will take to avoid redundancy and includes aspects of the selection process when having to redeploy staff as part of a workforce change process.

15. This policy will replace the existing version.

## **CONSULTATION**

16. We have consulted with the Operational Management Team and Unison, our recognised Trade Union. We have maintained a record of their comments and proposed changes. EMT has endorsed these changes.
17. For each of the policies and guidance we have benchmarked externally with comparable organisations and Advisory, Conciliation and Arbitration Service (ACAS).
18. We have consulted with the Short Life Working Group on the policies and revised terms and conditions but not on the guidance. The Short Life Working Group is supportive of the changes.

## **RISKS**

19. We have an averse risk appetite for risk 3: we fail to meet corporate governance, external scrutiny and legal obligations.
20. 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.
21. The revised policies and guidance inform managers and employees of their rights and obligations. There are legal, cultural and reputational risks to the SSSC if we do not operate processes appropriately. The revised policies mitigate these risks by establishing clear principles, processes and guidance.
22. The revised terms and conditions make sure that our standard terms and conditions are compliant with our obligations and requirements.

## **IMPLICATIONS**

### **Resourcing**

23. There are no resourcing requirements identified as part of this report. We will promote the revised documents to managers and staff either through delivering awareness sessions, eLearning or point in time discussion with the manager or staff member.
24. Where these policies are approved by Council, they will take effect from 1 April 2025. Processes and actions that are underway will be moved to the new policy.

25. The changes under these policies, guidance and terms and conditions will be met from existing resource. No additional resource is predicted.

**Compliance**

26. These policies, guidance and terms and conditions comply with our legal and good practice obligations.
27. There are no compliance issues identified as part of this report.

**IMPACT ASSESSMENT**

28. We have developed an impact assessment for each of the policies and guidance. These show there are no adverse impacts as a result of these changes and that there are some positive impacts as a consequence of these.

**CONCLUSION**

29. Council is asked to approve the following:
- Recruitment Policy to replace the Recruitment Policy, Redeployment Policy, Salary Protection Policy, Secondment Policy, Job Analysis Guidance, Relocation Guidance and Starting Salary Guidance.
  - Retirement and Severance Policy to replace the existing version.
  - Workforce Change Policy to replace the existing version.

# **Recruitment Policy**

TBC April 2025



**Document governance and management**

Document owner/author/lead	Acting Director of Workforce, Education and Standards Responsibility for the policy from 1 April 2025 will move to the Director of Strategy and Performance.
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

## Purpose

This policy provides for the arrangements we have regarding the recruitment, selection, referencing, appointment and redeployment of employees and work placements. This policy defines the steps we will take to make sure such practices are fair, transparent and complies with our statutory obligations.

## Scope

This policy applies to all current but not former temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members. This policy does not apply to current or former Conveners, Council Members, agency workers, legally qualified chairs, panel members or assessors.

## Legislation, codes of practice, guidance

- Agency Workers Regulations 2010
- Data Protection Act 2018
- Disclosure (Scotland) Act 2020
- Employment Rights Act 1996
- Employment Relations Act 1999
- Equality Act 2010
- Rehabilitation of Offenders Act 1974
- Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (SI 1975/1023)
- 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:

- recruitment practices promote the SSSC as an employer of choice
- there is equal access to jobs, ensuring equality of opportunity
- best practice is considered in all resourcing decisions
- recruitment decisions are communicated openly and transparently
- secondment opportunities are advertised in the same way as other vacancies and follow a fair, open, and transparent process in line with our Recruitment Policy
- all recruitment practices are compatible with other SSSC policies and procedures eg, [Equality and Diversity](#) and [Dignity at Work Policy](#)
- we maximise flexibility to balance supply and demand effectively across the organisation
- we fill vacancies as quickly as possible, efficiently and with best use of resources
- the Recruitment Policy supports our People Strategy
- the candidate's experience is positive throughout all resourcing processes

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

### **Recognition and respect for others**

- We treat each other with kindness and respect and value the contribution every member of staff makes.
- We value the social service workforce and the life changing work they do. Our work increases recognition of that role and further develops that role. All our stakeholders contribute to our success, and we recognise and respect their views.
- All employees will be treated fairly and consistently under this process and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.

### **Working together**

- We recognise the value of positive and constructive involvement and participation from the trade unions. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.
- We work together to make sure that a fair and robust recruitment process is followed for each vacancy.
- Our recruitment and selection process supports recruiting managers, Human Resources and Communications to work together throughout the recruitment and selection process.

### **Accept responsibility and accountability**

- Respecting confidentiality and only sharing information, as appropriate, with relevant people.
- Deal with issues kindly, sensitively and showing compassion.
- We recognise the trust placed in us to ensure the safety and wellbeing of people who use our social services and that is our guiding mission

## 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:

- 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 Executive Management Team (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](#)
  - [Retirement and Severance Policy](#)
  - [Whistleblowing Policy](#)
  - [Work Performance Policy](#)
  - [Workforce Change Policy](#)

### 3.2 Executive Management Team

The EMT are responsible for:

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

### 3.3 Operational Management Team

The heads of department are responsible for:

- making sure their managers and staff 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 must:

- promptly raise any concerns they have to the relevant person
- review and understand the Recruitment Policy
- report any actual or potential conflicts of interest
- co-operate fully and promptly with actions under this policy.

## 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 procedure 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 the relevant member of OMT or EMT.

The recruitment team are responsible for:

- developing processes and procedures collaboratively to meet legal and business requirements
- making sure the SSSC recruitment internet and intranet pages are kept fully up to date
- issuing contracts of employment, variation letters and secondment letters

- supporting the delivery of the process and offering advice in line with the policy
- reminding employees and managers of their responsibilities under the policy
- monitoring use of the policy and reporting any non-compliance to heads of department / directors.

## 3.7 Recruiting managers

Recruiting managers are responsible for:

- following the Recruitment Policy and the procedures as detailed on the intranet pages
- respecting confidentiality
- acting, consistently, fairly, and without bias, in the recruitment process
- working closely with the recruitment panel and the recruitment team to agree recruitment timelines and confirm panel members
- updating and drafting recruitment information, including an advert, person specification, job description and interview questions, in conjunction with the recruitment team.



## 4. Policy

We are committed to delivering fair and consistent resourcing practices and making sure all employees recruited have the necessary skills, qualifications and knowledge and they identify with our values and organisational culture. It is our preference to have permanent stable employment for the benefit of our employees and organisation. This policy sets out our aim of making sure that there is no discrimination in our resourcing processes and that we recruit the best candidate for every job.

Recruiting managers and candidates can find more details of our recruitment process and procedure on our intranet and internet pages.

### 4.1 Considering a vacancy

Managers must:

- consider alternatives to filling a vacancy, including redistribution of work before a role is advertised (taking into account any impact of doing so on staff).
- consider any employee on the redeployment register as part of the recruitment process.
- confirm that a budget is available to fill a vacancy before starting the recruitment process.
- consider whether it is necessary to fill the job on a permanent basis.

Other options are:

- advertising the post on a secondment basis or fixed term / temporary basis
- using agency staff via the agreed agency procurement framework if the role is for a short period
- increasing the hours of part-time current employees temporarily or permanently
- redeploying existing staff who want to change their role or who are returning from sickness absence, family leave or from secondment etc.

Managers must agree to the recruitment of posts with their head of department and receive Director approval before discussing vacancies with the recruitment team and starting the recruitment process. The recruiting manager will keep records of the decision-making process in the recruitment file.

### 4.2 New and changed roles

All new posts and changed roles are graded and evaluated with the support of Human Resources when business cases are developed or when the new post is approved (see appendix). The Director must agree to and sign off on all new or changed posts.

Heads of department submit business cases for new roles during business planning for the next fiscal year. Where a head of department has a requirement for a new role during the year, then they must submit a business case to their Director.

### 4.3 Job profile and person specifications

We agree a clear job profile and person specification for every role. Recruiting managers use existing job profiles and specifications where these exist but should take the

opportunity to review this documentation to make sure it remains up to date and relevant to the current duties of the role.

These documents set out the expectations, duties, responsibilities, competencies, skills, knowledge, experience and, where appropriate, qualifications required for each job. They are used for making shortlisting decisions. Once the documents have been agreed we will not change them during the recruitment process.

The job profile and person specification are included in the application pack available to candidates to allow them to self-assess their capabilities against the requirements of the job.

Where a job profile or person specification changes, this can have an impact on existing postholders as well as those we seek to recruit. It can also impact on the job grade. The recruiting manager is responsible for implementing the updated job profile and person specification for incumbent postholders **prior** to the job being advertised (using the Workforce Policy where appropriate).

Where there are significant changes, the job must be re-evaluated and formal consultation may be required (please see appendix for details of job evaluation).

## 4.4 Campaign request process

The recruitment process is set out in detail on the recruitment section of the intranet describing each part of the process, including timescales. Recruiting managers initiate the process by completing a campaign request form to alert that support is needed to run a recruitment campaign.

Every campaign consists of:

- Advert
- Shortlisting process
- Selection process (an interview or structured discussion is mandatory)
- Referencing requirements
- Conditional offer.

The recruitment team allocate a lead to support the campaign and they contact the recruiting manager to take forward the recruitment. The recruitment team will agree on the recruitment and selection timeline with the recruiting manager at the beginning of the campaign. This will include key dates such as the date the job advert will go live (this means the date it is published on the intranet and internet sites), the closing date, selection process, recruitment panel and interview dates.

As part of this process, the recruitment team discuss whether the role should be ringfenced for certain employee groups, aimed at candidates with certain characteristics (eg to target underrepresented groups) or whether there are employees within the redeployment pool or similar who must be considered first.

## 4.5 Attracting candidates

We are committed to developing our employees. We presume to advertise internally before advertising externally. We can advertise internally and externally at the same time where one or more of the following apply:

- when the role requires specific technical skills
- for senior roles (Grade C4 and above)
- where the post requires unique skills that we do not think are held by internal candidates
- the risk of advertising internally and potentially not appointing would result in lost time that could not be tolerated.

The head of department will make the final decision on whether a role should be advertised internally only or internally and externally at the same time and maintain a record of their reason and rationale.

We treat all candidates fairly in the selection process. We make selection decisions and appointments based on performance at interview, assessment and based on competencies for the role.

The recruiting manager is responsible for drafting job adverts in compliance with the prevailing template and that it complies with Plain English and brand standards. The recruitment team advise on wording and provide the current salary range and key dates.

We advertise all our vacancies on our intranet. If the post is advertised externally, it will be advertised on our website and social media channels. Other external advertising options are available and the campaign lead will advise on these. We advertise in the most suitable media to make sure a wide pool of suitably skilled and qualified candidates are reached; this can include using specific adverts at underrepresented groups, where appropriate.

The recruitment team share the published adverts to the recruiting manager who can, but is not required to, share these through networks (eg LinkedIn).

We use external recruitment agencies to support the recruitment and selection process. We may use an executive search agency for very senior positions or for extremely specific skillsets where we know they are difficult to fill. If we use a recruitment agency the recruitment process can change but will still follow the principles in this policy.

Recruiting managers must discuss all requests to use a recruitment agency with the recruitment team. The recruiting manager is responsible for providing confirmation from their Director that approval to use a recruitment agency as there is a significant fee involved. Our normal procurement rules apply.

All job adverts on our website will contain the same type of information (adverts on other sites may contain a reduced version where they link to our website). The following must be listed:

- a statement on inclusion, reasonable adjustments and describing our approach to flexible and agile working
- a statement on current salary, expected appointment level (ie first above competency line) and a summary of terms and conditions
- details regarding our extensive benefits
- which additional guaranteed interview schemes apply to this vacancy
- whether the position is suitable for secondments
- a statement that we will retain their application for a period of 12 months to be considered for similar posts.

## 4.6 Application process

We have adopted a standard online application form which specifies details that candidates must complete. Candidates must provide information in their application to show that they match the criteria in the person specification before they are shortlisted for the job. A non-digital application form is available on request.

Curriculum Vitae (CV's) can be accepted where the Director has approved their use for a specific campaign or type of role. Where this occurs, candidates complete our shortened application form. This can also be used as a note of interest particularly for ringfenced opportunities.

Where we have advertised a vacancy, and the same vacancy occurs within the following 12 months, ie same role, grade, duties, and responsibilities (but not necessarily the same hours or contract type (ie permanent or fixed term)) we can use the original recruitment campaign folder to select other appointable candidates. The recruiting manager must record their reason and rationale for who they appoint.

### **Applications from previous appointments**

Where former employees of the SSSC want to return to their previous role, they can **request** to do so within 12 months of their leaving and we will consider their request with no obligation to accept it. We conduct our normal pre-employment checks before a formal offer of employment is made. A further recruitment process is not required as they have previously been recruited to us. They do not maintain their continuity of service or other service related terms and conditions (other than as described below).

If they do not return to their vacant post within a 12-month period or if they wish to apply for another vacancy, we will always follow a fair recruitment process. In this case, we will not re-hire a previous employee without a full recruitment exercise taking place. If a previous employee is identified as the preferred candidate for a post, we still conduct pre-employment checks before a formal offer of employment is made.

We honour continuity of employment in accordance with the redundancy modification order if the candidate satisfies the continuity of service requirements as part of our agreed terms and conditions. Where there is a break of service of more than 1-month continuous service will not be honoured.

## **4.7 Selection and shortlisting**

### **Shortlisting**

Our application form is designed to exclude or minimise discrimination by removing references to protected characteristics and attributes (eg forenames, educational institutions attended and dates qualifications were attained). The recruitment team collects this information separately for equality and diversity monitoring purposes but does not provide it to the selection panel.

We shortlist candidates by matching the details in their application form against the person specification. The recruitment team identify which candidates meet the essential criteria for shortlisting and those that have applied previously. We recognise that not all essential criteria can be evidenced through an application. The selection panel can invite a candidate to interview who does not demonstrate all the essential criteria but must record that they have done so and why. A consistent approach must be taken for each candidate.

Where too many candidates meet the essential criteria, we use the desirable criteria to reduce the shortlist. We only use information in the application form to shortlist applications. Candidates are matched against the person specification and not against other candidates.

The selection panel records their comments on the shortlisting form for each candidate. The recruitment team provide feedback to candidates (where requested) who have not been selected for interview based on the information available in shortlisting decision records.

### **Guaranteed interview scheme and reasonable adjustment**

Candidates who identify themselves as meeting one or more of the following and meet the essential criteria are invited to interview:

- having a disability
- are care experienced
- member of the redeployment pool
- members of underrepresented groups (eg young people, those from minority ethnic communities) where we identify as operating a guaranteed interview scheme in the advert.

The recruitment team will identify candidates who are part of our guaranteed interview schemes on the shortlisting form. No reason will be given to the selection panel at this stage.

Where reasonable adjustments are required, and these adjustments can be sustained during employment, a member of the recruitment team will discuss these with the candidate and the recruiting manager. Occupational Health advice can be sought at this stage and shared with the panel. If successful, the OH advice will be recorded on the successful candidates HR file and shared in full with the ultimate line manager.

After shortlisting, the panel will be notified of the candidate's full name. Where a member of the panel has a personal interest or connection with any candidate that has been shortlisted for a role, they must declare it to their manager and the recruitment team. A different panel member may be appointed.

### **Selection**

The objective of the selection process is to gather the maximum amount of information from the candidate to make an informed decision on their suitability for the job. The recruiting manager and the recruitment team will agree the selection methods before starting the shortlisting process. All selection processes include an interview and a skills exercise(s) to robustly evaluate competency.

### **Recruitment panel**

The size of a selection panel depends on the nature and level of the post. There should be at least two people on the panel, ideally with a diverse background. The panel may choose to use additional selection processes (eg assessment centre, inbox exercise etc) but must always conduct an interview with the individual. Guidance from the Recruitment team on how to conduct different processes is available.

The same panel members will conduct all interviews where possible. The recruiting manager and a colleague from the same grade or at a more senior grade will usually make up the selection panel. Team members who are of the same grade or below the recruiting post can be involved in the selection process.

We may include external panellists who provide an expert opinion on a particular job function or aspect of a role. External panellists cannot be decision makers. They are not required to have direct experience of the service which they participate in recruiting for as we provide them with information to make sure they understand the role and remit of the job advertised.

The Chief Executive or Convenor can invite the Partnership Forum to attend the interview panel for posts at EMT level or above and can involve Council members in interview panels where appropriate, eg for director roles, Chief Executive. For the appointment of a Chief Executive Officer reference to Sponsor must be made to identify the prevailing requirements of the Scottish Government.

The Chair, having considered the evidence presented and assessment ratings agreed by the panel, will have the final decision on the preferred candidate. The Chair is responsible for providing written evidence of the decision-making process.

### **Appointment**

The Chair of the panel contacts the successful candidate to let them know the outcome of the selection process and to offer feedback, usually within a week of the final interview.

The Chair of the panel advises the successful candidate that they are the preferred candidate for the role and makes a conditional offer of employment. The recruitment team then issue a conditional offer of employment with a written statement of particulars. We do not give unconditional offers either verbally or in writing until all pre-employment checks are satisfactorily complete. In exceptional circumstances we may waive this but only when approved in writing by the Director.

The recruitment team sends out formal emails of success and regret. We provide all candidates with accurate, constructive, and appropriate feedback on their application and performance throughout the whole recruitment and selection process if requested. Feedback is always based around facts and not opinions. This has the additional benefit of demonstrating that we have not discriminated during the recruitment process. We may decline to provide feedback where the number of applications exceeds our operational ability to do so.

### **Referencing and background checks**

All offers of employment are conditional until all pre-employment checks have been completed to the satisfaction of the SSSC. We do not conduct pre-employment referencing for non-employees; the agency, school, college or similar are responsible for conducting appropriate checks and notifying us that these have been completed satisfactorily.

Where we make an offer of employment, the following pre-employment checks for **external** candidates include:

- verification of identity
- confirmation of eligibility to work in the UK
- two satisfactory references where possible (including the most recent and most relevant employer)
- criminal convictions declaration
- satisfactory Disclosure Scotland check
- professional registration and qualification check (where applicable)
- employment history
- occupational health pre-placement check.

Candidates are asked to complete a self-declaration statement ahead of their interview by the recruitment team. Where a candidate has made a declaration the recruitment team will gather further information and notify the recruiting manager. The panel will explore any concerns at the interview. If required, the recruitment campaign lead and recruiting

manager will conduct a risk assessment to make an informed decision on the candidate's suitability for employment in conjunction with other pre employment checks.

**Internal** candidates are required to provide one reference from either their current line manager, department head or director and evidence of any new qualifications gained since their initial application. Where the current line manager is on the selection panel an alternative referee will be requested.

Recruiting managers will receive all referencing material received (other than Disclosure Scotland disclosures) and any health actions to determine whether an unconditional offer can be made. They will agree a start date and the recruitment lead contracts with the preferred candidate.

### **Recording**

The selection panel return all paperwork to the recruitment team at the end of the selection process who maintain the records of the process. Human Resources maintain the records for successful candidates.

## **4.8 Acting up arrangements or temporary promotions**

If a manager has a vacancy for a short term, temporary period and they consider they can redistribute the duties within the current team / function, they should consider an acting up arrangement. This gives existing staff a development opportunity and rewards them for any acting up arrangement.

An acting up arrangement allows an employee to undertake a percentage of duties and responsibilities of a higher graded role. We presume that an employee will cover 100% of a role unless the acting up duties are shared with another employee. Acting up is for a continuous period of a minimum of four weeks varying up to 18 months depending on the requirement for the acting up position. Managers must discuss the proposed arrangements with HR / Recruitment to determine the correct percentage.

An acting up arrangement can cover:

- family-related leave
- long term sickness absence
- temporary surge in workload
- short term cover for vacant posts (eg during the recruitment process for a permanent replacement).

Heads of departments must approve all acting up arrangements. The opportunity to apply for an Acting Up arrangement must be given to all relevant staff (usually within a specified team, grade or other relevant grouping). The recruiting manager specify the reason and expected duration of the acting up.

The process used to advertise the opportunity and to select the chosen candidate must be produced by the recruiting manager and notified to the recruitment team and relevant director prior to advertising the post. This process must be fair and open.

Once the selection process has concluded, the recruiting manager is responsible for notifying their director and recruitment team of the gathered evidence of the candidates competence.



## 4.9 Additional responsibility

Additional responsibility payments are made to employees who are taking on additional responsibilities over and above those set out in their job profile and at a higher level but not to cover another complete role (or less than 50% of a complete role). This gives existing staff a development opportunity and rewards them for any additional responsibility. Heads of departments must approve all acting up arrangements.

An additional responsibility payment can:

- be paid on a part-time basis if the employee is taking on additional duties for a percentage of time rather than for their full hours eg undertaking a higher graded role for 1 day per week.
- be used for temporary additional duties (eg for a specific task or project) and where an employee is asked to cover more senior duties but not to cover another complete role.

Managers must discuss the proposed arrangements with recruitment team to determine the correct percentage. Additional responsibility payments are temporary and should always have an end date to reflect special circumstances. Any request over 6 months should be discussed in advance with the recruitment team.

Heads of departments must approve all additional responsibility arrangements. The opportunity to apply for an additional responsibility arrangement must be given to all relevant staff (usually within a specified team, grade or other relevant grouping). The recruiting manager specify the reason and expected duration of the arrangement.

The process used to advertise the opportunity and to select the chosen candidate must be produced by the recruiting manager and notified to the recruitment team and relevant director prior to advertising the arrangement. This process must be fair and open.

Once the selection process has concluded, the recruiting manager is responsible for notifying their director and recruitment team of the gathered evidence of the candidates competence.

An additional responsibility payment should not be made if the additional responsibilities are regarded as a development opportunity and / or a natural growth of their job or where the duties being undertaken are at the same grade or lower than the employee's substantive role.

## 4.10 Secondments

Secondments can offer significant opportunities to support operational and development requirements. Secondments can support flexibility, the sharing and exchange of skills across organisations and encourage the personal development of individual employees. A secondment arrangement should last for no longer than two years unless the employee, host and donor organisations agree to extend this if it meets business needs.

Employees who have a minimum of 12 months' service are eligible to apply for a secondment opportunity, either internally or externally, providing their application has been approved in advance by their line manager.

There may be occasions where a secondment opportunity is not suitable. For example:



- where the employee does not meet the eligibility criteria of the secondment post (the recruiting manager or organisation will determine this)
- where we cannot release the employee from their current post due to the business-critical nature of their substantive post / where the postholder requires a very specialist skillset which is difficult to replace on a short-term basis
- where we cannot release the employee from their current post due to a lack of capacity within a team (and we have already considered whether we could leave the role vacant for the duration of the secondment, whether we could redistribute the work to other team members, or whether we could ask an existing team member to 'act-up' in the role on a temporary basis)
- when there is no benefit to the SSSC in supporting an external secondment.

Secondments vary in nature and length. Some are short and some take place over longer periods. They come about through many different routes, and managers will need to make decisions in line with business needs. The period of secondment must be agreed and clearly understood by all parties. An internal or external secondment can be ended earlier than planned by the SSSC by notification to the employee.

We will put in place a secondment agreement before agreeing to the start date of a secondment. The secondment agreement sets out everyone's roles and responsibilities. If a manager identifies a need to backfill a secondee's post, this is usually done on a temporary basis to make sure there is no increase in our establishment (that is, agreed roles within the organisation).

### **Recruitment to a secondment opportunity**

We will advertise external secondment opportunities with external bodies (notified to the SSSC) on our intranet.

We advertise secondment opportunities within the SSSC internally and through external media (for an inward secondment) if necessary. Secondment adverts will clearly state that the role is a secondment, its duration and that when it ends, the secondee will return to their substantive post. Where we advertise a post on a permanent or temporary basis, we can also consider a secondment arrangement if it means securing the right person with the right skills, knowledge, and expertise.

Where we advertise a temporary post externally, this is referred to as a temporary vacancy. However, if the preferred candidate is currently in permanent employment and wishes to return to their substantive role at the end of their time with us, they can request permission from their own employer to join us on a secondment basis.

### **Application and selection process**

An employee must get approval from their line manager before they apply for a temporary internal or external (outward) secondment. Line managers will clearly define objectives and identifiable benefits to both the SSSC and the employee before approving a secondment.

The employee must complete a secondment application form and send this to their line manager. The line manager will review this and discuss it with their head of department and will normally decide in one week. The line manager and head of department will base the decision whether to approve the request on the details submitted by the employee in the application form and eligibility.

The line manager will communicate the decision to the employee in writing within this timescale and copy to Human Resources for information.

Once approved, the employee applies for the secondment through the standard recruitment process. Applicants for secondments are shortlisted in the same way as for temporary and permanent posts. If only one applicant meets the shortlisting criteria, we will still interview to determine their suitability and competency for the role.

For external secondments, applicants must follow the application process of the organisation hosting the secondment.

**External secondment terms and conditions**

A secondment does not terminate an employee's contract of employment. The contract continues during the period of secondment and a key aspect of the arrangement is that the employee is expected to return to their substantive post when the secondment ends.

The effect of a secondment agreement is to vary certain terms of the employment contract for the time of the secondment. A secondment agreement must be put in place by the recruitment team and agreed with the relevant parties before a secondment can start.

During a secondment the employee undertakes duties for the organisation they are seconded to and will not be in a day-to-day management relationship with the donor organisation. The employee on secondment remains the employee of the original (donor) organisation. During the secondment, the employee's continuity of employment will continue for the purposes of calculating contractual and statutory entitlements and employment protection rights.

Managers must remain alert that a SSSC employee on external secondment remains our employee and we are responsible for them. This includes for all matters such as family leave, annual leave, discipline and grievance. It is essential that the manager and seconded employee maintain in regular contact with one another.

When we agree to second an employee to an external organisation, the line manager and recruitment team will discuss the financial and other arrangements of the secondment with the host organisation including payment of salary, pension, travel, and subsistence payments.

Finance will provide advice on the most appropriate payment arrangements and implications for VAT for external secondments. Where we are paying for the cost of employing that person, we cannot claim back VAT, therefore the real costs of such employment may be 20% higher than employing someone directly.

Representatives of each organisation (usually the recruitment team) must agree and sign the terms and conditions of the secondment prior to the employee commencing their secondment. A secondment agreement must be agreed before agreeing to the start date of a secondment.

The host organisation is usually responsible for completing the secondment agreement. The secondment agreement sets out everyone's roles and responsibilities. Although the host organisation is likely to need substantial day to day management of the secondee, it is important that it does not assume direct control of all matters (to avoid it assuming the employment relationship). The secondment agreement must explicitly state who is responsible for monitoring annual leave and sickness absence, and which policies the secondee should follow. Only the employer can authorise contractual changes regarding the secondee.

Any increase in salary agreed as part of the secondment arrangement only applies for the secondment period and is the responsibility of the host organisation. When the employee

returns to the SSSC they will return to the relevant pay point within their substantive grade. Any incremental pay progression that would have applied if the employee had not been seconded will be applied.

Should the seconded role be assessed at a lower salary point than the employee's substantive role, there is no requirement on the SSSC or the host organisation to fund the gap between these two salaries. Employees will have to decide whether to accept the secondment if additional funding is not available to pay the difference.

The secondees' post remains available for them to return to at any time and is only filled on a temporary basis for the duration of the secondment. If budget is secured, and an individual is recruited to backfill for the employee or the role is filled by another employee 'acting up,' they will only be in post for the duration of the secondment. If a secondee wants to return to their substantive post before the end of their secondment, they must give notice, in writing, to their line manager in accordance with the secondment agreement so that appropriate steps can be taken.

### **Seconding in**

Normally secondees coming to us will continue with their substantive employer's terms and conditions and their substantive contractual arrangements. If we need the employees to change their working hours, expense claim arrangements or any other conditions these will be discussed and agreed before the start of the secondment. Where we require changes, the donor organisation is responsible for implementing them. As the host organisation, we will be recharged for costs associated with the secondees' salary.

### **Confidentiality**

All secondees in and out of SSSC must comply with our standards of conduct and confidentiality and maintain high standards of confidentiality and not discuss any confidential matter with any third party including the media. This is made explicit within formal secondment agreements and will continue to apply once the secondment ceases, and they return to their seconding organisations.

### **Supporting and mentoring the secondees**

The line manager in the seconding (donor) organisation must discuss the following areas to make sure they and the secondee are clear about the purpose of the secondment and the secondees' learning objectives:

- clear aims and objectives for the secondment
- areas of personal and professional development to be targeted during the secondment
- new areas of work that the secondee will become involved in
- skills and knowledge to be developed
- changes and initiatives that are envisaged for expansion.

The identified 'line manager' in the host organisation will provide a mentoring role to the secondee during the secondment.

Line managers must stay connected with the employee during their secondment through 'keeping in touch' contact days, meetings or telephone calls. This makes sure the employee continues to feel connected to their existing team and is kept up to date with our key messages and developments or important changes to their substantive role or the wider organisation. This will help with the employees' return to work. Line managers must make sure the employee has access to relevant communications (including training events) so that they can maintain and develop skills whilst away from their substantive post.

Where a workforce change occurs under the [Workforce Change Policy](#) line managers must also make sure that seconded employees are consulted and kept informed throughout any process.

### **Conclusion of a secondment**

The employee, host and seconding organisations can agree to extend the secondment. We will not always support extensions and early discussion is required.

If a secondee requests to end their secondment early they should discuss this with their line manager, who in turn, should discuss this with the recruitment team.

Either the host or donor organisation may consider an early termination of the secondment arrangement. If this is agreed, then the organisations must provide notice in writing in accordance with the secondment agreement.

Secondees should be aware that in some circumstances the post which they left (where it was agreed that they would return to their substantive post) may be subject to workforce change. In those circumstances our normal policies apply.

At the end of a secondment, the line manager must complete an evaluation to assess the experience from both the secondee's and the host organisation's perspectives. The line manager should record the evaluation as part of a development discussion and cover the following areas:

- benefits and gains from the secondment
- areas of personal and professional development for the secondee
- new areas of work that the secondee participated in
- skills and knowledge which were developed
- planned changes and initiatives to utilise the employee's new skills and learning
- whether the objectives and goals of the secondment were achieved.

The line manager may also request further information and feedback from the host organisation and / or the secondee. The returning employee should be actively encouraged to share their learning experiences.

## **4.11 Redeployment**

The SSSC recognises the contribution of all staff to delivering its strategy. It is committed to maintaining employment, where this is consistent with its strategy and statutory obligations.

To give effect to this intent, the SSSC operates a redeployment procedure to protect the security of employment for its employees. Redeployment gives employees whose jobs are at risk the chance to find a new job at the SSSC.

Redeployment may come about because:

- Employees are unable to perform the duties of their post due to ill health or disability
- Employees are unable to perform the duties of their post due to capability (performance) or conduct.
- Workforce change

### **Ill-health or disability**

If you become unable to do your job due to a medical condition, disability or if by continuing in your post you will make your medical condition and / or disability worse, we

have a duty to consider reasonable adjustments and this may include alternative employment on a temporary or permanent basis.

In these situations, you and your manager must seek advice from Human Resources and an Occupational Health report is required. When we consider suitable alternative employment, we will consider each case on its own merits. If we are considering redeployment for you and you have a disability this may include reasonable adjustments, such as changing your working hours or providing you with special equipment. We may, with your agreement, move you to a post without advertising that post or give you first opportunity ahead of others where we consider this to be a reasonable adjustment. We will consider allowing a trial period where you make such a request.

Redeployment can also occur under our [Maximising Attendance Policy](#).

### **Conduct**

Where a disciplinary chair is considering whether your employment can continue or not under our [Disciplinary Policy](#), they will consider whether you can be redeployed into another role. They may move you to another post without advertising that post or considering other candidates for that role. Salary protection does not apply – you move to the nearest point on the new salary scale to your current salary.

### **Workforce change**

Where employees are displaced due to a change in workforce requirements, eg organisational change or department restructure, our first step is to consider job matching. Details on the job matching process are in the Workforce Change Policy.

### **Redeployment process**

Once on the redeployment register the employee will meet with their manager to discuss the process and be asked to complete a Redeployment Form. This form will capture all their skills, knowledge and experience and will be used as an application for all future roles. The recruitment team can provide support on how best to complete the form.

You can bring a representative of a recognised trade union representative or a work colleague to any redeployment meeting.

The recruitment team will advise of any upcoming roles that can be matched with the role that the employee was displaced from. Rather than interview displaced employees, we conduct a structured discussion to explore the role and set expectations where there is only one person for the role. A selection process does take place where more than one person is matched to the matched vacancy.

Using your redeployment form the recruitment team will conduct a desktop exercise for any other role, prior to advertising, and where the minimum criteria are met, invite displaced employees to interview.

Displaced employees must actively look for alternative employment within the SSSC. We recommend applying for any vacancy within the SSSC that they have the suitable skills, knowledge and / or experience for. We seek to redeploy to permanent posts where possible but may redeploy to temporary posts where these are available.

To be considered for a post on a higher grade displaced employees apply through the normal competitive recruitment process. The recruitment team can assist with outplacement support (eg interview training).

### **Salary protection**

Once placed on the redeployment pool, job matched or redeployed to a new post with a lower grade than the current substantive post, salary protection will apply. Employees remain on their current salary point on a protected basis for a three year period from the date you moved to the redeployment pool or other post. At the end of three years, the salary moves to the nearest point on the salary scale of the new post.

Salary protection will end if:

- The employee applies for and is appointed into a post where the salary level is equal to or higher than the protected salary level
- The employee voluntarily applies for a different post and are successful (even if it is a lower salary)
- The new substantive salary catches up with the protected salary (this includes through job evaluation).

Employees with protected pay will continue to receive any annually agreed cost of living pay increases through the three year period. See also Salary protection under Salary arrangements.

### **Appeal process**

Employees who have been redeployed to a post can appeal to the Head of Human Resources, who will then decide who is the most appropriate Director to hear the appeal. Appeals must be made in writing and be received within fourteen calendar days of the date of the offer letter for the new post. The reasons for appeal must be clearly stated.

An appeal meeting will be convened as quickly as possible following receipt of the appeal. If your appeal is not successful and we consider that you have unreasonably refused suitable alternative employment opportunities which we have matched you to, we will arrange a meeting to consider terminating your employment in line with the relevant policy.

### **Sources of support**

We will keep you informed throughout the redeployment process. We will do this in a range of ways to make sure the employee:

- is aware of and understands the reason for redeployment
- understand what will happen during the redeployment process
- know how redeployment will directly affect them.

Managers and the recruitment team will share information openly as it becomes available during the process. Even if there are no current redeployment opportunities, we will continue to provide updates so that uncertainty is minimised.

We know that the redeployment process can be stressful for employees. Managers will support them as necessary by providing information directly or signposting displaced employees to other areas of support.

## **4.12 Salary arrangements**

The SSSC operates an incremental pay and grading system in line with the Public Sector Pay Policy issued by the Scottish Government. The first two points at each grade are classed as below competency level (for B3 it is one point) and can only be used for development roles eg modern apprenticeships, trainees etc.



Incremental progression to the top of the pay band is subject to six months service by 1 April each year and satisfactory performance (ie in post before 1 October of the previous year). We publish current pay scales on the intranet so we are, open and transparent in our pay scales.

### **Starting salary for external candidates**

The Executive Management Team agrees all grades for posts. We place new appointments on the grade minimum (first point above competency level). Individuals will usually start at this position in the range because of the learning curve of the job – the individual may have the basic qualifications for the job and some relevant experience but will lack the full experience to perform the job at a fully competent level.

However, we need to take many factors into consideration when determining a starting point within the agreed grade. The decision considers the following:

- the knowledge and skills of the individual
- the experience of the individual
- the current salary of the individual (relative indicator only)
- the salaries of current team members who may hold the same or a similar job
- the salaries of those on the same grade
- market forces.

Recruiting managers can exercise discretion and recommend a higher starting salary to their Director approval in exceptional circumstances only. Examples of justifying appointments made above the minimum include (but are not limited to):

- to secure an individual's unique skills and experience where this has proven difficult to secure in the past
- where the external market dictates a higher salary.

Offering salaries above the minimum for the grade must not be solely based on the following:

- The candidate achieved demonstrably high levels of performance at the assessment centre and / or interview.
- Where it is deemed necessary to secure a candidate because of their current salary level (particularly as this is likely to perpetuate any pay differentials which may have no objective basis).

The recruiting manager must document the rationale for starting salaries above the salary scale minimum, recognising any conflict of interests the manager has, before recommending to their Director. The Director will then make the final decision, record their rationale, identify other actions that are required (eg accelerating pay for others in the same grade) in writing to the Head of Human Resources. A record of this decision is maintained by Human Resources.

### **Promotion**

A promotion is where an individual is transferred from a lower graded post to a higher graded post on a permanent basis via a recruitment process (ie they applied for a post). If an individual is promoted within the organisation to a **higher** graded post, they will be placed on the grade minimum (first point above the competency level) of the promoted post. Where this results in lower or the same level of pay they will be moved to the first scale point above their previous rate of pay. There is no flexibility to starting points in these circumstances.

### **Internal secondments**

An internal secondment is where an individual is temporarily transferred from one post to another. Where this is a lower graded post to a higher graded post their starting salary is calculated on the same basis as a promotion. Where this is to a same graded post, the individuals rate of pay does not change.

Where the employee requested to move to a lower graded post, the individuals rate of pay is either their current rate of pay or the top of the lower graded post, **whichever is lower**.

Where we requested to move the employee to a lower graded post, the individuals rate of pay is either their current rate of pay or the top of the lower graded post, **whichever is higher**.

When the internal secondment is over, the individual returns to the scale point and grade that they would have been in had the internal secondment not taken place (ie increments are calculated as if they had been in post). They do not receive back payment.

### **Demotion**

A demotion is where an individual is transferred from a higher graded post to a lower graded post on a permanent basis via a recruitment process (ie they applied for a post). If an individual is demoted within the organisation to a lower graded post, the individuals rate of pay is either their current rate of pay or the top of the lower graded post, whichever is lower.

### **Temporary acting up and additional responsibility allowances**

We pay an acting up allowance when an individual undertakes a percentage of the duties of a higher graded post for a continuous period of at least four weeks and for a reason other than annual leave of another employee. If an employee is acting up for 100% of the duties and responsibilities of a higher graded role, payment is made on the same basis of a promotion.

If an employee is acting up for less than 100% of the duties and responsibilities, payment is calculated based on the percentage of the duties and responsibilities they will undertake at the higher grade. The salary level is based on the difference between the employee's current salary and the promoted rate from the agreed start date (ie difference of salary multiplied by the percentage of the role, added to their existing salary).

### **Salary protection**

Where an individual increases their hours or rate of pay (eg because of a promotion, secondment, acting up or additional responsibility) any salary protection is correspondingly reduced.

In these circumstances salary protection does not apply, and the employee will return to their substantive post once the acting up arrangements have ended. Salary protection will then recommence if still applicable.

### **Increments and temporary arrangements**

Employees who have a temporary arrangement in place (eg acting up, responsibility allowance, promotion, internal secondment) will benefit from increment increases where they were employed prior to 1 October.

### **Fixed term to permanent contract**



If an individual has previously been working on a fixed term contract (temporary basis) and subsequently secures the post (or another same graded post) as a permanent appointment, their salary will remain unchanged.

## 4.13 Work experience and learning opportunities

We provide work placements and learning opportunities for different groups (eg young people, those with care experience, those who are vulnerable) to help them overcome barriers and reach a positive destination with or to develop from the SSSC.

### **Student placements / work experience**

These provide opportunities for school, college, and university students to gain practical work experience to help develop their employability skills and to give them an insight into the world of work. Where possible these requests should be accommodated.

Placements / work experience are unpaid and can be student led (eg during summer break) or educationally led (eg where learning credits are achieved as part of a course). They may involve shadowing others undertaking their role, carrying out simple tasks with direction or being given access to data for research purposes.

All requests received should be discussed with the HR team to make sure that we adopt a consistent approach in providing these opportunities is in place across the organisation. Where the placement / work experience is educationally led an agreement will be set up by the educational establishment and signed off by HR on behalf of the SSSC.

All placements should complete a confidentiality statement and receive a short induction to the team they will be joining. The placement agreement will usually set out how best to support the student, the milestones for any deliverables (eg report, presentation, feedback, etc) and managing any issues where the placement is not working out.

### **Trainee solicitor scheme**

The SSSC offers employs trainee solicitors on terms and conditions no worse than as set out by the Law Society of Scotland.

### **Apprenticeships**

We are committed to developing and growing a young workforce in Scotland, including through the use of apprenticeships. Apprenticeships demonstrate and promote the benefits work-based learning brings to businesses, individuals, and the Scottish economy. Where capacity allows, we will engage with and or provide apprenticeships (eg Foundation Apprenticeships (FAs), Modern Apprenticeships (MAs) and Graduate Apprenticeships (GAs)). By investing in our employees through apprenticeships, we can develop our workforce and support employees to develop their skills. For support to engage with or recruit apprenticeships please contact the recruitment team.

## 4.14 Good practice schemes

We are committed to attracting and engaging with talented people from diverse backgrounds at every level of the organisation. We recognise the importance of an inclusive organisation, making sure that all our employees can flourish and reach their full potential.

We continue to engage with several recognised schemes to reduce barriers and make sure we adopt good practices that support those with protected characteristics and those from

disadvantaged groups. We will continue our support our existing schemes and seek to expand these to make sure we continually improve our practice.

## 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 the issues relating to resourcing for managers by incorporating training on this policy within line management development programmes and ensure that all managers have participated in such a programme.

### 5.2 Sources of support

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

### 5.3 Related documents

- People Strategy
- [Code of Conduct for Employees](#)
- [Equality, Diversity, and Inclusion Policy](#)
- [Safer Recruitment through Better Recruitment](#)
- [Recruitment Guidance for employees and candidates on our intranet](#)
- [Workforce Change Policy](#)

# Appendix 1 – Job Evaluation

All posts within the SSSC are evaluated to make sure that we adopt a fair and consistent approach. We use a method called JEGS (Job Evaluation and Grading Support) and invite trade union representatives to observe or participate in the evaluation process.

We adopt a proactive approach to evaluating jobs. Where we identify significant permanent future changes or where we create a new post, we evaluate the post. Posts are only evaluated with the approval of the Director.

## **New post is proposed**

Line managers prepare a job profile and person specification for any new role with a member of the HR team considering the position in the responsibilities and challenges of the role and the fit within the team / directorate. Once an agreed profile and specification are ready the Director will confirm whether the post can be evaluated or not. The evaluation of a new post does not in of itself implement a change in structure. The [Workforce Change Policy](#) describes how to implement a change.

## **A post is expected to change**

Where post changes are predicted that are permanent and significant the line manager is responsible for identifying these **ahead of time** and preparing an update job profile and person specification with support from member of the HR team. A significant change is 25% or more of the job. An employee can propose an update to their job description where they think it will change significantly.

For such changes to be budgeted, with the expectation of implementation in the following financial year, the job evaluation process needs to be concluded by August.

Updating a job description and person specification can take considerable time and effort and impact on many employees. It can involve changing structures and may result in employees being displaced, having to apply for 'their' job or increase or decreases in their pay. Changes should not be undertaken lightly. Prior to updating a job description and person specification, the Director must approve the work commencing.

A job description and person specification will normally be prepared in conjunction with the post holder(s). At any such meeting they may be accompanied by a co-worker or trade union representative. A job description and person specification may be updated without their involvement as part of the preparation for workforce Change.

Significant changes to existing posts will require consultation through our Partnership Agreement. We always seek agreement on job descriptions and person specifications but ultimately it is for the SSSC to determine its requirements from its posts. The [Workforce Change Policy](#) describes how to propose and implement a change. Minor changes to posts can be agreed with human resources.

We will not normally consider requests for re-evaluation of posts within 12 months of the date of last grading evaluation.

## **Outcomes of job evaluation**

Job evaluation outcomes can mean a post is upgraded, downgraded or stays at the same grade. It is important that such communications are handled carefully with all concerned.

## **Communication**

HR will notify the heads of department the job evaluation outcome. They in turn will notify you or your line manager. HR are available if required to discuss the evaluation and any consequences of the outcome. You will be notified in writing by HR of the outcome of the evaluation and of any implications for you.

### **Increase in score leading to a higher grade**

You will move to the lowest spinal column point (SCP) of the grade above the competency line unless you are on a SCP that overlaps the higher grade and then you move to the equivalent SCP in the new grade. Your salary will move to the new grade with effect from the date of the job being implemented.

### **Decrease in score leading to a lower grade**

If your current salary is higher than the maximum point of the new lower grade, you have your current salary protected for three years. At the end of three years your salary is reduced to the highest point on the revised salary grade for the post. There is no annual incremental progression on the protected salary SCP point. Annual pay awards continue to apply on the protected salary SCP point. Please see the provisions on salary protection above.

### **Post remaining in same grade**

If the outcome means your role stays within the boundaries for the current grade, there is no change to either grade or salary.

### **Challenge process**

We recognise that employees have an individual right to challenge the outcome of the evaluation of their job. Any such challenge must be submitted in writing to the Head of Human Resources within 14 days of being notified of the outcome. Appeals should be based grade allocated and not against the scheme.

The Head of Human Resources is responsible for convening a new panel, or asking the previous panel, to consider the appeal. They will consider the grounds as presented and reach a conclusion. As job evaluation is based upon the post rather than the postholder, the panel will **not** normally meet the employee to discuss their challenge.

The Head of Human Resources will notify the individual employee of the outcome of their challenge.

An employee using the challenge process does not prevent the employee from raising a grievance.

### **Your wellbeing**

We know that job evaluation can have a negative impact on your mental health and wellbeing as it can be stressful and can cause anxiety. Support and guidance is available to managers and employees to ensure that everyone understands why we do job evaluations. We will make sure we have up to date communication and give support to you when you take part in the process.



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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.

# **Retirement and Severance Policy**

TBC April 2025

**Document governance and management**

Document owner/author/lead	Acting Director of Workforce, Education and Standards Responsibility for the policy from 1 April 2025 will move to the Director of Strategy and Performance.
Version number	1
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Date of next review	
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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

## Purpose

We are committed to supporting work life balance and to equal opportunities for all our employees. We do not have a compulsory retirement age for our employees and recognise the contributions of a diverse workforce, including the skills and experience of older employees. We believe that employees should, wherever possible, be able to continue working for as long as they wish to do so. We appreciate that some of our employees might want to change the way they work to get a better work life balance and may be interested in flexible retirement.

We realise that employees' circumstances may change for a variety of reasons and, when the time is right, they may wish to retire and will need guidance and support to make the transition from employment to retirement. There are also occasions where it may be in our organisational interests to allow employees to retire.

## Scope

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

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

This policy specifically relates to members of the LGPS. Any changes to the LGPS scheme or associated Regulations may affect the operation of this policy and this policy must be read in light of those changes.

## Legislation, codes of practice, guidance

- Data Protection Act 2018
- Employment Rights Act 1996
- Employment Relations Act 1999
- Equality Act 2010
- Local Government pension Scheme (Scotland) Regulations 2018
- Pensions Act 2008
- Pensions Act 2011
- 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:

- We plan so that we can minimise the need for redundancies and / or early retirement wherever possible. We do this through workforce and succession planning so that we have the right number of employees in the right place with the right skills and experience at the right time.
- Early retirement and / or voluntary redundancy must be in the best interests of the organisation as well as appropriate for employees.
- We have a no compulsory redundancy policy and will always try to agree changes in a consensual and voluntary manner. We will consider alternatives to voluntary redundancy or early retirement including retraining, job matching or secondment opportunities.
- In line with our statutory equality duties, we monitor all equality groups as defined by the Equality Act 2010 for all employees who apply for voluntary redundancy.
- We balance our needs, the needs of our employees and the long term financial strength of the pension fund.
- Where there is a potential cost to the organisation, only Council can approve a request for retirement; the line manager can approve where there is no cost to the organisation.
- We expect our employees and our managers to treat each other with dignity and respect by acting in accordance with our organisational values when applying this policy and procedure.

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

### **Recognition and respect for others**

- We treat each other with kindness and respect and value the contribution every member of staff makes.
- We value the social service workforce and the life changing work they do. Our work increases recognition of that role and further develops that role. All our stakeholders contribute to our success, and we recognise and respect their views.
- All employees will be treated fairly and consistently under this process and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.

### **Working together**

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

### **Accept responsibility and accountability**

- Respecting confidentiality and only sharing information, as appropriate, with relevant people.
- Deal with issues kindly, sensitively and showing compassion.
- We recognise the trust placed in us to ensure the safety and wellbeing of people who use our social services and that is our guiding mission.

## 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](#)
  - [Retirement and Severance Policy](#)
  - [Whistleblowing Policy](#)
  - [Work Performance Policy](#)
  - [Workforce Change Policy](#)

### 3.2 Executive Management Team

The EMT are responsible for:

- the overall implementation of the policy and to create a culture in which staff can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and staff receive appropriate development, support and training to implement the policy appropriately
- making sure that the application of this policy and procedure does not breach any statutory requirement placed upon the SSSC

- making sure that changes to people management policies not retained for the specific approval of the Council are reported to the Council on a quarterly basis for endorsement.

## 3.3 Operational Management Team

The heads of department are responsible for:

- making sure their managers and staff 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 must:

- fully considering the implications and potential loss of any contractual or pension rights before committing to retirement, early retirement or flexible retirement
- discussing their retirement request with their line manager and completing the retirement application form accurately as part of the approval process.
- obtaining independent financial advice to inform their own decision making
- reporting any actual or potential conflicts of interest
- co-operate fully and promptly with actions under this policy.

## 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 procedure 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.

## 4. Policy

Employees should use this policy to:

- request flexible retirement if they are age 55 (or over) and have at least two years' membership with the LGPS. For additional information please refer to section 4.2, Flexible Retirement Procedure
- retire early if they are aged 55 or over and have at least two years membership with the LGPS. If employees choose to retire early they need to submit their resignation, providing their appropriate notice period. For additional information please refer to section 4.3 Early retirement procedure-employee initiated
- consider their options during a period of workforce change (eg Voluntary Redundancy or Voluntary Early Retirement). For additional information please refer to section 4.4, Early retirement procedure-employer initiated
- get more information on ill health retirement. For additional information please refer to section 4.5 Ill health retirement
- know what happens if they choose to work beyond the normal retirement age. For additional information please refer to section 4.6 Retirement after age 65 procedure.

### 4.1 Preparing for retirement

All eligible employees under the age of 75 are enrolled into the LGPS on appointment (apart from those employees who have a contract for less than three months duration, but they can opt into the LGPS if they wish to do so). Employees can choose to opt out of the LGPS after they start employment with us. To opt out employees need to request a opt out form available from Tayside Pension Fund.

Employees who are members of the Local Government Pension Scheme can request details of their pension entitlement by making a request via Human Resources or directly from Dundee City Council's Pension section. Contact details are:

Website:	<a href="#">Dundee City Council Pensions</a>
Address:	Tayside Pension Section, Finance Department, Floor 4, Dundee House, 50 North Lindsay Street, Dundee, DD1 1NZ
Telephone number:	01382 307 900
Email:	<a href="mailto:pensions@dundeecity.gov.uk">pensions@dundeecity.gov.uk</a>

It will take approximately **12 weeks** to receive a pension estimate.

#### Preretirement support

We want to provide, amongst other things, an age inclusive environment, where employees feel valued, respected and able to contribute to their full potential at all ages and stages. One key aspect of an age inclusive environment is to help staff plan for their futures, into

retirement, so that they can be positive and confident about what lies ahead and know how much we value their contribution whilst they are working with us.

We will support our employees to attend workshops to help with financial, retirement matters and Health & Wellbeing

The following websites are also helpful sources of external support:

- [LGPS Regulation and Guidance](#)
- [Age Scotland](#)
- [Citizens Advice](#)
- [Money Advice Service](#)
- [Unbiased](#) (provide a choice of regulated financial advisers, mortgage brokers and accountants).

There is a lot of information in this policy, some of which employees will find relevant to their situation and some which will be relevant later. Employees do not need to read the whole policy. To help employees access the information they need we have divided the policy into five separate procedures within section 4 as follows:

4.2 Flexible retirement procedure

4.3 Early retirement procedure – employee initiated

4.4 Voluntary redundancy/voluntary early retirement procedure – employer initiated

4.5 Ill health retirement procedure

4.6 Retirement after age 65 procedure

## 4.2 Flexible retirement procedure

### **What is flexible retirement?**

If employees are age 55 (or over) and have at least two years membership with the LGPS they can request flexible retirement. Employees can apply for flexible retirement whether they work full or part time. This is an option where they can access all, or a proportion of, pension earned to date but at the same time as receiving their pension they can continue working with us. We will automatically bring members back into the pension scheme following flexible retirement but they have the right to opt out if they choose.

Flexible retirement is an attractive option for some as it can help with both their work life balance and the transition into full retirement.

Flexible retirement can also help us as an organisation to retain key skills, abilities, knowledge and expertise for an extended period of time, which we may otherwise lose. Flexible retirement can also help us with succession and workforce planning. We know from our employee age profile that we need to plan ahead so that when our older employees decide to leave we have a robust process in place to retain key skills, knowledge and experience within our organisation.

Employees must reduce working hours and/or grade to the extent that revised salary is no more than 80% of current salary to qualify for flexible retirement. Employees reduce salary by at least 20% by reducing working hours, changing to a job with a lower grade or a combination of these two options and this is a permanent contractual change. Employees must specify a retirement date that occurs within two years of the start of their flexible retirement.

### **Flexible retirement**

Retirement benefits from the LGPS are generally paid out when an employee reaches the normal retirement age or state pension age if later. But if they take flexible retirement:

- must take all of their benefits relating to pre-2009 service. Members may elect to draw-down part of, or all or none of, their benefits relating to 2009-2015 service and their post-2015 service.
- we may reduce benefits before normal pension age to take account of being paid for longer. How much benefits are reduced depends on how early employees take their benefits and if they have an earlier protected retirement age.
- employees can choose to give up some of their pension as an additional tax-free lump sum. This is called commutation of pension.
- employees will be taxed on their salary and annual pension.
- membership from 1 April 2015 is now a Career Average Revalued Earnings scheme (CARE). This means it is the amount of pay received in the year paid at 1/49ths, or 1/98th if the member opts for 50:50 Scheme
- employees will build up a new set of rights in respect of their ongoing employment or continue making contributions if they take part of their pension; employees can opt out of such contributions should they wish. Eligibility for discretionary compensation payment will be based on continuous service, including service before flexible retirement. The amount of Compensatory Added Years may differ depending on the amount of service in the continuing post (see section 4.4 for further information).

Any continuing service will now be payable under the 2014 Regulations as CARE. Final pay is only used for the calculation for the service up to 31 March 2015 and career average earnings are used for service from 1 April 2015.

### **Eligibility for flexible retirement - the legal requirements**

To apply, employees must:

- be age 55 years or older and have 26 weeks service at date of request
- have at least two years membership of the Local Government Pension Scheme (LGPS)
- either make a change to reduce hours or change duties or responsibilities
- not have made a flexible retirement request in the previous 12 months.

### **How to request flexible retirement**

Human Resources will support managers and employees to understand the process and will liaise with Tayside Pension Fund to organise any pension quotes on employees' behalf.

It is important employees take the time to consider how flexible retirement will affect their personal situation before they submit their Flexible Retirement Request Form.

### **Reduction in hours of work**

Employees may request to reduce their contractual hours in their existing role. Salary will reduce pro rata against the full time equivalent salary. We will also calculate annual leave and other entitlements on a pro rata basis.

### **Change job**

Employees may decide that they would prefer to move to a lower graded role. We must have a suitable, alternative job available before we can approve a job change request. Employees will receive their pension benefits that they have accrued for their previous role and service.



Employees should seek independent financial advice before they submit their request to make sure that they are aware of any financial changes which will occur. The following website might be helpful: [Unbiased](#)

Employees must have an informal discussion with their line manager to discuss any queries before they submit their request.

Once employees are certain that they wish to apply for flexible retirement, they need to complete the Flexible Retirement Request Form (appendix 1). This outlines their proposal as to why they would like to work under the grounds of flexible retirement and how this may impact their team. It is recommended that flexible retirement requests are made at least six months before the arrangement takes effect. This timeframe allows us to consult with other employees affected or to recruit a replacement. After completion, the employee should pass this on to their line manager for their input

### **Considering flexible retirement requests**

Employees must send their request to their line manager. The line manager will then speak to a member of the Executive Management Team to get their early thoughts on how the arrangement may work in practice and budget implications. The line manager will state whether they support the application in principle, which forms part of the decision making process. Only Council can approve any request where there is a cost to the organisation.

Managers must always assess how agreeing a request can result in benefits to the service when considering flexible retirement proposals. For example, if an employee is asking to reduce hours the manager could decide not to replace the hours or reallocate the hours to another post, resulting in a budget saving. Managers and the Director should also consider whether agreeing to a request could cause any detriment by making sure they do the following:

- collect evidence of costs of allowing the flexible retirement
- collect evidence of savings and benefits of allowing the flexible retirement
- consult with anyone else affected by the proposal
- decide whether to approve the application or not considering the criteria for granting flexible retirement and the costs to the organisation
- keep records of their decision making process and send copies of these to HR.

Where the Director supports an application, HR (via Payroll) will arrange a calculation of estimated benefits payable from Tayside Pension Fund at Dundee City Council and forward this to the employee. The Director should, at the same time, discuss the application with Finance and HR and, together with the line manager, complete the manager section of the flexible working application form which details the costs associated with the request and how these will be justified by the benefits to the Service.

We can refuse a flexible retirement request for one or more of the following reasons:

- the burden of additional costs
- detrimental effect on our ability to meet customer demand
- inability to reorganise work amongst existing employees
- inability to recruit additional employees
- detrimental impact on quality of work
- detrimental impact on performance
- insufficiency of work during the periods you propose to work
- planned structural changes.



The Director must write to the employee explaining why the proposal cannot be taken forward if they are refusing the request.

If an employee is under 60 and has rule of 85 protection there will be a strain on the fund cost to release their pension; any such strain can only be approved by Council. Under the 2018 pension regulations employees can elect to have their retirement benefits paid to them with reductions applied to take account of the early payment. This means there would be no financial cost to the organisation and so there is no requirement for the request to be considered / approved by Council. The employee's director does still need to approve their request.

Council reviews all requests that have a financial cost to make sure the request is supported from both a financial and organisational perspective. The information provided on the flexible retirement application form by the Director will outline if the request would place any strain on the pension fund. If Council approve an employee's request for flexible retirement they will receive their salary on the reduced hours or grade. The decision from Council is final.

### **Starting flexible retirement**

HR will write to the employee with details of the aspects that have changed. This letter will include:

- start date of flexible retirement (it must start on the first day of the pay period)
- new or changed place, hours or days of work
- new or changed job title or role
- new or changed duties or responsibilities
- confirmation that in accepting flexible retirement the employee may not later apply for a job that would result in them earning more than 80% of the pre flexible retirement salary (as adjusted for nationally agreed pay increases).

If an employee reduces their hours then we will calculate their salary and leave entitlements on a pro rata basis. Tayside Pension Fund at Dundee City Council will pay their pension directly in monthly arrears. This is subject to the public service pensions increase review order which provides increases currently in line with the consumer price index. It can take up to three months from the date employees requested flexible retirement for them to start receiving their pension from Dundee City Council.

Employees can contact Tayside Pension Fund direct for more detailed information on their pension.

If an employee does not opt out of the pension scheme we will automatically deduct their contributions from their salary.

### **Changing a flexible retirement arrangement**

It is unusual to change a flexible retirement arrangement once we have agreed it. However, if an employee wanted to change the arrangement later, eg reduce their hours further, they must submit a flexible working request. The Director must consider and approve the request.

### **Ending a flexible retirement arrangement**

An employee with a flexible retirement arrangement who wishes to leave needs to write a resignation letter, providing the appropriate notice period. An employee choosing to retire fully will have their new retirement benefits recalculated to include all post 31 March 2009 benefits they had not previously drawn and the further benefits they had accrued in

respect of their continued employment (at reduced hours and / or lower grade). New retirement benefits are based on membership period and pensionable pay at retirement

If a flexibly retired employee wanted to consider retirement in the interests of business efficiency, then eligibility for any discretionary compensation payment is based on continuous service, including service before flexible retirement.

## 4.3 Early retirement procedure – employee initiated

Any employee considering early retirement can use the Member Self-Service system to project an estimate of pension benefits or request one from Tayside Pensions directly. To progress with a retirement, you must advise Human Resources.

If an employee is age 55 or over and chooses to take their pension before their normal pension age it will normally be (actuarially) reduced, as it is being paid earlier. How much the benefits are reduced depends on how early they draw their benefits compared to their normal retirement age. Tayside Pension Fund can advise on these details.

Employees 55 years old or over can voluntarily retire early **without** approval as their benefits are actuarially reduced to take into account the early payment (and there is therefore no strain on the fund).

In this situation they would set out their intention to retire early / resign in writing to their manager and Human Resources by providing their normal notice period. The line manager would then manage this through our leavers process and Human Resources will notify Tayside Pension Fund of an employee's retirement and forward on the necessary paperwork.

### Key points

#### **Before normal retirement age**

Can retire without the approval of the SSSC. The employee just needs to provide their appropriate notice in line with their contract. If an employee chooses to retire in this way, their pension may be reduced to take account of it being paid earlier and for longer.

#### **Early retirement and the rule of 85**

Employees born before 01/04/1960 and who joined the pension scheme before 01/12/2006 may be impacted by a provision called 'The Rule of 85'. This is where their age in full years and total amount of membership of the LGPS scheme in full years add up to 85, at date of retirement.

Employees who think this may affect them can use the Member Self Service system to project an estimate or request one from Tayside Pensions directly. To progress with a retirement you should contact Human Resources.

The Director should then discuss any financial impact with Finance as outlined in section 4.2.

#### **SSSC approval not required**

Employees can choose to retire and draw their pension from the LGPS at any time from age 55 to 75, provided they have two years scheme membership and have worked for the SSSC for at least 26 weeks. Any employee considering this can use the Member Self-Service system to project an estimate or request one from Tayside Pensions directly. To

progress with a retirement you must advise Human Resources. Employees do not need the approval of the SSSC and need only provide notice of terminating their employment in line with their contractual notice period.

If an employee chooses to take their pension before their normal pension age it will normally be reduced, as it's being paid earlier. If an employee takes their pension later than their normal pension age it is increased because it is being paid later. All employees must draw their benefits in the LGPS before their 75th birthday.

#### **Leaving the SSSC through early retirement**

We expect employees to work their notice period. If an employee has an outstanding debt to the SSSC for example, an overpayment of salary, we expect them to repay the outstanding amount in full. Details relating to annual leave are in our [Annual Leave Policy](#).

## **4.4 Voluntary redundancy or early retirement - employer initiated**

The organisation may consider offering voluntary redundancy or early retirement to specific groups of employees to deliver business efficiency changes.

For example:

- if we need to restructure in a way that results in posts being deleted from our establishment
- if we need to achieve business efficiency improvements and reduce our overall operating costs.

We may offer a voluntary early retiral or redundancy scheme to facilitate any necessary reductions in staffing levels based on the budget position and business needs of the SSSC.

We will only agree to employees leaving under this scheme where changes to the permanent establishment of the SSSC result in a sustainable budget saving. There is no guarantee that we will approve an application by an employee for release under this scheme.

The Executive Management Team reserve the right to decide whether to progress and recommend any individual application under this scheme. Following the Director's decision to progress an application, the application is submitted to Council for approval if there is a financial cost.

The eligibility rules for early retirement or voluntary redundancy, and the implications for you, are complex and dependent upon your own personal circumstances. As such, those who are interested should contact a member of the HR team to discuss the circumstances.

#### **Volunteering for early retirement or redundancy (VER/R)**

We will ask volunteers to submit a note of interest for voluntary redundancy or early retirement once we have publicised the scheme.

HR will contact Tayside Pension Fund (via Payroll) to get an estimate for early retirement or HR will arrange for a voluntary redundancy payment to be calculated, when they receive an employee's note of interest. At this stage there is no legal obligation for either the SSSC or employee to proceed.

Employees are not entitled to volunteer when we have already served them with notice of termination of employment for any reason and / or they have already tendered their resignation, or they have formally advised or begun the process of their retirement.

We will use a fair and transparent selection process to determine an offer of voluntary redundancy. The selection form will contain the following criteria:

- skills, knowledge, experience, competencies (relevant for the role) and qualifications
- performance records
- absence and attendance records (absences relating to a disability, pregnancy, maternity or paternity or other family leave will be discounted)
- disciplinary records (excluding expired warnings)
- the potential costs involved (this is important especially where outcomes are very similar).

We can award additional membership compensatory added years (CAY) or discretionary compensation payment (DCP) in cases of retirement but only in exceptional circumstances for business efficiency.

We have chosen to have the flexibility to offer this where appropriate although there is no legal requirement to do this. We will assess the offer of additional compensation by considering the costs and saving associated with the retirement. We will record the decision on whether to award any added years, and if so, how many, to demonstrate that we have carried out this analysis.

### Key points

Age	LGPS status	Discretionary payment
Under 50	Non scheme member (two years + service)	Employees may be entitled to a Discretionary Compensatory Payment (DCP) but not to compensatory added years (CAY)
50 / 55 – normal pension age.	Scheme member (five years +LGPS membership).  Note: the minimum age we allow retirement on these grounds is 55 for employees who joined the scheme after 5 April 2006.	Employees may be entitled to added years (CAY) or (DCP).  We will ask employees to indicate their preferred option prior to submitting any application to Council for approval.  For employees under 55 who wish to seek voluntary redundancy we will not offer added years and there is only the option of a lump sum compensation payment (up to a maximum 104 weeks).

### Compensatory added years (CAY)

The award of added years is not automatic and is subject to scheme rules. These take into account the Local Government Pension Scheme (LGPS) membership.

- Added years are calculated as 1/80th pension per year and 3/80th lump sum per year.
- We will consider the number of years added (if any) on the individual merits of each case and the circumstances at the time.

- Employees will not receive an enhancement that will take their service beyond that which they would earn up to normal retirement age, nor would take them beyond 40 years' service.
- We will base eligibility on all previous service with the SSSC or an associated employer considered under the Redundancy Payments (Continuity of Employment in Local Government, etc.) (Modification) Order 1999 (as amended).
- The minimum age employees are allowed to retire on these grounds is 55 for those who joined the scheme after 5 April 2006. If an employee was a member of the LGPS on 5 April 2006 and they retire on redundancy grounds the earliest age immediate benefits are paid is 50.
- Any such case would require full support of Council prior to submission to Scottish Government.

Applications must detail the costs of awarding added years which we will measure against any savings identified from the retirement / redundancy of the employee. The key underlying concept is that of a payback period for the additional expenditure incurred.

The SSSC's approved payback period for such cases is two years. The payback period must incorporate the whole cost of the retiral. We may be able to present a business case to Scottish Government to determine whether the payback period can be adjusted.

### Key points

Rules on compensatory added years	
Employees who work part time	We will reduce additional membership for part-time employees pro rata to their hours of work.
Employees who have flexibly retired	Employees who have flexibly retired and who have rejoined the pension scheme will have eligibility for added years based on service and membership after flexible retirement only.
Actuarial reduction	In addition to the compensation in this policy, employees who meet eligibility requirements, are made redundant or retiring early in the interests of business efficiency will not have an actuarial reduction under LGPS rules.
Re-employment	<p>If an employee who is under notice of redundancy receives an offer of a job from another body listed in the redundancy modification order before the termination of his or her employment and takes it up within four weeks of the end of the old employment, there is no dismissal for redundancy payment purposes. The employee retains continuity of service and is not entitled to any redundancy compensation.</p> <p>If an employee takes a new job with a modification order body in these circumstances, the provisions relating to a trial period in the Employment Rights Act 1996 will apply. Therefore, if the employee decides not to continue with the job during the first four weeks, they will be able to terminate the contract (whether with or without notice) and receive a redundancy payment from the old employer.</p> <p>Abatement may also apply – this is where an LGPS pension can be reduced or suspended if a pension recipient entered local government or other relevant employment.</p>

	The SSSC will not reemploy anyone who has left under the VER/R scheme within 12 months of their leaving date. These restrictions should, where possible, apply to consultancy work, and casual work, although we recognise that we may not be able to enforce it for practical reasons.
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### **Discretionary compensatory payments (DCP)**

We can award additional compensatory payments on early retirement at our discretion exceptionally in cases of business efficiency. However, if we grant an award, it will not be higher than the maximum permitted under the guidelines given by Local Government (Discretionary Payments and Injury Benefits) (Scotland) Regulations 1998 (as amended).

Discretionary compensatory payment (DCP) is available to all members aged 18 to the normal pension age who have more than two years' service within the Local Government Pension Scheme (or have transferred in other pension rights). We don't provide for early payment of pension under this discretion.

SSSC will pay costs in respect of the compensation payment of up to 104 weeks (inclusive of statutory redundancy payments) in accordance with age and service.

Payment may be made as a single instalment or in equal annual instalments over a period not exceeding five years between the actual date of retirement and the employee's normal retirement date. The service will be charged interest for payments made over more than one year.

When the employee knows the payments involved they will be asked whether or not they want to make a formal application.

Finance must verify that the costs associated with each request are recoverable within two years before any selection decision is confirmed. The report will go to the Executive Management Team and then to Council for a decision.

Council will determine one of the following three outcomes:

- we cannot offer retirement as the costs exceed the savings. If the retirement does not appear affordable, or the employee is not interested in the compensation offered, and the budget holder decides that it is still in the interests of business efficiency to investigate the retirement option further, they must contact the Head of Human Resources for additional advice to consider alternative options
- we can offer retirement, but only with access to pension without reduction (if eligible) and without additional discretionary compensatory benefits
- we can offer retirement with additional compensation. We should offer this where we can afford maximum added years, and/or, maximum DCP. If we can afford one of the forms of compensation but not the other, we must offer only the affordable compensation. If we can afford both then we can offer both.

The EMT budget holder will advise employees of the outcome at an individual meeting. They will also confirm this in writing.

### **Application not approved**



We make decisions based on expressions of interest. We reserve the right not to accept all expressions of interest if there are more than anticipated and/or we consider it is in the interests of the organisation to retain certain employees. We will give priority to those applications demonstrating the greatest benefits to the organisation where there are more applications than the required reductions in posts. Clear criteria will be established for selection in this situation. We will monitor all VER/R exercises to make sure they comply with our statutory equality duties under the Equality Act 2010.

There is no right of appeal.

### **Application approved**

The employee has 14 calendar days to either formally accept or decline the offer of voluntary redundancy in writing before receiving a formal offer.

HR will arrange a meeting with the individual offered to discuss the detail of the potential termination of their contract of employment on the grounds of voluntary redundancy / early retirement following formal acceptance of the offer by the employee.

Employees can be accompanied at this meeting by a colleague or a recognised trade union representative.

We require all employees who formally accept voluntary redundancy / early retirement to sign an agreement before leaving the organisation. This document is a confidential written agreement by both the SSSC and the employee, which in exchange for an agreed sum of money, acts to bar the employee from taking any part of the settlement agreement to any court or employment tribunal. However, for the avoidance of doubt, the employee is not prevented from making a "protected disclosure", as defined in the Employment Rights Act 1996. The employee should take professional legal advice from an independent source before consenting to any agreement in relation to their employment rights.

### **Payment to employee**

If an employee is made redundant or retired in the interests of business efficiency, they will receive immediate payment of the main benefits they have built up. Employees may wish to consider early retirement without reduction in the value of pension benefits, based on service to date as an alternative to receiving a redundancy lump sum.

Employees who are dismissed on the grounds of redundancy are entitled to receive the appropriate period of notice, based on statutory notice periods if this exceeds contractual notice. We normally expect all employees to work their notice period. However, we may agree an earlier or later termination in certain circumstances.

For any redundancy payments the value of a weeks' pay will be based on average earnings over a 12 week period based on actual pay during that period rather than statutory maximum. All employees, regardless of whether they are a pension scheme member or not, are entitled to a statutory provision of a lump sum redundancy payment of up to 30 weeks dependent on age and length of service included in the compensatory payment.

Employees are expected to work their notice period. If an employee has an outstanding debt to the SSSC eg an overpayment of salary, we expect them to repay the outstanding amount in full. Details relating to annual leave are in our [Annual Leave Policy](#).

## **4.5 Ill health retirement**

If an employee has to leave work due to illness they can receive immediate payment of their LGPS benefits. To qualify for ill health benefits, they must have at least two years' membership with the LGPS or have transferred in other pension rights and must leave work at any age due to permanent ill health; the LGPS provides a tiered ill-health retirement package. If an employee has less than two years' service we will refund their contributions.

The SSSC will provide all reasonable support to assist an employee with a return to work. However, if it appears that an employee cannot return to work within a reasonable period, we will refer the employee to an occupational health specialist. An occupational physician will assess entitlement to ill health early retirement and determine significant and / or permanent incapacity for an employee to be considered for early retirement on grounds of ill health. An employee can also ask to be referred to this specialist.

We can pay ill health benefits at any age and these are not reduced on account of early payment. There are graded levels of benefit based on how likely an employee is to be capable of obtaining gainful employment after they leave our employment. The different levels of permanent ill health/tiers are explained below:

Tiers	
Tier 1	<p>Where an employee has no reasonable prospect of being capable of gainful employment before normal pension age.</p> <p>Benefits are based on the employee's membership built up to leaving plus all their prospective membership from leaving to normal pension age ie their pension will be based on the membership they would have had if they had stayed in the scheme until normal pension age.</p>
Tier 2	<p>Where an employee has a reasonable prospect of being capable of gainful employment before age 65.</p> <p>Benefits are based on their membership built up to leaving plus 25% of their prospective membership from leaving to normal pension age.</p>
Tier 3	<p>Where an employee is not considered permanently unfit but is dismissed on the grounds of capability, the SSSC has discretion to give the employee an ill health gratuity of 1 week's pay for each year of service in line with their continuous service date on their employment contract, up to a maximum of 30 weeks. The SSSC may award ill health compensation to a member who is not entitled to an ill-health pension, for example, if they are not in the pension scheme or do not have two years membership. We consider this award on the individual merits of each case and the circumstances at the time. The line manager, with HR, must also prepare a business case as there is a cost involved.</p> <p>The Chief Executive and Council will be provided with details of the case, Benefits / disadvantages to the organisation and full financial costings for final Decision / endorsement. The Council's decision at this stage is final.</p>

The definitions of tier 1 and tier 2 ill health retiral outlined above are in accordance with the Local Government Pension Scheme (Benefits, Membership and Contributions) (Scotland) Regulations 2008. Employees who were members of the LGPS on 31 March 2009 are protected to make sure that the extra membership they receive is no less than they would have received before April 2009. Tier 3 is a SSSC provision.



If an employee has an outstanding debt to the SSSC eg an overpayment of salary, they must repay the outstanding amount in full. Details relating to annual leave are in our [Annual Leave Policy](#).

## 4.6 Retirement after age 65

If an employee carries on working beyond age 65, they can continue to pay into the LGPS building up further benefits

Employees can receive their pension when they retire although their pension must be paid by their 75th birthday.

If an employee retires at or after age 65 they can defer taking their pension if a reduction is applied to their benefits, but must take it by age 75. Depending on their age it may or not may not be paid at an increased rate.

Employees are expected to work their notice period. If an employee has an outstanding debt to the SSSC eg an overpayment of salary, they are expected to repay the outstanding amount in full. Details relating to annual leave are in our [Annual Leave Policy](#).

## 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 the issues relating to retirement and severance for managers by incorporating training on this policy within line management development programmes and ensure that all managers have participated in such a programme.

### 5.2 Sources of support

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

### 5.3 Related documents

- People Strategy
- [Code of Conduct for Employees](#)
- [Equality, Diversity, and Inclusion Policy](#)
- [Flexible Working Policy](#)
- [Workforce Change Policy](#)

# Appendix 1 – Flexible Retirement Request Form

## Application form – Request for flexible retirement

Before completing this form please make sure you have read and are familiar with the Retirement and Severance Policy, fully considered the implications and potential loss of any contractual or pension rights and have discussed your request informally with your line manager.

Please be aware that it can take up to 12 weeks for Tayside Pension Fund to prepare the estimate.

Once you have received your estimate, you can complete and submit this form via your line manager.

On receipt of your application, your line manager will progress the request together with Human Resources and will discuss the application with the relevant head of and director for agreement.

You will receive a decision on your application within one calendar month of your line manager receiving your request. If a decision cannot be made within one calendar month, your line manager will advise you of this.

If your request is not approved, we will advise you in writing of the reasons.

If approved, we will issue all the relevant paperwork.

1. Personal Details	
Name	
Role	
Work location	
Contact no.	
Date of birth	
NI no.	
I wish to formally request flexible retirement and can confirm that I meet the following eligibility conditions: <ul style="list-style-type: none"> <li>• I am aged 55 or over</li> <li>• I am willing to take a reduction in hours and / or grade.</li> </ul>	
2. Please specify why you wish to flexibly retire.	
3. Please describe your current working pattern.	

4. Please let us know your ideal working pattern.	
5. Please let us know if you wish to move to a lower graded post.	
6. When would you like the arrangement to commence and when your employment will cease?	
7. Please describe how you think your new working arrangement will impact on your team / colleagues and how you consider the organisation can manage this.	
<b>Declaration</b>	
I confirm that I have read and fully understand the SSSC's Retirement and Severance Policy and that I wish to proceed with this application.	
Employee signature:	
Print name:	
Date:	
7. Line Manager's comments	
Please describe how you can or cannot support this application and the impact this change will have on the productivity / performance of your team.	
Authorisation:	
Head of Department	
Name:	
Role:	
Signed:	
Date:	
Approved:	YES / NO

If not approving, please give full details for feedback to individual.	
Director approval	
Date approved:	



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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.

# **Workforce Change Policy**

TBC April 2025

# Introduction

## Purpose

This policy sets out how we will manage changes that affect our employees in accordance with our legal obligations. We are a flexible, modern and proactive organisation and may need to change the way we deliver our services.

Improvements can have inevitable workforce implications as we consider new ways of working to make best use of our workforce and its resources. We will do this through partnership working with the trade union to make sure employees are treated fairly and equitably under the policy. The aims of this policy are to:

- respond to the needs of the organisation
- define the steps for managing workforce change
- promote partnership working between the SSSC and affected employees to achieve mutually agreeable change wherever possible
- achieve job security as far as possible.

HR advice should be sought at the outset of any change process to make sure due process is followed and support provided.

This policy is for use where we have identified potential significant changes that have an impact on employees. These changes are most commonly about changes to posts or to terms and conditions. The appendix describes how we choose who performs a given job when changing posts.

Minor changes to line management, team structure or type of work are not workforce change. These types of changes will be discussed between a manager and employee and do not require consultation and agreement unless it can be clearly demonstrated that these have a significant impact on an employee. Please note, a preference for working with certain staff is not considered a significant impact. An employee cannot raise an appeal in response to these decisions. Where an employee requests a change of working pattern, this should be managed using the Flexible Working and Career Break Policy.

The Workforce Change Policy will not apply where:

- the changes relate only to the creation of new posts providing these do not significantly change the remit of existing posts
- we are updating role profiles and the changes are minor and do not significantly change the core purpose of the role.

Any workforce change involving redundancies will comply with the [ACAS](#) steps for managing redundancies.

## Scope

This policy applies to all current but not former temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members. This policy does not apply to current or former Conveners, Council Members, agency workers, legally qualified chairs, panel members or assessors.

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# 1. Policy details

## 1.1 What is workforce change

This policy defines the steps we will take to make sure change is fair, transparent and complies with our statutory obligations. It also reflects our continuing commitment to working in partnership with employees and our recognised trade union. It sets out how we will deal with significant change when it affects many employees and / or is likely to have a material impact on terms and conditions.

Workforce change can be limited to one type of change or involve many changes simultaneously. It can include changes to working practice, working pattern, hours of work, organisational structure, the work undertaken or the number of employees carrying out that work. Any of these can result in structural changes, employee transfers, changes to terms and conditions and or voluntary redundancy.

## 1.2 Equality matters

We will deal with any workforce change in line with our [Equality, Diversity and Inclusion Policy](#). This means we will assess our change proposals using our equality impact assessment tool. The equality impact assessment tool will start during the planning and informal consultation stage. This tool helps to identify any unintentional impacts of the proposed change on our employees, registrants and any other key stakeholders. If a negative impact is identified we will consider, wherever possible, alternatives to reduce or remove the negative impact.

## 1.3 Consultation framework

In line with the principles set out in our Partnership Agreement, we are committed to building and promoting good employee relations. Any changes to terms and conditions will be discussed and agreed at Partnership Forum. Employee views matter as they have the knowledge and experience to know what really works and we are committed to engaging with the Partnership Forum fully to facilitate change in the most effective way possible.

As part of the Partnership Agreement with the trade union, the framework we follow for workforce change is:

### **Low impact**

Examples include reallocation of work between teams, team moves and or temporary changes because of long-term sickness. A working example may be "moving 2 Registration Assistants from Team 3 to Team 4" or "reassigning Team 5's Registration Assistants to Team 1's manager if Team 5's manager was off on long term absence" or deploying staff on a temporary basis to focus on certain elements of the role to manage demand. A team is presumed to be any team under the same director.

This type of change does **not** require any discussion with the Partnership Forum. These are management decisions to be discussed with employees.

These changes are approved by an OMT member.

**Medium impact**

This occurs where we are creating new roles or deleting old ones but nobody is facing redundancy. There is no change that will result in anybody losing their job or being displaced but the change could have an impact on the workforce. Examples might be “not replacing a manager role so more people will be managed by a different manager” or “introducing a new role that dilutes the work of others”. This may need some level of **discussion** with the Partnership Forum in the interests of partnership working. This will typically take the form of notification of the expected change and an invitation to discuss the matter.

These changes are approved by the Director.

**High impact**

This occurs where the change results in roles being removed and therefore employees being displaced. It would only be applicable for permanent employees because temporary contracts ending is routine day to day business (where temporary contracts are ended prematurely they would be included). This is where we will **consult formally** with the Partnership Forum.

These changes are approved by the Director following discussion at EMT.

## 1.4 Types of workforce change

There are four types of change:

- employee moves
- substantial changes to job content
- changes to terms and conditions
- voluntary redundancy.

**Employee moves**

Employees can be transferred consensually between Directorates and Teams based on identified operational or organisational need provided there is no gain or detriment to individual employees. This will increase the flexibility of our workforce and support future challenges.

When an employee’s post is moving to another part of the organisation we presuppose that the employee moves with the role or tasks. Employees are required to transfer post where the post they are moving to is the same as their current role in terms of grade and core duties.

We provide employees with reasonable notice of any intended move as we appreciate that this may have an impact on employees particularly those with caring or other responsibilities. Reasonable notice will be four weeks unless otherwise agreed.

Where only some of the posts are moving or not all postholders are required to move, the Manager leading the change process will, wherever possible, seek volunteers and try to reach agreement for transfer from the affected group. If agreement cannot be reached, a selection process will be followed to identify employees for transfer that best meet the operational needs.

Employees do not have a right to request a voluntary transfer. In accordance with our Resourcing Policy, any employee wishing to change their role must apply for vacancies through the normal recruitment and selection procedures.

### **Substantial changes to job content**

A substantial change to the job **content** of posts and roles is a high impact change. Substantial changes are 25% of the job or more. This can result in employees being matched into a different job.

In this situation, we consult using this policy and the Job Matching guidance in the appendix to appoint employees to different roles. Employees who are being matched to a job have preference over other candidates (unless those other candidates have separate legal rights eg are pregnant, have a disability).

### **Changes to terms and conditions**

This change applies where a proposed change to service delivery or structure may result in variations being made to terms and conditions of employment as a means of achieving business efficiencies. The range of contractual provisions that can be varied are broad but could commonly include changes to contractual hours and working patterns.

Where we want to change terms and conditions of employment we will consult with employees and seek their consent before we make any changes to an existing term or condition of the employment contract.

We are committed to exploring all appropriate measures with the Partnership Forum to mitigate the effects of change. Such measures may include changes to terms and conditions of employment. The agreed route to make any changes to terms and conditions is through our Partnership Forum.

During the consultation period, efforts will be made to secure the agreement of employees to the changes to their terms and conditions of employment which are being proposed. As a last resort, if there is no agreement reached following the conclusion of consultation, we may have to serve the appropriate contractual notice on employees of the variation and / or offer to re-employ on new terms and conditions.

### **Voluntary redundancy**

There is a separate policy for [Retirement and Severance](#) which should be referred to if this is an option available to employees through workforce change.

## **1.5 Business case**

For low and medium impact changes, no business case is required. The head of department or nominated deputy will notify the employee of the expected change and invite the employee to discuss the matter.

The relevant Director, in discussion with EMT, and with support from HR, will develop a proposal for any **high impact** changes being considered. This will include the business case for the proposed changes and a proposed implementation plan (ie the consultation process and any subsequent implementation). The proposal will be shared with the Partnership Forum as early as possible in the process.

Discussions between senior managers and trade union representatives will focus on the proposals and reasons for the structure change.

The scope and detail of a business case will vary and is appropriate to the level and anticipated impact of the proposed change. The business case will typically include (though is not limited to) the following information:

- current organisation chart
- proposed organisation chart
- list of new roles (inc the number of proposed employees)
- list of substantially changed roles (inc the number of employees)
- list of roles removed from establishment (inc the number of employees)
- list of roles which remain unchanged (inc the number of employees)
- proposed method of selection (where applicable)
- reason(s) for change
- proposals and options considered (including reasons for discounting them)
- impact analysis of options
- cost / benefit analysis
- risk assessment
- timescales and key dates for consultation
- implementation plan
- financial summary
- draft equality impact assessment.

Additional statutory requirements will apply where ending employment is being proposed (ie method of carrying out dismissal, timescales, method of calculating redundancy payment, use of agency workers). As part of such a proposal, we will explore all options for reducing or avoiding redundancies including but not limited to:

- limiting the refilling of posts when staff leave;
- restrictions on recruitment;
- opportunities for secondments across the organisation;
- seeking volunteers for job-share or part-time work;
- retraining existing staff to cover any skills gaps;
- fixed term work to cover fluctuations in staff resource requirements;
- redeployment of staff, within their contract of employment, to suitable alternative employment;
- seeking volunteers for voluntary redundancy or early retirement;
- other cost saving measures that preclude the need for redundancy.

When preparing a business case, the relevant director will arrange time with the Partnership Forum to present the business case and share a copy immediately afterwards. Collective consultation starts once the business case is shared with the Partnership Forum.

The business case must identify sufficient time for the completion of any collective and individual consultation and any specified statutory and notice period (if necessary) prior to the proposed change taking place.

## 1.6 Formal consultation

For high impact changes we consult collectively (ie with our recognised trade union) and individually (ie with the impacted employee) on the proposals.

The purpose of consultation is to share the proposed workforce change to seek feedback and consider any concerns. Where there are concerns, we must consider these and work

with employees and the Partnership Forum to seek alternatives and other forms of assistance which may lessen the concerns.

The formality and activities carried out during consultation must be appropriate to the proposed workforce change. Where possible informal consultation routes are adopted. Consultation may involve, but is not limited to, employee briefings and the option of individual meetings.

**Collective consultation** Wherever possible we will consult on any high level organisational change for up to a maximum of 90 calendar days based on the number of employees affected. In some situations, this will not be possible, but we will consult for no less than 30 calendar days.

We collectively consult with our Partnership Forum on the business case, and in particular, on:

- proposals for change
- reason for change
- communication plan with employees
- considering counterproposals
- approach to implementing any change.

Such consultative meetings normally take place outwith of the normal Partnership Forum meeting schedule. A record of each meeting will be maintained and a summary notified at the next Partnership Forum meeting.

### **Individual consultation (directly impacted)**

We are committed to consulting with individual employees where there is an impact for them. We will usually announce any changes to individual employees through a group meeting and conduct individual consultation meetings thereafter. Employees are required to attend and participate in such consultation meetings.

We will explain:

- the reason and rationale for the proposed changes
- what we see as the impact on the employee
- carefully consider any response to the proposed changes
- carefully consider the impact on the employee of the proposed changes
- seek to respond to any queries the employee has
- seek agreement on the proposed changes (where applicable).

We will also remind the employee of the range of support that is available. Employees can be accompanied by co-worker or union representative at such meetings. Employees can respond to the consultation either in person or via email and should aim to do so in good time.

### **Individual consultation (indirectly impacted)**

During times of change our focus is on those who are most impacted by the changes. We are alert to the needs of keeping those indirectly impacted informed and up-to-date with the changes. We will normally do so by either providing a Teams update or broadcast and will always offer the opportunity for those indirectly impacted to make representations to the decision maker.

### **End of consultation**

At the end of the consultation period, we will confirm the outcome and finalised new structure to the employees affected and their representatives. The relevant Director is responsible for updating EMT of any changes to the business case prior to such communication.

Agreed feedback from employees and the Partnership Forum will be incorporated within an updated business case, as well as any changes confirmed through the matching process or identified through the Equality Impact Assessment process.

We are committed to securing the agreement of employees and their representatives where workforce change is proposed. Where agreement is not reached by the end of the consultation period, it may be necessary to implement the changes proposed or a modified version of them.

Ultimately, the organisation has the right to reorganise as necessary to best deliver services. The outcome of the consultation and the business case on the changes will be notified to the affected employees and their trade union representatives.

## 1.7 Implementing the changes

We will not normally implement any changes until we have finished our consultation process, however, there may be times where this is unavoidable. For example, an instruction from Scottish Government or a financial reason to do so. In this situation an emergency Partnership Forum meeting would be held.

Following the conclusion of consultation and the sharing of the final business case, we will implement the change identified.

Where a contractual change is necessary but has not been agreed by the employee, a contractual variation will be issued at this point. This may be a notice of the variation or a notice to dismiss with an offer of reengagement on the new terms. Employees have the right to appeal such a decision and this will be confirmed to them in writing. Contractual variations are issued by Human Resources. To make sure of the success of the changes, support should be planned and discussed with employees. The lead manager is responsible for ensuring that employees, once in the new structure or operating under the new terms, have a clear and shared understanding of their revised roles and responsibilities and that any necessary briefing and training is provided. Managers will receive support from HR to help them in this.

## 1.8 Appeals

Employees have a right of appeal against any contractual change imposed on them. Employees wishing to appeal must lodge their written appeal with the Head of Human Resources, within 14 calendar days of being notified of the contractual change and state their grounds of appeal and preferred outcome.

Where appeals cannot be heard within the implementation timescales, the changes will continue to be implemented.

Where an employee(s) submits an appeal or indicates an intention to do so, management and the trade union will consider the circumstances of the case to establish if the issue can be resolved without progressing to a formal appeal hearing. At an appeal hearing, the

employee and any Companion (ie co-worker or trade union representatives) will have the opportunity to put forward their case and to present evidence to support their view.

Appeals will be heard by a Director. In the case of a Director making an appeal, the appeal is heard by an Employment Appeals Panel.

## 2. Values

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

Recognise and respect others	<ul style="list-style-type: none"> <li>• We will always try to manage change in a consensual way.</li> <li>• We will involve employees, engage with them, and keep them informed throughout the process.</li> <li>• At every stage of the process there will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010.</li> <li>• All employees will be treated fairly and consistently under this process and if any employee requires specific support and assistance due to having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.</li> </ul>
Working together	<ul style="list-style-type: none"> <li>• We recognise the value of positive and constructive involvement and participation from the recognised 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.</li> <li>• Workforce change will involve engagement with the recognised trade union with a view to seeking agreement.</li> <li>• 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.</li> </ul>
Accept responsibility and accountability	<ul style="list-style-type: none"> <li>• The timescales detailed in this policy may be extended with the agreement of the parties and likely timescales discussed.</li> <li>• Deal with issues kindly, sensitively and showing compassion.</li> <li>• Respecting confidentiality and only sharing information, as appropriate, with relevant postholders.</li> </ul>



### 3. Roles and responsibilities

<b>Council</b>	<p>Council approves this policy</p> <ul style="list-style-type: none"> <li>• Makes sure this policy complies with legislation and does not breach any other statutory requirement placed upon the SSSC.</li> <li>• Makes sure the structure of the organisation is fit for purpose to deliver our objectives.</li> <li>• Makes sure the EMT have in place appropriate and up to date policies and procedures to comply with legislation.</li> </ul>
<b>EMT</b>	<ul style="list-style-type: none"> <li>• the overall implementation of the policy and to create a culture in which employees can flourish through interesting and rewarding work</li> <li>• delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers</li> <li>• making sure that managers and employees receive appropriate development, support and training to implement the policy appropriately</li> <li>• making sure that the application of this policy and procedure does not breach any statutory requirement placed upon the SSSC</li> <li>• making sure that changes to people management policies not retained for the specific approval of the Council are reported to the Council on a quarterly basis for endorsement.</li> </ul>
<b>OMT</b>	<ul style="list-style-type: none"> <li>• making sure their managers and employees are aware of the processes to be followed within this policy</li> <li>• making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.</li> </ul>
<b>Line managers</b>	<ul style="list-style-type: none"> <li>• setting clear standards of behaviour</li> <li>• acting in a fair and consistent way, being open and honest</li> <li>• always acting promptly to deal with issues that arise</li> </ul>



- 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.
- providing support to their employees as necessary by providing information directly or signposting employees to other areas of support.

**Staff**

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.

**Union representatives**

- offering advice and support to the employee at all stages of the process
- attending meetings
- 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 is fairly heard at the formal stages.

**Human resources**

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

## 4. Further information

### 4.1 Legislation and guidance

This policy has also considered the following legislation:

- Data Protection Act 2018
- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Trade Union and Labour Relations Act 1992
- UK General Data Protection Regulation (2016/679 EU).

### 4.2 Learning and development

To support the fair and consistent application of this policy, we will ensure full awareness and understanding of the issues relating to workforce change for managers by incorporating training on this policy within line management development programmes and ensure that all managers have participated in such a programme. Refresher training will also be provided.

### 4.3 Sources of support

We will keep employees informed throughout the process. We will do this in a range of ways to make sure employees:

- are aware of, and understand, the reason for the proposed changes
- understand what will happen during the change process
- know how the proposals directly affect them.

Managers will share information openly as it becomes available during the process. Even if there has been no progress, we will continue to provide updates so that uncertainty, rumour and speculation is minimised. We know that the change process can be very stressful for employees. Managers will support employees as necessary by providing information directly or signposting employees to other areas of support.

Further sources of support include:

- ACAS
- advice and support from trade union representatives
- coaching and mentoring scheme
- day to day support from line managers
- Human Resources.
- relevant corporate learning and development opportunities eg resilience training
- the employee assistance programme
- Unison or other trade union representative

## 4.4 Related documents

The Workforce Change Policy is not a stand-alone policy and cannot be read in isolation. The policy has strong links to other people management policies and guidance. This is summarised below:

- [Code of Conduct for Employees](#)
- [Equality, Diversity and Inclusion Policy](#)
- Flexible Working and Career Break Policy
- [Recruitment Policy](#)
- [Retirement and Severance](#)

## 5. Document governance

Document owner/author/lead	Acting Director of Workforce, Education and Standards Responsibility for the policy from 1 April 2025 will move to the Director of Strategy and Performance.
Version number	
Approved by	Council February 2025
Date of next review	February 2028
Date of impact assessment (IA) (mandatory)	February 2028
Date of data protection impact assessment (DPIA) (if required)	N/A

Commencement date	April 2025
This policy replaces	NA
Policy library	<a href="#">Index of Policies and Procedures</a>

## 6. Appendix

### Definitions

**Consultation** - is a two-way process through which information is shared and subsequently discussed between different parties. Ideally a consensus is reached at the end of the process, however there is no obligation to reach one.

**Matching protocol** - is part of a restructure scenario to define which methods (eg ring fence, competitive selection criteria) will be used to identify how employees will move across into the new structure and into which positions. It is shared with affected employees and the trade union during the consultation process.

**Organisational change** - is a structural or managerial change in the way services within our organisation are organised or provided which affects the employment, pay and terms and conditions of service, or roles and responsibilities of employees.

**Redeployment** - is a process through which eligible employees are considered for suitable alternative employment with us to preserve their employment.

**Redundancy** – we are committed to the Scottish Government’s no compulsory redundancies policy. We may consider voluntary redundancy / voluntary early retirement if we are:

- downsizing – where the organisation wishes to reduce part of its workplace by a certain amount
- restructuring or reorganisation – where specific posts are deleted from the establishment.

**Restructure** – is the act of reorganising the operational or service functions, or other structures, of an organisation for the purpose of making it better organised for its future needs.

#### 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.

## **Monitoring 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.

# Job Matching

This exercise is carried out to inform a business case that is taken to the Director for approval. Job matching is an assessment, by HR of the duties and responsibilities of an employee's current substantive post against the duties and responsibilities of other roles in the establishment.

A successful match is where 75% or more of the skills and level of complexity of a substantive role match the skills and level of complexity of an alternative role. If an employee is not job matched into a suitable post, at the outset of the restructure they will be classed as displaced. They will then be placed on the redeployment register held by the recruitment team. Following the conclusion of the consultation process they will be notified of this in writing by the recruitment team and the redeployment process will begin.

Job matching will consider the following:

- Identification of the pool – a pool contains all job roles directly affected by the restructuring and to which matching needs to be considered.
- The option for employees to express an interest in voluntary redundancy - where this is available and meets business needs.
- Matching – process to look at the degree to which roles in the existing structure match roles in the new structure.
- Slotting – process whereby those employees who have been matched, slot directly across into the new structure because there are enough posts, and no further selection is necessary.
- Ring fence - employees are assigned to a ring fence to give them prior consideration for roles through a competitive selection process. A ring fence is usually necessary where the matching and slotting process cannot fully achieve the outcomes required. There may be more than one ring fence in a restructuring programme. Where an employee is not successful in a particular ring fence, they may move into a different ring fence at appropriate selection. Appropriate assessments, including competency-based interviews, may be used to select employees for appointment to posts in the new structure. Selection will normally be conducted sequentially on a top-down basis, based on the grade of the post. An employee who is not selected for appointment will be considered for any lower graded posts for which they meet the essential criteria.
- Wider recruitment – if posts in the new structure have not been filled by matching or ring fencing then they are opened to the wider workforce.

## Matching pool

When there are changes to the structure that results in substantial changes to posts and roles, we will match affected employees into jobs wherever possible. An initial matching exercise will be undertaken to define all roles in the old structure against those in the new structure. It is important to note that decisions on matching are made with reference to an employee's substantive post. This means the process does not consider any other temporary acting up or secondment arrangements.

This exercise will involve the senior manager leading the change exercise with support from HR. This exercise will determine the extent to which there is a match between the duties of the new and old posts and determine the matching pools. This exercise will focus on the similarity of the job roles and not the skills and abilities of the individuals currently conducting the job roles. In other words, it is an objective process that focuses on posts not people.

Job matching criteria will be based on the overlap between new and existing posts which will be identified by reference to the:

- job profile and grade
- role purpose and key activities
- skills, experience, qualifications and knowledge requirements of the current person specification and the new specification.

The outcome of the initial job matching exercise will be to define all roles under the old structure against roles under the new structure.

A direct match is where the duties and responsibilities of the role remain the same or are the same (i.e., more than 75% of the duties of the existing post remain as duties of the post following restructuring). It is therefore assumed that the employee(s) will meet the essential criteria of the person specification.

Where there are the same number or fewer employees performing the duties currently as there are posts in the new structure, the implementation proposal will be to confirm these employees in post without the need for any selection process. Where there are more employees performing the duties currently than there are posts within the new structure, the implementation proposal will confirm the need for a competitive selection exercise to determine who will fill the new post(s).

### **Ring fenced**

If no direct match is identified (i.e., less than 75% of the duties of the existing post remain as duties of the post following restructuring) the implementation proposals will confirm which posts in the new structure are changed or new. These will be filled through competitive selection from the employees in the identified matching pool for the post.

Where the posts which are unchanged, but there are more employees performing these duties currently than there are posts in the new structure, the new posts will be ring fenced to that pool and a selection process will be applied.

Posts which have changed substantially or are new will be ring fenced to the specific team or service area affected by the reorganisation who meets the essential criteria for the post.

### **Redeployment**

An employee whose post in the existing structure has been removed and who cannot be directly matched to a post or is unsuccessful in securing a post in the new structure will be classified as 'displaced.' In this situation, affected employees will be supported to find suitable alternative employment through the Resourcing Policy. A displaced employee will be offered a priority interview where a vacancy is identified as suitable alternative employment. This can include vacancies that remain unfilled at lower tiers in the new structure once the transfer, matching and appointment process has been completed in respect of other employees at those tiers.

### **Wider recruitment**

Where no employees in the affected team/ service area meet the criteria for the post, any resulting vacancies will be advertised through the normal recruitment processes and subject to any resourcing restrictions in place at that time.

# Salary protection

Details on salary protection are fully described in our Recruitment 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.

<b>Title of Report</b>	Corporate Governance report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	Approval of the Executive Framework, Code of Corporate Governance, calendar of dates of meetings 2025/28 and note the annual effectiveness review
<b>Recommendations</b>	<p>The Council is asked to:</p> <ol style="list-style-type: none"> <li>1. approve the Executive Framework and authorise the Chief Executive to finalise it with the Scottish Government</li> <li>2. approve the revised Code of Corporate Governance</li> <li>3. approve the schedule of dates for meetings 2025 to 2028</li> <li>4. note the annual effectiveness review.</li> </ol>
<b>Author</b>	Anne Stewart, Head of Legal and Corporate Governance
<b>Responsible Officer</b>	Maree Allison, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>

<b>Link to Risk Register</b>	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	Appendix 1: draft Executive Framework Feb 2025 Appendix 2: draft Code of Corporate Governance Feb 2025 Appendix 3: schedule of dates of meetings 2025 to 2028
<b>Background papers</b>	<a href="#">Link to Executive Framework</a> <a href="#">Link to Code of Corporate Governance</a>

## **INTRODUCTION**

1. We have worked with colleagues within our Sponsor Unit to review the Executive Framework between the Scottish Ministers and the Scottish Social Services Council (SSSC). We have also carried out a review of our Code of Corporate Governance. This report asks Members to approve these documents which are key components of the SSSC Corporate Governance Framework.
2. This report asks Members to approve the schedule of meetings as Appendix 3.
3. We note that the annual effectiveness review of Council took place in December 2024.

## **EXECUTIVE FRAMEWORK**

4. The Executive Framework document sets out the broad framework within which the SSSC will operate and defines the key roles and responsibilities which underpin the relationship between the SSSC and the Scottish Ministers.
5. The Scottish Ministers review and update the Executive Framework every three years. It reflects the model template which forms part of the Scottish Public Finance Manual and applies to Non-Departmental Public Bodies. Council approved the current Framework in February 2022 and this is a background paper to this report. We have reviewed the draft attached as Appendix 1.
6. The new version is different to the previous one in terms of layout but the content is largely similar and there are no significant changes.
7. This report asks Council to approve the Framework and authorise the Chief Executive to finalise with the Scottish Ministers. We will publish the Executive Framework.

## **CODE OF CORPORATE GOVERNANCE**

8. We have reviewed the Code of Corporate Governance and the current code is a background paper to this report. Members considered the changes at the development session in December 2024. We have summarised the principal changes.

### **Section One**

- Council retains ultimate authority to make decisions that it has previously delegated to Committee, working group or Panel (excluding Fitness to Practise (FtP) Panels)

- Council Members must comply with the Code of Conduct, SSSC values and carry out induction, development and appraisals
- Convener appoints members of Committee (excluding FtP Committee), Panels and Working Groups
- Arrangements for dealing with urgent matters to be agreed between the Convener and Head of Legal and Corporate Governance
- Quorum of Council made up of Convener, Chair of Audit and Assurance Committee (or another member) and two others
- Attendance at meetings to be in person unless have confirmation from Convener or Chair to miss the meeting or attend online
- Examples of confidential matters to include preparation of documents with future publication dates and matters relating to relations between SSSC and its employees
- Convener may instruct members of public to withdraw from meeting
- Chief Executive must inform Council of matters which represent a significant regulatory, strategic, legal or financial risk or any matter that risks undermining trust and confidence in SSSC.

## **Section Two**

- Remit of Council amended to remove duplication with remit of Audit and Assurance Committee and added in Strategic Risk Register, strategies and important corporate policies.
  - Remit of Audit and Assurance Committee amended to include internal controls, annual governance statement and compliance with the Public Sector Internal Audit Standards and quorum changed to three Members.
  - Changes to FtP Committee, Quality Assurance Sub-Committee and Employment Appeals Panel.
  - Changes to the table setting out roles and responsibilities.
  - Removal of table two containing the RACI (responsible, accountable, consult, inform) chart.
9. The draft Code is attached at Appendix 2 and this report asks Council to approve it. The current code is a background paper to this report. We will publish the Code and send a copy to our Sponsor.

## **SCHEDULE OF MEETINGS**

10. Standing Order 15 of our Code of Corporate Governance states that the Council will approve a provisional schedule of meetings. We ask Members to approve the schedule which forms Appendix 3 to this report. We will then publish the schedule. We note the proposed change in date for the budget approval meeting. The newly proposed date is Tuesday 25 March 2025. The meeting will start at 2pm and be online only.

## **ANNUAL EFFECTIVENESS REVIEW**

11. It is good governance to review Council effectiveness on an annual basis. Council Members filled out a self-assessment form based on criteria published by the Chartered Institute of Public Finance Accountants (CIPFA) and the International Federation of Accountants (IFAC) "International Framework: Good Governance in the Public Sector".
12. Council Members discussed the review at their development session in December 2024.

## **CONSULTATION**

13. We have consulted with Sponsor, Executive Management Team and Council Members.

## **RISKS**

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

## **IMPLICATIONS**

### **Resourcing**

15. There are no resourcing implications arising from the recommendations in this report.

### **Compliance**

16. The recommendations in this report comply with legal and governance requirements.

## **IMPACT ASSESSMENT**

17. An Impact Assessment is not necessary as the recommendations concern internal governance.

## **CONCLUSION**

18. This report asks Council to approve the Executive Framework, the Code of Governance and schedule of meetings and to note the annual effectiveness review.







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**FRAMEWORK DOCUMENT**

**SCOTTISH GOVERNMENT**

**SCOTTISH SOCIAL SERVICES COUNCIL**

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Approved	Version	Next Review	Signed by
[date]	1	As required, but before February 2028	[names as signatories]

# EXECUTIVE FRAMEWORK DOCUMENT

## Introduction

1. This framework document is agreed between the Scottish Social Services Council (SSSC) and Scottish Ministers. It summarises how SSSC and the Scottish Government (SG) will work together, and the key roles and responsibilities of:
  - the Council
  - the Chief Executive and Accountable Officer of SSSC;
  - the Scottish Ministers; and
  - the Portfolio Accountable Officer within the SG whose remit includes SSSC.
2. While this document does not confer any legal powers or responsibilities, it forms a key part of the accountability and governance framework and, as a live document, it should be reviewed and updated regularly by SG and SSSC, and at least every 2-3 years. Should changes occur due to developing policy (e.g. establishment of the National Care Service or the National Social Work Agency) this document will be reviewed where required. Any significant changes will be agreed between the Council and Scottish Ministers. For the purposes of this document only, any reference to 'the Council' means 'the Convener and Council Members'.
3. Any question regarding the interpretation of the document shall be determined by the SG after consultation with the SSSC. Legislative provisions take precedence over any part of the document.
4. The SSSC shall not establish subsidiaries or enter into joint ventures without the express approval from Scottish Ministers.
5. A copy of the document shall be published SSSC's website.

## Purpose

6. The SSSC is a statutory body established by the [Regulation of Care \(Scotland\) Act 2001](#) (The Act). The constitution of the SSSC is set out in Section 43 of the Act. The SSSC does not carry out its functions on behalf of the Crown.
7. The main purpose of the SSSC is to regulate the social service workforce and their education and training. The SSSC's statutory duties include:
  - establish and maintain registers of particular groups in the social work, social care and children and young people workforce;
  - consider applications for registration according to the terms of the Act and rules made under the Act, and to grant (conditionally or unconditionally) or refuse registration on that basis;
  - remove or restore an entry on the register;

- prepare and publish [Codes of Practice for Social Service Workers](#);
  - prepare and publish [Codes of Practice for Employers](#) of the social work, social care and children and young people workforce; and ensure that these are complementary to the codes for the workforce;
  - in accordance with directions from Scottish Ministers, to make grants and pay allowances to secure education and training in social services work for persons resident in Scotland;
  - make grants to organisations providing approved courses under the Act;
  - set fees in respect of the SSSC's functions, with the longer term aim of balancing income and expenditure for registration functions;
  - establish a complaints procedure for complaints about the exercise by the SSSC of its functions, and
  - consult with the Care Inspectorate on the exercise by the SSSC of its functions, where appropriate.
8. The SSSC's purpose, strategic aims and objectives, as agreed by Scottish Ministers, are to improve standards of care provided in Scotland and protect the people who use services by:
- strengthening and supporting the professionalism of the social work, social care and children and young people workforce, through effective regulation and continuing workforce development;
  - raising standards of practice through training and education, and
  - carrying out the functions of the sector skills council, [Skills for Care and Development](#).

## **Governance and accountability**

### **Council Responsibilities**

9. Members of the Council, including the Convener, are non-executives appointed by Scottish Ministers in line with the [Code of Practice for Ministerial Public Appointments in Scotland](#). The Convener and Council Members are accountable to Scottish Ministers and Scottish Parliament and may be required to give evidence to Parliamentary Committees.
10. **The Council has overall responsibility for the delivery of the functions of SSSC**, as set out at paragraphs 7 to 8 above, in accordance with the aims, policies and priorities of the Scottish Ministers. The role of the Council is to provide leadership, direction, support and guidance to ensure the SSSC delivers and is committed to delivering its functions effectively and efficiently and in accordance with the aims, policies and priorities of Scottish Ministers. The Council has corporate responsibility, under the leadership of the Convener, for the following:

- set strategic plans to deliver the functions of SSSC, focusing on how the work of SSSC can most effectively contribute to the achievement of outcomes in the [National Performance Framework](#), [Programme for Government](#) and [Scotland's Economic Strategy](#) in collaboration with the SG and other public bodies;
- regularly scrutinise current and projected performance against the aims, objectives and targets set out in plans and take decisions on remedial action where required;
- ensure that effective governance is established and maintained, including ensuring that any decisions taken are open and transparent and, with support from the Accountable Officer and the Audit and Assurance Committee, ensure that key risks are identified and managed
- set up an Audit Committee chaired by a non-executive Member to provide advice and assurance on the effectiveness of the internal control and risk management systems;
- approval of the annual report and accounts, ensuring these are provided to Scottish Ministers to be laid before the Scottish Parliament;
- promote the efficient, economic and effective use of resources consistent with the principles of [Best Value](#), and regularly scrutinise financial performance and compliance with financial guidance issued by the SG;
- promote the wellbeing, learning and development of staff, provide support and challenge to the Chief Executive on staffing matters and ensure that SSSC meets staff management responsibilities described in the section below;
- (in reaching decisions) taking into account relevant guidance issued by Scottish Ministers;
- ensuring receipt of and reviewing regular financial information concerning the management and performance of the SSSC and is informed in a timely manner about any concerns regarding the activities of the SSSC;
- appointing, with the approval of Scottish Ministers, the SSSC Chief Executive and, in consultation with SG, setting appropriate performance objectives and remuneration package, in line with the [SG Pay Policy for Senior Appointments](#). New contracts for Chief Executives should include a notice period of no more than three months. Where a business case can be made, the notice period may be set at a maximum of six months. In consultation with the SG, appropriate performance objectives should be set which give due weight to the proper management and use of resources within the stewardship of the SSSC and the delivery of outcomes.

11. Specific guidance on how the Convener and Council Members should discharge their duties is provided in appointment letters and in [On Board: A Guide for Board Members of Public Bodies in Scotland](#). Guidance on governance good practice is available in the Scottish Public Finance Manual and from the Sponsor Unit, who may consult the SG Governance and Risk Team. A list of key aspects of governance to consider is included in the section on [Governance and Risk](#) below.

## **Convener Responsibilities**

12. The Convener is accountable to Scottish Ministers and, in common with any individual with responsibility for devolved functions, may also be held to account by the Scottish Parliament. Communications between the SSSC and Scottish Ministers should normally be through the Convener. The Convener is responsible for ensuring that SSSC's policies and actions support Scottish Ministers' wider strategic policies and that its affairs are conducted with probity. In leading the Council, the Convener must:
- ensure all Council members have suitable induction to understand the role and their responsibilities, that the skills and experience of all Council Members are used effectively and that the Council undertakes regular self-assessment of its performance;
  - ensure the performance of each Council Member is reviewed at least once per year and that the Council and/or individual Council Members undertake development activity when required to ensure the effectiveness of the Council;
  - in consultation with the Council as a whole, undertake an annual appraisal of the performance of the Chief Executive;
  - ensure that the Council reviews its effectiveness annually;
  - ensure that a [Code of Conduct](#) (aligned to the [Model Code of Conduct for Board Members](#)) is in place, that corporate actions are taken to implement it as required and that Members understand their responsibilities, using the guidance provided by the Ethical Standards Commissioner;
  - work with the Portfolio Accountable Officer or their delegate(s) and the Public Appointments Team in SG on succession planning for the Board, action necessary to fill vacancies as they arise, skills requirements and promoting diversity by encouraging applications from less represented groups, including younger people, people from minority ethnic backgrounds and people with disabilities;
  - ensure that Council Members are trained in financial management and reporting requirements and, as appropriate, on any differences that may exist between private and public sector practice.

## Individual Council Members' Responsibilities

13. Individual Council Members should act in accordance with the responsibilities of the Council as a whole, comply at all times with the Code of Conduct adopted by the SSSC and with the rules relating to the use of public funds and conflicts of interest. (In this context "public funds" means not only any funds provided to the SSSC by Scottish Ministers but also any other funds falling within the stewardship of the SSSC, including trading and investment income, gifts, bequests and donations). General guidance on Council Members' responsibilities is summarised in their appointment letters and is also provided in [On Board: A Guide for Board Members of Public Bodies in Scotland](#).

## Chief Executive Responsibilities

14. The Chief Executive of the SSSC is employed and appointed by the Council with the approval of Scottish Ministers, and is the principal adviser to the Council on the discharge of its functions and is accountable to the Council. The Chief Executive role is to provide operational leadership to staff working for SSSC and to ensure that its aims and objectives are met, the SSSC's functions are delivered, and its targets are met through effective and properly controlled executive action.
15. The specific duties of the Chief Executive will be set out in a job description, and annual objectives will be agreed with the Convener and used in appraisal of the Chief Executive's performance.
16. The Chief Executive's general responsibilities include the performance, management and staffing of the SSSC. General guidance on the role and responsibilities of the Chief Executive is contained in 'On Board' ([On Board: A Guide for Members of Statutory Boards](#)). In addition, the Chief Executive will:
  - advise the Council on the discharge of its responsibilities – as set out in this Framework Document, in the founding legislation and in any other relevant instructions and guidance issued by or on behalf of Scottish Ministers;
  - implement or oversee implementation of the decisions of the Council;
  - work with the Council on preparation of the Strategic Plan, including liaising with the Sponsor Unit on key points which need to be addressed and the timetable for preparation and review, and work with the Council to ensure that business plans are put in place to meet the Strategic Plan aims, objectives and performance measures;
  - lead and manage the staff of SSSC, ensuring their wellbeing, learning and development are prioritised, and ensuring that the staff management responsibilities set out in the section below are addressed;
  - manage the budget for SSSC in line with Scottish Government Finance guidance, policies and procedures, including the Scottish

Public Finance Manual, and advise the Council on financial implications of all Council decisions, ensuring that appropriate financial appraisal and evaluation techniques are followed as per the [Appraisal and Evaluation](#) section of the SPFM;

- advise the Council on the performance of the SSSC compared with its aims and objectives;
- agree with the Council and the Portfolio AO what information is required to enable the Council and SG to scrutinise the performance of SSSC and progress against overall strategic and business plan aims and objectives, and ensure that the agreed information provided is both accurate and timely;
- appoint their Executive Team to handle management of the day-to-day relationship with the Sponsor Unit, with other SG officials who have an interest in the work of SSSC and other key stakeholders, including staff of other public bodies;
- ensure that the SSSC adheres, where appropriate, to SG's [Programme and Project Management Principles](#);
- have robust performance and risk management arrangements – consistent with the [Risk Management](#) section of the SPFM – in place that supports the achievement of SSSC's aims and objectives and facilitate comprehensive reporting to the Council, the SG and wider public;
- ensure that adequate systems of internal control are maintained by the SSSC, including effective measures against fraud and theft, consistent with the [Fraud](#) section of the SPFM;
- establish appropriate documented internal delegated authority arrangements, consistent with the [Delegated Authority](#) section of the SPFM;
- ensure that timely forecasts and monitoring information on performance and finance are provided to SG; that SG is notified promptly if over or under spends are likely and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the SG in a timely manner.

17. In advising the Council, the Chief Executive will ensure that the key governance issues highlighted in the section on [Governance and Risk](#) below are addressed.

### **Accountable Officer responsibilities**

18. The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of SG) will designate the Chief Executive of SSSC as the Accountable Officer. The Accountable Officer is personally responsible for the propriety and regularity of the public finances of SSSC and ensuring that



its resources are used economically, efficiently and effectively, as required by [Section 15 of the Public Finance and Accountability \(Scotland\) Act 2000](#).

19. The Accountable Officer may be called to give evidence to the Public Audit Committee of the Scottish Parliament. The responsibilities of the Accountable Officer are set out in the [Memorandum to Accountable Officers for Other Public Bodies](#) in the Scottish Public Finance Manual. These include:
  - ensuring the propriety and regularity of the SSSC's finances and that there are sound and effective arrangements for internal control and risk management;
  - ensuring that the resources of SSSC are used economically, efficiently and effectively and that appropriate arrangements are in place to secure [Best Value](#) and deliver Value for Money for the public sector as a whole;
  - ensuring compliance with relevant guidance issued by Scottish Ministers, in particular the [SPFM](#) and [SG Pay Policy](#);
  - signing the annual accounts and associated governance statements, and,
  - a statutory duty to obtain written authority from the Council/Convener before taking any action which is considered inconsistent with the proper performance of the Accountable Officer functions. The Accountable Officer should also notify the relevant Portfolio Accountable Officer.
20. It is important for the Convener and Council members to recognise that one aspect of these duties is the requirement under [Section 15\(8\) of the Public Finance and Accountability \(Scotland\) Act 2000](#), where the Accountable Officer considers that any action they are required to take is not consistent with their Accountable Officer responsibilities, they must obtain written authority from the Board. A copy of the written authority must be sent to the Auditor General for Scotland as soon as possible and sent to the Clerk of the Public Audit Committee. The Accountable Officer should consult the Portfolio Accountable Officer before seeking written authority from the Council in these circumstances and should always notify the Portfolio Accountable Officer when such a written authority has been issued.
21. The Chief Executive must combine their Accountable Officer responsibilities to the Scottish Parliament with their wider responsibilities to the Council. The Council and Convener should be fully aware of, and have regard to, the Accountable Officer responsibilities placed upon the Chief Executive, including the statutory duty described above.

### **Scottish Ministers responsibilities**

22. Scottish Ministers appoint the Convener and Council Members and hold the Council to account for the performance of SSSC and its use of resources. Ministers are ultimately accountable to the Scottish Parliament for ensuring that the Council is discharging its duties effectively, although the Parliament

will scrutinise the performance of SSSC directly as it does with all public sector bodies. Scottish Ministers are not directly responsible for the operation of SSSC.

23. Scottish Ministers will:

- agree the SSSC's strategic aims, objectives and key targets as part of the corporate planning process;
- agree the budget for SSSC and the associated grant in aid requirement, and secure the necessary Parliamentary approval;
- approve the [Code of Conduct of the SSSC Council](#);
- approve pay remits or proposals and superannuation arrangements for the staff, Chief Executive, Convener and Council Members;
- lay the accounts of SSSC before the Scottish Parliament;
- carry out responsibilities specified in the Act, relevant Regulations and SG guidance;
- approve appointments to the SSSC's Council, the terms and conditions of Council Members, and appointment of the Chief Executive; and approval of the [Strategic](#) Plan.

### **Portfolio Accountable Officer responsibilities**

24. The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of SG) will designate the Director-General Education and Justice as the Accountable Officer (AO) for the SG portfolio budget which will provide funding for the SSSC. The Portfolio AO remains personally answerable to the Scottish Parliament for the effectiveness of sponsorship activity.

25. The Portfolio AO's duties are to establish a framework for the relationship between SG and the SSSC, oversee the operation of that framework, ensure the public appointments to the SSSC are made appropriately and ensure that appropriate assurance is provided on the performance and governance of the SSSC. These activities are known collectively as '**sponsorship**'. In practice, the Portfolio AO is likely to delegate some or all sponsorship duties to a Director or Deputy Director or other SG officials in a 'Sponsor Unit'. The responsibilities of a Portfolio Accountable Officer are set out in detail in the [Memorandum to Accountable Officers for Parts of the Scottish Administration](#).

26. The Portfolio AO will:

- ensure the Framework Document is agreed between Scottish Ministers and the Council of SSSC, reviewed regularly and oversee the operation of the roles and responsibilities set out;
- ensure that financial and other management controls being applied by SSSC are appropriate and sufficient to safeguard public funds and

conform to the requirements both of propriety and of good financial management;

- in line with the [Code of Practice for Ministerial Appointments](#), ensure that public appointments are made in good time and secure appropriate skills, experience and diversity amongst Council members, working with the Convener on succession planning; that there is effective induction for new appointees; and ensure that there is regular review and a formal annual appraisal of the performance of the Convener;
- support regular and effective engagement between SSSC and the relevant Scottish Minister(s); and
- ensure there is clear, documented delegation of responsibilities to a Sponsor Unit and that the Council and senior officials of SSSC are aware of these delegated responsibilities.

### **Relationship between Scottish Government and the SSSC**

27. Strategic engagement between SG and SSSC is essential in order that they work together as effectively as possible, to maintain and improve public services and deliver improved outcomes. Specific governance and accountability roles are described in the section above, but more generally, both SG and SSSC will take all necessary steps to ensure their relationship is developed and supported in line with the jointly agreed principles set out in the statement on [Strategic Engagement between the Scottish Government and Scotland's NDPBs](#). This emphasises the need for cooperation and good communication, and particularly early warning from either side about any emerging risk or issue with significant implications for the operation or governance of SSSC.

### **Scottish Government Director and Deputy Director**

28. The Director for Children and Families and the Deputy Director for the Office of the Chief Social Work Adviser have responsibility for overseeing and ensuring effective relationships between the SG and the SSSC. This includes supporting alignment of the SSSC's business to the SSSC's purpose and [National Outcomes](#) and high performance by the SSSC. They will work closely with the SSSC's Chief Executive and be answerable to the Portfolio Accountable Officer for maintaining and developing positive relationships with the SSSC, characterised by openness, trust, respect and mutual support. They will be supported by the Sponsor Unit in discharging these functions. The Deputy Director shall be responsible for assessing the performance of the Council's Convener, at least annually.

### **Sponsor Unit responsibilities**

29. The SG Sponsor Unit for the SSSC is the Office of the Chief Social Work Adviser (OCSWA) and is the normal point of contact for the SSSC in dealing with SG. The unit, under the direction of the Deputy Director, is the primary source of advice to Scottish Ministers on the discharge of their responsibilities in respect of the SSSC, and undertakes delegated responsibilities from the

Portfolio Accountable Officer. In addition to ensuring that the arrangements in this Framework Document operate effectively, specific responsibilities include:

- discharging sponsorship responsibilities in line with the principles and framework set out in the document [Public Bodies Strategic Engagement: Guidance](#) and ensuring that sponsorship is suitably flexible, proportionate and responsive to the needs of Scottish Ministers and the SSSC;
- ensuring key actions and decisions agreed are documented and implemented, including ensuring SG teams implement any agreed actions;
- arranging for the appropriate portfolio Minister to meet with the SSSC/Council on an annual basis as part of their statutory duties;
- managing public appointments, ensuring these are made timeously and in accordance with the [Code of Practice for Ministerial Appointments to Public Bodies in Scotland](#);
- proportionate monitoring of SSSC's activities through an adequate and timely flow of appropriate information, agreed with SSSC, on performance, budgeting, control and risk management;
- addressing in a timely manner any significant problems arising in the SSSC by alerting the Portfolio Accountable Officer and the responsible Minister(s) where it is considered appropriate;
- ensuring that the objectives of the SSSC and the risks to them are properly and appropriately taken into account in the SG's risk assessment and management systems, and
- informing the SSSC of relevant SG policy in a timely manner.

## **SSSC staff management**

### **Broad responsibilities for the SSSC's staff**

30. The Chief Executive, challenged and supported by the Council, has responsibility for the recruitment, retention and motivation of its staff. The broad responsibilities toward staff are to ensure that:
- HR policies, practices and systems comply with employment and equalities legislation, and standards expected of public sector employers;
  - the level and structure of its staffing, including grading and staff numbers, are appropriate to its functions and the requirements of economy, efficiency and effectiveness (subject to the SG [Pay Policy for Staff Pay Remits](#));
  - the performance of staff at all levels is regularly appraised and performance management systems are reviewed from time to time;

- staff are encouraged to acquire the appropriate professional, managerial and other expertise necessary to achieve the SSSC's objectives;
- proper consultation with staff takes place on key issues affecting them, as appropriate, including working in partnership with trade unions;
- effective grievance and disciplinary procedures are in place and ensures that staff know where to access these and how to use them;
- effective whistle-blowing policy and procedures consistent with the [Public Interest Disclosure Act 1998](#) are in place and ensures staff know where to access these and how to use them; and
- a [Code of Conduct for Staff](#) is in place based on the [Model Code](#) for Staff of Executive NDPBs.

### **Pay and conditions of service**

31. SSSC will comply with [SG Pay Policy](#) in relation to staff and the Chief Executive. The Chief Executive will ensure that a pay remit, in line with the [SG Pay Policy for Staff Pay Remits](#), is submitted to the SG for approval in line with the timetable notified and negotiate a pay settlement within the terms of the approved remit. This should normally be done annually, unless a multi-year deal has been agreed. Payment of salaries should also comply with the [Tax Planning and Tax Avoidance](#) section of the SPFM. Proposals on non-salary rewards will comply with the guidance in the [Non-Salary Rewards](#) section of the SPFM.
32. SSSC will also seek appropriate approval under the SG [Pay Policy for Senior Appointments](#) for the Chief Executive's remuneration package prior to appointment, annually or when a new appointment or change to the remuneration package is being proposed.

### **Pensions, redundancy and compensation**

33. Superannuation arrangements for staff are subject to the approval of Scottish Ministers. SSSC's staff will normally be eligible for a pension provided by the [Local Government Pension Scheme](#) (LGPS). Staff may opt out of the occupational pension scheme provided, but the employers' contribution to any personal pension arrangement, including stakeholder pension, will normally be limited to the national insurance rebate level.
34. Any proposal by SSSC to move from existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the prior approval of Scottish Ministers. Proposals on compensation payments will comply with the [Settlement Agreements, Severance, Early Retirement and Redundancy Terms](#) section of the SPFM. This includes referral to Scottish Ministers of any proposed severance scheme (for example, a scheme for voluntary exit),

business case for a settlement agreement being considered for an individual, or proposal to make any other compensation payment. In all instances, the SSSC should engage with the Sponsor Unit prior to proceeding with proposed severance options, and prior to making any offer either orally or in writing.

## **Strategic Plan and Operational Plan**

35. The SSSC will prepare a draft a [Strategic Plan](#) every 3 years setting out its strategic aims, objectives and targets over that period, for consideration by Scottish Ministers. When a new plan is to be prepared, the Chief Executive or their delegate will liaise with the Sponsor Unit to agree the key points to be addressed and the timetable for preparation and review. The final, agreed version of the Strategic Plan will be published on the SSSC website.
36. The strategic plan will include SSSC's:
  - purpose and principal aims;
  - contribution to the national outcomes set out in the [National Performance Framework](#), the [Programme for Government](#) and [Scotland's Economic Strategy](#) in collaboration with the SG and other public bodies;
  - analysis of the environment in which it operates;
  - key objectives and associated key performance targets for the period of the plan, and the strategy for achieving those objectives;
  - indicators against which its performance can be judged;
  - details of planned efficiencies, describing how better value for money will be achieved, including through collaboration and use of shared services; and
  - other key points agreed with the Sponsor Unit as described above.
37. The Strategic Plan will inform the development of a separate Annual Operational Plan for each financial year, which will include key targets and milestones for the year immediately ahead, aligned to the [National Performance Framework](#), and be linked to budgeting information so that, where possible, resources allocated to achieve specific objectives can be identified. A copy of the SSSC's Annual Operational Plan will be provided to the Sponsor Unit prior to the start of the relevant financial year. Meetings between the SSSC and SG to monitor progress against planned expenditure will be carried out as part of the normal cycle of the accountability meetings as agreed and undertaken with the Sponsor Unit.
38. The SSSC will operate management information and accounting systems that enable it to review, in a timely and effective manner, its financial and non-financial performance against the strategic outcomes and operational objectives set out in the [Strategic](#) and Operational Plans. The results of such reviews should be reported on a regular basis to the SSSC's Council and copied to the SG. The SG shall assess the SSSC's performance on a continuous basis and undertake a formal internal review at least twice a year.



The responsible Scottish Minister shall meet the SSSC's Convener at least once a year.

39. A timetable for the preparation of the plans is attached in [Annex B](#).

### **Annual report and accounts**

40. The SSSC will publish an annual report of its activities together with its audited accounts after the end of each financial year. The annual report and accounts will cover the activities of any corporate, subsidiary or joint ventures under the control of the SSSC. It will comply with the [Government Financial Reporting Manual](#) (FReM) and outline the SSSC's main activities and performance against agreed objectives and targets for the previous financial year. It is the responsibility of the Chief Executive, as Accountable Officer, to sign the accounts.
41. The accounts will be prepared in accordance with relevant statutes and the specific accounts direction and other relevant guidance issued by Scottish Ministers. Any financial objectives or targets set by Scottish Ministers should be reported on in the accounts and will therefore be within the scope of the audit. Any subsidiary or joint venture owned or controlled by the SSSC shall be consolidated in its accounts in accordance with International Financial Reporting Standards as adapted and interpreted for the public sector context.
42. The SG Sponsor Unit should receive a copy of the annual report for comment by 30 June, and a copy of the draft accounts for information, by 1 October. The final version should be available for laying before the Scottish Parliament by Scottish Ministers by 1 December. SSSC is responsible for the publication of the annual report and accounts after they have been laid by the Scottish Ministers. Whilst the statutory deadline for laying and publishing accounts audited by the Auditor General for Scotland (AGS) is 31 December after the end of the relevant financial year, the Scottish Ministers expect that accounts will be laid before the Scottish Parliament and published as early as possible. The SSSC is responsible for publication of the report and accounts on the SSSC website.

### **External audit**

43. The AGS audits, or appoints auditors to audit, the SSSC's annual accounts and passes them to Scottish Ministers who then lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS. The AGS, or examiners appointed by the AGS, may carry out examinations into the economy, efficiency and effectiveness with which the SSSC has used its resources in discharging its functions. The AGS may also carry out examinations into the arrangements made by the SSSC to secure [Best Value](#). The SSSC will instruct its auditors to send copies of all management reports (and correspondence relating to those reports) and responses to the Sponsor Unit.
44. The AGS, or the AGS's appointed auditors or examiners have a statutory right of access to documents and information held by relevant persons, including any contractors to or recipients of grants from SSSC. SSSC will ensure that this right of access to documents and information is made clear in the terms of

any contracts issued or conditions of any grants awarded and will also use its best endeavours to secure access to any other information or documents required which are held by other bodies.

## **Internal audit**

45. The SSSC will:

- establish and maintain arrangements for internal audit in accordance with the [Public Sector Internal Audit Standards](#) and the [Internal Audit](#) section of the SPFM;
- set up an Audit Committee of its Council, in accordance with the [Audit Committees](#) section of the SPFM, to advise both the Council and the Chief Executive in their capacity as the SSSC's Accountable Officer;
- ensure that the Sponsor Unit and the Portfolio Accountable Officer receive promptly after they are produced or updated: the audit charter, strategy, periodic audit plans and annual audit assurance report, including SSSC's appointed Internal Audit Lead's opinion on risk management, control and governance – and provide any other relevant audit reports as requested by sponsors;
- keep records of, and prepare and forward timeously to the SG, an annual report on fraud and theft suffered by the SSSC and notify the Accountable Officer immediately of any unusual or major incidents.

46. The SG's Internal Audit and Assurance Directorate has an expectation of cooperation and access to relevant material when required, the parameters for which would be set out in an engagement document before information was shared. SSSC should make it clear on their own [Privacy Notice](#) that material may be shared with SG's Internal Audit and Assurance Directorate in certain circumstances.

## **Budget management and delegated authority**

47. Each year the Sponsor Unit will send the Board a Budget Allocation and Monitoring letter, notifying SSSC of budget provision, any related matters and details of the budget monitoring information required. SSSC will comply with the format and timing of the monitoring information requested and with any requests for further information.

48. The statement of budgetary provision will set out the budget within the classifications of resource Departmental Expenditure Limits (RDEL), capital DEL (CDEL) and Ring-fenced (non-cash) (RfDEL) – and, where applicable, Annually Managed Expenditure (AME). These categories are explained in [Annual Budget Processing](#) in the SPFM, and SSSC will not transfer budgetary provision between the categories without the prior approval of the SG Finance Directorate, which should be sought via the Sponsor Unit. Transfers within categories are at the discretion of the Council or, subject to delegated authority, the Chief Executive, if these do not breach any other constraints, for instance the approved pay remit.



49. The SSSC will inform the Sponsor Unit at the earliest opportunity if a requirement for Annually Managed Expenditure (AME) budget is identified. The SG should also be advised in the event that estimated net expenditure is forecast to be lower than budget provision.
50. Where budgetary provision includes projected income, including any income from disposal of non-current assets, the Chief Executive will ensure that the SG Finance Directorate and Sponsor Unit are made aware promptly of any forecast changes in income – usually via the monthly budget monitoring statement. The Scottish Ministers expectation is that any shortfall in income will be offset by a matching reduction in gross expenditure, and prior approval from the SG Finance Directorate and the Sponsor Unit must be sought for any alternative arrangement. Similarly, if income is higher than originally projected, this may only be used for additional spending or to meet pressures with the prior approval of the SG Finance Directorate and Sponsor Unit. Failure to obtain prior approval for the use of excess income to fund additional expenditure may result in corresponding reductions in budgets for the following financial year. The only exception is where the income is from gifts, bequests and donations but this must be spent within the same financial year as the receipt. In any event, income from all sources and all planned expenditure should be reflected in the monthly budget monitoring statement.
51. SSSC's specific delegated financial authorities – as agreed in consultation between the Council and Scottish Ministers – are set out in [Annex A](#). The Council will obtain the prior written approval from the Sponsor Unit and SG Finance before entering into any undertaking to incur any expenditure that falls outside these delegations, and before incurring expenditure for any purpose that is or might be considered novel, contentious or repercussive or which has or could have significant future cost implications.

## **Governance and Risk**

52. Guidance on governance requirements is available in several documents referred to earlier in this framework document:
- [the Scottish Public Finance Manual](#) (SPFM)
  - [the Audit and Assurance Committee Handbook](#)
  - [On Board - A Guide for Members of Statutory Boards](#)
53. If in any doubt about a governance issue, the Convener or Chief Executive should consult the Sponsor Unit in the first instance, and the Sponsor Unit may in turn consult the SG Public Bodies Unit, the SG Governance and Risk Branch and/or other teams with relevant expertise.
54. The Council and Chief Executive are advised to pay particular attention to guidance on the following issues.

## **Risk management**

55. SSSC must develop an approach to **risk management** consistent with the [Risk Management](#) section of the Scottish Public Finance Manual and establish

reporting and escalation arrangements with the Portfolio Accountable Officer or Sponsor Unit.

56. The Council should have a clear understanding of the key risks, threats and hazards it may face in the personnel, accommodation and cyber domains, and take action to ensure appropriate **organisational resilience**, in line with the guidance in: [Preparing Scotland - Having and Promoting Business Resilience](#) and the [Public Sector Cyber Resilience Framework](#).

## Internal control

57. The Council should establish **clear internal delegated authorities** with the Chief Executive, who may in turn delegate responsibilities to other members of staff and establish an **assurance framework** consistent with the [internal control framework](#) in the SPFM.
58. **Counter-fraud** policies and practices should be adopted to safeguard against fraud and theft - see the [Fraud](#) section of the SPFM.
59. Any **major investment programmes or projects undertaken** should be subject to the guidance in the [Major Investment Projects](#) section of the SPFM and in line with delegated authorities. The Sponsor Unit must be kept informed of progress on such programmes and projects and Scottish Ministers must be alerted to any developments that could undermine their viability. ICT investment plans must be reported to the SG's Office of the Chief Information Officer.
60. SSSC must comply with the requirements of the [Freedom of Information \(Scotland\) Act 2002](#) and ensure that information is provided to members of the public in a spirit of openness and transparency. SSSC must also register with the [Information Commissioners Office](#) and ensure that it complies with the [Data Protection Act 2018](#) and the General Data Protection Regulations (GDPR).

## Budget and finance

61. Unless covered by a specific delegated authority, **financial investments** are not permitted without the prior approval of the Sponsor Unit and SG Finance. This includes equity shares in ventures which further the objectives of the SSSC. The SSSC shall not invest in any venture of a speculative nature.
62. Non-standard **tax management** arrangements should always be regarded as novel and/or contentious and must therefore be approved in advance by the Portfolio Accountable Officer and SG Finance. Relevant guidance is provided in the [Tax Planning and Tax Avoidance](#) section of the SPFM. The SSSC must comply with all relevant rules on taxation, including **VAT**, and recover input tax where it is entitled to do so.
63. It is the responsibility of the SSSC to observe VAT legislation and recover input tax where it is entitled to do so. The implications of VAT in relation to procurement and shared services should be considered at an early stage to ensure that financial efficiency is achieved. The SSSC must also ensure that it accounts properly for any output tax on sales or disposals.

64. **Optimising income** (not including Grant-in-Aid) from all sources should be a priority, and the Sponsor Unit should be kept informed about any significant projected changes in income. Novel or contentious proposals for new sources of income or methods of fundraising must be approved by the Sponsor Unit and SG Finance. Fees or charges for any services supplied must be determined in accordance with the [Fees & Charges](#) section of the SPFM. Registration Fees charged by the SSSC are subject to consent by Scottish Ministers in accordance with [Section 57 of Regulation of Care \(Scotland\) Act 2001](#).
65. **Gifts, bequests or donations** received score as income and should be provided for in the agreed resource DEL and capital DEL budgets, but should not fund activities or assets normally covered by SG Grant-in-Aid, trading or fee income, and conflicts of interest must be considered – see the principles in the [Gifts](#) section of the SPFM. Note that this relates to gifts to SSSC - gifts to individuals are covered in the [Model Code of Conduct](#) and [Code of Conduct for Members](#).
66. Borrowing cannot be used to increase the SSSC's spending power. All borrowing– excluding agreed overdrafts – shall be from Scottish Ministers in accordance with the [Borrowing, Lending & Investment](#) section of the SPFM.
67. Any lending must adhere to guidance in the [Borrowing, Lending & Investment](#) section of the SPFM on undertaking due diligence and seeking to establish a security. Unless covered by a specific delegated limit the SSSC must not **lend money, charge any asset, give any guarantee or indemnity, letter of comfort, or incur any other contingent liability** (as defined in the [Contingent Liabilities](#) section of the SPFM), whether or not in a legally binding form, without the approval of the Sponsor Unit and SG Finance. Guarantees, indemnities and letters of comfort of a standard type given in the normal course of business are excluded from this requirement.
68. An accurate and up-to-date record of **current and non-current assets** should be maintained, consistent with the [Property: Acquisition, Disposal & Management](#) section of the SPFM. SSSC is also subject to the [SG Asset Management Policy](#), including the requirement for acquisition of a new lease, continuation of an existing lease, decision not to exercise a break option in a lease or purchase of property for accommodation/operational purposes, to be approved in advance by Scottish Ministers. The Property Controls Team should be consulted as early as possible in this process.
69. Assets should be recorded on the balance sheet at the appropriate valuation basis in accordance with the FReM. Where an asset (including any investment) suffers **impairment**, when there is significant **movement in existing provisions** and/or where **a new provision needs to be created** this should be communicated to the Sponsor Unit and SG Finance as soon as possible to determine the implications for SSSC's budget.
70. Any **funding for expenditure on assets by a third party** should be subject to appropriate arrangements to ensure that they are not disposed of without prior consent and that a due share of the proceeds can be secured on disposal or

when they cease to be used by the third party for the intended purpose, in line with the [Clawback](#) guidance in the SPFM.

71. Unless covered by a specific delegated authority, prior approval from the Sponsor Unit and SG Finance is required before **making gifts or special payments or writing off losses**. Special payments and losses are subject to guidance in the [Losses and Special Payments](#) section of the SPFM. Gifts by management to staff are subject to guidance in the [Non-Salary Rewards](#) section of the SPFM.
72. Unless covered by a specific delegated authority, the SSSC shall not enter into any **financial, property or accommodation related lease arrangements** – including the extension of an existing lease or the non-exercise of a tenant's lease break – without the SG's prior approval from the Sponsor Unit. Before entering or continuing such arrangements, SSSC must be able to demonstrate that the lease offers better value for money than purchase, and that all options of sharing existing public sector space have been explored. Non-property or accommodation related operating leases are subject to a specific delegated authority. There must be capital DEL provision in the budget allocation for finance leases and other transactions which are in substance borrowing.
73. **Procurement** policies should reflect relevant guidance in the [Procurement](#) section of the SPFM and any other relevant guidance issued by the SG's Procurement and Property Directorate. The SG's directory of [SG Framework Agreements](#), is available to support organisations but they should check the Framework Agreement's 'buyer's guide' before proceeding to ensure they are eligible to use the Framework.
74. All matured and properly authorised **invoices** relating to transactions with suppliers should be paid in accordance with the [Expenditure and Payments](#) section of the SPFM wherever possible and appropriate within Scottish Ministers' target of payment within 10 working days of their receipt.
75. SSSC is subject to the SG policy of self-insurance. Commercial **insurance** must however be taken out where there is a legal requirement to do so and may also be taken out in the circumstances described in the [Insurance](#) section of the SPFM - where required with the prior approval of the Sponsor Unit and their Finance Business Partner, subject to the level of inherent financial risk. In the event of uninsured losses being incurred the SG shall consider, on a case by case basis, whether or not it should make any additional resources available to the SSSC. The Sponsor Unit will provide a Certificate of Exemption for Employer's Liability Insurance.
76. Unless covered by a specific delegated authority, or permitted under the [Regulation of Care \(Scotland\) Act 2001](#), SSSC must not provide **grant funding to a third party** without prior agreement from the Sponsor Unit and SG Finance. Guidance on a framework for the control of third party grants is provided as an annex to the [Grant & Grant in Aid](#) section of the SPFM. Subsidy control requirements for any such funding are discussed below.
77. The EU State aid regime was effectively revoked from UK law from 1 January 2021. Following this, subsidy control provisions were covered by the UK-EU

Trade and Cooperation Agreement (TCA) and the UK's international obligations, including various Free Trade Agreements and those arising as a consequence of World Trade Organisation membership. However, a new UK subsidy control regime came into force on 4 January 2023 as a result of UK Government's [Subsidy Control Act 2022](#). Currently, any activity that a public body undertakes itself, or funds other bodies to undertake, that can be offered on a commercial market for goods and services, is subject to the regulations set out in the Subsidy Control Act 2022. A full assessment is required prior to disbursing any funding, subject to the guidance in the [Subsidy Control](#) section of the SPFM.

## Remuneration

78. **Remuneration, allowances and any expenses paid to the Chair and Board Members** must comply with the latest [SG Pay Policy for Senior Appointments](#) and any specific guidance on such matters issued by the Scottish Ministers.
79. **Staff pay, pensions and any severance payments** must be in line with the requirements of Public Sector Pay Policy and the responsibilities described in the section on [NDPB Staff Management Responsibilities](#).
80. All individuals who would qualify as employees for tax purposes should be paid through the payroll system with **tax deducted at source**.

## Banking and cash management

81. **Banking** arrangements must comply with the [Banking](#) section of the SPFM.
82. **Cash management** arrangements need to be addressed as well as overall budget management. Any [Grant in Aid](#) (i.e. the cash provided to SSSC by the SG to support the allocated budget) for the year in question will be authorised by the Scottish Parliament in the annual Budget Act. SSSC will normally receive monthly instalments based on updated profiles and information on unrestricted cash reserves and will not seek any payment in advance of need. SSSC will keep its unrestricted cash reserves held during the year to the minimum level needed for efficient operation and any relevant liabilities which have to be met at the year-end. Grant in aid not drawn down by the end of the financial year will lapse. SSSC will not pay Grant-in-Aid into any restricted reserve it holds.

## Helpful information

83. The Public Bodies Support Unit has produced a register of reporting requirements for devolved public bodies which will help in regard to compliance with certain legislative asks. Copies of the register can be obtained from the [PBSU mailbox](#).

## ANNEX A: SPECIFIC DELEGATED FINANCIAL AUTHORITIES

		<b>Delegated Limit (all delegated limits exclude VAT)</b>
External business and management consultancies		<b>£100,000</b>
Non-competitive action		<b>Lower of £30,000 total contract value or £10,000 per annum</b>
Acquisition of Property Plant & Equipment and intangible assets – capital expenditure		<b>£25,000</b>
Operating leases – other than property/ accommodation related leases		<b>Lower of £50,000 over lease period or £10,000 per annum</b>
Gifts		<b>£200</b>
<b>Special payments:</b>		
Compensation payments (made under legal obligation, i.e. following a pronouncement by a recognised court or tribunal)		<b>£10,000</b>
Ex-gratia payments		<b>£200</b>
Extra–statutory and extra-regulatory payments		<b>£0</b>
Claims waived or abandoned		<b>£2,500</b>
<b>Write-off of bad debt and/or losses:</b>		
Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances, other causes		<b>£3,000</b>
Loss of equipment and property, due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles		<b>£3,000</b>
Irrecoverable debt (limit refers to accumulated irrecoverable debt for a legal entity)		<b>£10,000</b>

## **ANNEX B: TIMETABLE FOR THE SSSC'S ANNUAL OPERATIONAL PLANS AND FINANCIAL RETURNS**

### **The Annual Operational Plan**

1. The first year of the Strategic Plan, amplified as necessary, will form the Annual Operational Plan. The Annual Operational Plan for the year immediately ahead shall be consistent with the agreed Strategic Plan. The Annual Operational Plan shall be updated annually by the SSSC to include key targets and milestones for the forthcoming year, and shall be linked to budgeting information so that resources allocated to achieve specific objectives can be readily identified by the Sponsor Unit. A copy of the Annual Operational Plan will be submitted to the Sponsor Unit for information and comment prior to the beginning of the financial year in question.

### **Timetable for the Plans**

2. The timetable for the preparation of the plans is as follows:

January	Draft outline of plans
February	Discussions with key stakeholders, Council and Sponsor Unit and agreement on core grant with Sponsor Unit
February/March	Council discussion and approval with full plan available to Sponsor Unit
End March	Scottish Ministers to approve

### **Financial statements and returns**

3. The SSSC will provide the Sponsor Unit with:
  - The first of these statements which will be based on the financial position as at the end of April, showing for each of the main budget headings a total of the payments made and any receipts received in the previous month, together with the accumulated net payments to date and the balance of cash remaining available to the SSSC for the year.
  - Financial statements and outturns analyses will be submitted to the Department within 12 working days of the end of the calendar month.



**SCOTTISH SOCIAL SERVICES COUNCIL  
CODE OF CORPORATE GOVERNANCE**



## **Introduction**

We are the regulator of the social service workforce in Scotland. This means that the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce.

As a public sector body, we recognise the importance of best value services that are well-governed and effectively monitored.

The Scottish Social Services Council's Code of Corporate Governance sets out how we are run and how we take decisions to carry out our functions and achieve our Strategic Plan objectives.

It is written in line with the International Framework: Good Governance in the Public Sector principles which are:

- a. behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- b. ensuring openness and comprehensive stakeholder engagement
- c. defining outcomes in terms of sustainable economic, social and environmental benefits
- d. determining the interventions necessary to optimise the achievement of the intended outcomes
- e. determining the entity's capacity, including the capability of its leadership and the individuals within it
- f. managing risks and performance through robust internal control and strong public financial management
- g. implementing good practices in transparency, reporting and audit to deliver effective accountability.

## **Functions of the Scottish Social Services Council (SSSC)**

The Regulation of Care (Sc) Act 2001 ("ROCA") set up the SSSC to regulate social service workers and to promote their education and training. The SSSC protects the public by registering social workers, social care and [early years the children and young people](#) [workforceers](#), setting standards for their practice, conduct, training and education and by supporting their professional development.

## **Non-Departmental Public Body (NDPB)**

The SSSC is a NDPB. This means that while the Scottish Government is ultimately responsible for the SSSC, they appoint a Council of members to lead the SSSC.

The Council approves and has oversight of the achievement of strategic objectives and decides our priorities and how the SSSC will deliver its functions at a strategic level, in line with our statutory functions and requirements of the Scottish Government. The Chief Executive is accountable for operational matters. Besides

ROCA, there are many other legal responsibilities of NDPBs, including the SSSC. [We have a legislative compliance framework which includes a table of legislative requirements, procedures and training of staff on our legal responsibilities.](#)

## **Corporate Governance Framework**

The SSSC has a corporate governance framework which comprises:

- [SSSC Code of Conduct for Members of the SSSC which sets out the ethical standards expected of them](#)
- Executive Framework Document between the Scottish Government and the SSSC which sets out how we operate and defines the responsibilities which underpin our relationship with the Scottish Government. The Scottish Government decides what the powers, duties and responsibilities of the Council, its members, and officers of the SSSC are and has set these out in the Executive Framework Document. These roles and responsibilities are summarised in [the tables one and two](#) in Section Two.
- this Code of Corporate Governance which includes the Standing Orders and terms of reference for the Council and its Committees
- Financial Regulations which provide a framework for the financial management of the SSSC
- Scheme of Delegation which sets out the decision making which the Chief Executive has delegated
- Assurance Map which sets out how we provide oversight and assurance on significant issues such as financial stability and risk
- ~~[SSSC Code of Conduct for Members of the SSSC which sets out the ethical standards expected of them](#)~~
- [Register of Interests](#)
- the Index of Reports lists all reports submitted to the Council and its Committees
- the Index of Policies and Procedures lists policies, procedures and strategies approved by Council and the Executive Management Team (EMT).

## **The Council**

Scottish Ministers appoint a Council (the Council) of between eight and twelve members. At least two members must be registered with the SSSC and at least two members must be either people who use, or have used, care services or care for people who use, or have used, care services (["Council Members"](#)).

The Council provides leadership, direction, support and guidance to the Chief Executive and staff to ensure that SSSC delivers its functions effectively and

efficiently in line with its statutory obligations and strategic objectives.

Section One of this Code of Corporate Governance comprises the Standing Orders for Council and its Committees.

Section Two of this Code of Corporate Governance comprises the terms of reference for the Council and its Committees and contains a table of matters setting out where accountability and responsibility for decision making lies.

## **Committees**

The Council has delegated functions to several Committees. The remits of those Committees are set out in Section Two. From time to time the Council may set up ad hoc committees and working groups ~~to deal with issues as they happen.~~

Audit and Assurance Committee  
Fitness to Practise Committee  
Quality Assurance Sub-Committee  
Employment Appeals Panel  
Training Appeals Panel  
Special Appeals Committee

## **Role of the Chief Executive, Executive Management Team (EMT) and Operational Management Team (OMT)**

The Chief Executive is the Accountable Officer for the SSSC which means they are personally answerable to the Scottish Parliament for the exercise of the SSSC functions. EMT assists them in their role. The Chief Executive is accountable to the Council for all aspects of organisational performance, financial probity, and achievement of strategic objectives.

EMT comprises the strategic directors who are responsible for SSSC operations.

OMT comprises the heads of department who are responsible for day to day operations.

Section Two of this Code provides more detail on the roles and responsibilities of the Convener, Members, Chief Executive, EMT and OMT.

## Section One - Standing Orders for meetings of the Council and Committees

1. The purpose of these Standing Orders is to ensure the orderly and effective conduct of formal meetings of the Council and its Committees.
2. The Head of Legal and Corporate Governance (HLCG) will review the Standing Orders annually with a full review every 3 years.
3. The Council made these Standing Orders under Regulation 9(2) of the Scottish Social Services Council (Appointments, Procedure and Access to the Register) Regulations 2001 (the Regulations). If there is a section in this Code which is inconsistent with the Regulations, then the Regulations apply instead.
- ~~4. Scottish Ministers need to appoint a Council (the Council) of between eight and twelve members. At least two members must be registered with the SSSC and at least two members must be either people who use, or have used, care services or care for people who use, or have used, care services.~~
4. The Scottish Ministers decides the powers, duties and responsibilities of the Council, its members, and officers of the SSSC and have set these out in the Executive Framework Document. The Scottish Ministers and the Council on behalf of the SSSC agree this. These roles and responsibilities are summarised in the tables one and two in Section Two.
5. Regulation 8 of the Regulations allows the Council to appoint Committees and delegate responsibility for carrying out its statutory functions to those Committees. The remits of those Committees are set out in Section Two. From time to time the Council may set up ad hoc committees and working groups to deal with issues as they happen. The Council must consult with the Chief Executive to agree on allocation of resources to support arrangements where Council wishes to delegate responsibility.
- ~~6. An officer may delegate any of their responsibilities under these Standing Orders to another officer to exercise on their behalf and the reference to them shall include this representative.~~
- ~~7. The Convener/Chair is the final authority on the interpretation of the Standing Orders (on which the HLCG will provide advice).~~
8. Authority for decision making falls within the remit of the Council including where delegated by the Council to a Committee, working group or Panel (excepting a Fitness to Practise Panel) or within the responsibility of the Chief Executive including where delegated as detailed in paragraphsection [8275].
9. These Standing Orders come into force on [ ] and any earlier versions are revoked and replaced by these Standing Orders.

### Definitions

10. If thee Standing Orders refer specifically to the Council, then those sections apply only to the Council. If they refer specifically to the Committee then they apply only to the Committee. If they don't specifically refer to either,

then the section applies to both the Council and the relevant Committee.

11. Any reference to Committee shall include sub-committee and panel\_ (excluding Fitness to Practise Panels).
12. Any reference to members shall include Council Members, Fitness to Practise Panel Members and co opted members.

### **Conduct**

13. Council Members are required to observe the SSSC Code of Conduct for Members of the SSSC which follows the Model Code of Conduct for Members of Devolved Public Bodies (2021).
14. Council Members are expected to demonstrate the SSSC values.

### **Education and training**

15. Council Members are required to observe the policies governing the induction, development and appraisal of Council Mmembers.

### **Committees**

16. The Council may convene Committees to assist and advise it in undertaking its responsibilities.
17. The Council approves Terms of Reference for Committees which are chaired by an individual appointed by the Council. The Terms of Reference for each Committee are set out in Ssection Ttwo. The Chair must be appointed from the Council membership. The Chair of a Committee remains accountable to the Council for the performance of that Committee. Only the Council can change the Terms of Reference. The Convener appoints members of Committees (other than the Fitness to Practise Committee), Panels and Working Groups.
18. The Terms of Reference specify the membership of Committees and may include provision for co-option on to the membership of the Committee. Council Mmembers must be in a majority on any Committee apart from the Fitness to Practise Committee. A co-opted member on any Committee will have full voting rights.

### **Ad hoc Committees and Working Groups**

19. The Council may convene ad hoc Committees and working groups to assist and advise it in undertaking its responsibilities.
20. Any such Committees or groups should have Terms of Reference which include ,a clear remit, membership and be time limited. ~~The Terms of Reference should specify membership and~~ may include provision for co-option.

### **Notice of meetings**

21. Before the start of each calendar year the Council will approve a provisional schedule of ordinary meetings of the Council and Committees and the SSSC will publish it on the SSSC website - [www.sssc.uk.com](http://www.sssc.uk.com) (the website).
22. The HLCG will advertise notice of ordinary meetings of the Council on the website at least five working days before the date of the meeting. The notice will include:
  - a. the date, time and venue of the meeting
  - b. the business that will be transacted at the meeting.
23. Meetings may take place online and/or in person and the Standing Orders remain the same. All meetings which allow public access will meet accessibility requirements.
24. The Convener of the Council may call a meeting of the Council at any time. If at least one third of Council ~~M~~members request a meeting in writing to the Convener and the Convener either:
  - a. refuses to call a meeting; or
  - b. without refusing, does not call a meeting within 21 days of the request being presentedthen those members may call a meeting.
25. Notice of any other meeting of the Council will be given in the same way as notice for ordinary meetings.
26. If a meeting has been called using section 18a or b, then no other business other than the business set out in the calling of the meeting can be discussed at the meeting.
27. A failure to deliver the notice to any member does not invalidate the meeting.

### **Dealing with urgent business**

28. If there is urgent business which the Council or Committee must deal with before the next scheduled meeting, then either:
  - a. the Chief Executive, or in their absence a member of the Executive Management Team, may call a meeting with the Convener or the relevant Chair or Vice-chair of the relevant Committee, to deal with that business. The HLCG will arrange the meeting at the earliest opportunity in an appropriate format, or
  - b. correspondence between the members of the Council or Committee will deal with the business.

29. If the business is being dealt with by correspondence, the relevant papers and proposals will be made available in a digital format under arrangements agreed between the Convener and the HLCG. The timescales for responding will be clearly detailed in the communication and- Council Members have a responsibility to make every effort to provide timely response.~~If a member does not respond within the timescale they will be deemed to agree with the proposed course of action.~~
30. The appropriate officer will report back to the next appropriate Council or Committee meeting, setting out the urgent business, its consideration, progress and/or outcome.

### **Agenda for meetings**

31. Advised by the Chief Executive and the HLCG, the Convener/Chair will agree the agenda for a meeting at least fourteen~~fourteen working~~ days before the meeting. It will be made available to members at least seven days before the meeting.
32. Exceptionally and only if the Convener/Chair agrees then the HLCG may make changes to the agenda to deal with urgent business. If an agenda changes, the HLCG will circulate a revised agenda to members or, if not practicable, present it at the start of the meeting. If the meeting is open to the public, the HLCG will advertise the revised agenda on the website.
33. Any member(s) of the Council or Committee may ask for an item to be placed on the agenda of a meeting of the Council or Committee. The member should ask for this at least ten working days before the meeting. The Convener/Chair of the meeting will decide whether to allow the item on the agenda, taking advice from the Chief Executive and the HLCG. If the Convener/Chair decides not to include the item on the agenda, the member will be advised, and the Council or Committee informed during the Convener/Chair's opening remarks.
34. If the agenda includes a member's item, and if the Convener/Chair agrees, the member may present a paper on the item. The HLCG will help the member to prepare the paper in the proper format and to a standard acceptable for a public body.

### **Papers for meetings**

35. The Chief Executive will ensure there are papers for all agenda items at a meeting unless the Convener/Chair agrees that a paper is not needed.
36. The HLCG will provide papers in a digital format to the members at least seven days before the meeting.
37. The HLCG will publish the papers, other than those dealing with the private business of the Council, on the website before the meeting.

38. If papers are not available seven days before the meeting, the HLCG may, with the agreement of the Convener/Chair and the Chief Executive, send them late, provide the paper(s) at the meeting or take the item(s) off the agenda.

### **Minimum number of members for a meeting (quorum)**

39. The Council quorum is made up of the Convener (or in their absence, Deputy Convener or another member picked to preside), the Chair of Audit and Assurance Committee (or in their absence, at least one member of the Audit and Assurance Committee) and at least ~~two other one third of the rest of the~~ Council ~~M~~members.
40. If any Committee meeting cannot reach the quorum because of absence, in exceptional circumstances, the Chair of that Committee may co-opt other Council ~~M~~members to the Committee on a meeting by meeting basis. This provision does not apply to the Fitness to Practise Committee.
41. Participation will usually be in person, but (with the agreement of the Convener/Chair of the meeting) the meeting may take place online and/or members may attend online. If that happens, members will be deemed to be present and to constitute part of the quorum for the purposes of that meeting.
42. The Council or Committee must have a quorum to conduct any business. If at any point, and for any reason, there is not a quorum of members present then the Convener/Chair shall take advice from the HLCG as to the conduct of the business which may include adjournment of the meeting to a later time or date.
43. The Terms of Reference in Section Two sets out the quorum for each Committee.

### **Attendance at Council, Committee, other formal meetings and development sessions**

44. ~~In accordance with paragraph [ ], Council Members are given notice of the dates of meetings that they should attend and they are expected to attend in person unless they have confirmation from permissionthe permission fromwith the Convener/Chair to miss the meeting or attend online.If a Council Mmember fails to attend any Council, Committee, other formal meeting or development session to which they have been invited for a continuous period of three months from the date of the first missed meeting/session or fails to attend at least 50% of these meetings/sessions in person over the course of a year, without permission from the Convener/Chair, the Convener/Chair will advise the Council.If a Council Member fails to comply with these provisions, t~~The Council will decide whether to remove that ~~Council M~~Council Member from the Committee (if appropriate) and will inform Scottish Ministers. The Council may also ask the



Scottish Ministers to remove that Council Member from the Council.

### **Attendance at Council and Committee meetings: SSSC Officers**

45. The Chief Executive is not a Council Member ~~of the Council~~ but will attend Council and the Audit and Assurance Committee meetings. The HLCG will attend Council/Committee meetings to give advice to the Convener/Chair (apart from the Fitness to Practise Committee meeting). Any other management representatives and/or substitutes may attend at the discretion of the Chief Executive.
46. The Chief Executive will ensure that appropriate staff support and service the work of Council and Committee meetings.

### **Admission of the public to Council meetings**

47. Members of the public can attend as an observer any meetings of the Council apart from any meeting or parts of meetings where the type of business means it is private. Committees will conduct their business in private unless there are specific rules which state that they should meet in public.
48. The Council will meet in private when there are overriding reasons for non-disclosure that outweigh any possible public interest. Examples are:
  - a. matters constituting or comprising personal data likely to breach data protection law (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any other relevant law)
  - b. matters relating to named training and education providers or care service providers, if it is likely to affect their credibility and reputation
  - c. matters involving issues of commercial or financial sensitivity or confidentiality
  - d. matters relating to policy or the internal business of the SSSC Council which are for discussion with the Scottish Government or other regulatory or public bodies, before Council approves
  - e. information which may be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC Council
  - f. preparation of documents with future publication dates (unless it is in the public interest for draft documents to be discussed in public)
  - g. Matters relating to relations between SSSC and its employees
  - h. any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.
49. The Convener may, at their discretion, instruct members of the public to withdraw from a public meeting, or part of a public meeting, if:

50. A confidential matter arises in discussion; or it otherwise appears to the Convener to be necessary to do so in the interest of good conduct of the meeting.

~~51. The HLCG may ask a member of the public who disrupts the business of the meeting to leave the meeting after due warning has been given. Re-admission to that or other public meetings held by the SSSC is at the discretion of the Convener/Chair.~~

### **The conduct and approval of business at Council meetings**

51. The Convener will, if present, chair all meetings of the Council. If the Convener is not at the meeting then the Deputy Convener (if appointed) will chair. If the Convener and Deputy Convener (if appointed) are not at the meeting then the HLCG will ask the Council to propose a Council Member to chair the meeting.

52. The Convener is responsible for keeping order and making sure that business is conducted reasonably, fairly, effectively, responsibly and follows the law and any directions from Scottish Ministers.

53. The Convener will ensure that all members get a fair hearing with enough chance to express their views on the business of the meeting. All members will respect and, if necessary, defer to the authority of the Convener.

54. If there is an agenda item that needs the approval of the Council, the Convener will seek the views of members and, if possible, come to a consensus. If the Council canno't come to a consensus or if the Convener decides that coming to a consensus is not appropriate then the Council will take a vote on the business being discussed. A simple majority will decide the vote and the Convener has a substantive and casting vote. A vote may be given by a show of hands, secret ballot or any other method the Convener chooses. A member may dissent from a decision after a vote has taken place and this will be minuted appropriately.

55. If the Council does not make a decision on an agenda item that needs a decision and the consequences would be prejudicial to the continuity of the business of the SSSC, the Council should seek other proposals from the Chief Executive. The Convener may adjourn the meeting or defer the agenda item to another meeting to allow the Chief Executive to reconsider. If, after such reconsideration, the Council is unable to make a decision (whether by consensus or simple majority vote) and the matter remains critical to the continuity of business, the Convener will report to Scottish Ministers and seek their direction.

### **The conduct and approval of business at Committee meetings**

56. These provisions apply to any Committee of the Council except where the conduct of that business is otherwise provided for in Rules approved by the Council with consent of Scottish Ministers.

57. The Chair of the Committee will, if present, chair all meetings of that Committee. In the absence of the Chair, the Vice-chair will preside. ~~In the absence of the Chair and the Vice-chair, the HLCC will ask the Committee to propose a Council Member to preside over the meeting.~~ AMEND
58. The Chair is responsible for maintaining order and ensuring that business is conducted reasonably, fairly, effectively, responsibly and in accordance with the remit of the Committee.
59. The Chair will ensure that all members get a fair hearing with enough chance to express their views on the business of the meeting. All members will respect and, if necessary, defer to the authority of the Chair.
60. If there is an agenda item that needs the approval of the Committee, the Chair will seek the views of members and, if possible, come to a consensus. If the Committee can't come to a consensus or if the Chair decides that coming to a consensus is not appropriate, then the Committee will take a vote on the business. A simple majority will decide the vote and the Chair has a substantive and casting vote. A vote may be given by a show of hands, secret ballot or any other method the Chair chooses.
61. If, after a vote, the Committee is unable to give their approval, the Chair will refer the matter to the Convener who will consider and decide upon the matter. ~~If, after a vote, the Committee is unable to give their approval, the Chair will refer the matter to the Convener of the Council who will consider and decide upon the matter.~~

### **Council and Committee proceedings**

62. Meetings will follow the order of business as outlined in the agenda or as set out by the Convener/Chair at the beginning of the meeting.
63. ~~Council members must comply with the Code of Conduct for Members of the Scottish Social Services Council (the Members Code of Conduct). The Members Code of Conduct is adopted from the Scottish Government's Model Code of Conduct for Members of Devolved Public Bodies and states, particularly, that members must comply with the nine Principles of Public Life.~~
64. ~~The Members Code of Conduct states that M~~members of the Council and Committees must~~need to~~ declare any interests in the business of a meeting. Even if there is not a specific agenda item asking for declarations of interest, each member is responsible for making sure they declare relevant interests. A member declaring an interest should not remain in the meeting nor participate in any way in those parts of meetings where the member has declared an interest. The SSSC Code of Conduct for Members of the SSSC has provisions on declarations of interest which Council Members must adhere to.
65. Agenda items will be supported by papers except where the Convener/Chair

of the meeting has agreed to a presentation instead.

66. The HLCG will circulate copies of any presentations made during a meeting in advance of the meeting with the papers for the meeting except where the Convener/Chair has agreed to copies being provided at the meeting or to an oral presentation. For meetings open to the public, the HLCG will publish presentations on the website as if they were papers.
67. ~~[When an agenda item is addressed, papers will be taken as read. The senior officer responsible for the paper (or author) will have the chance to present the paper. The Convener/Chair will give members the chance to ask questions and make comments. On conclusion of discussion, if approval is required, the Convener/Chair will seek a consensus view or, if necessary, take a vote. The Convener/Chair will conclude an agenda item by making sure all members are aware of the outcome of the discussion.]~~
68. When an agenda item is addressed, papers will be taken as read. The senior officer responsible for the paper (or author) will present the paper. The Convener/Chair will give members the chance to ask questions and make comments. On conclusion of discussion, if approval is required, the Convener/Chair will seek a consensus view or, if necessary, take a vote. The Convener/Chair will conclude an agenda item by making sure all members are aware of the outcome of the discussion.
69. ~~Any private business will normally~~Normally private business will be conducted at the end of an agenda. The Convener/Chair will ask any members of the public to leave. Staff may remain at the discretion of the Convener/Chair.

### **Minutes of meetings**

70. The SSSC will keep a minute of all Council and Committee meetings.
71. The minute will record the members there, anyone else at the meeting, any apologies and members or others joining or leaving the meeting.
72. The minute will record that discussion took place, any points of significance raised and any action/decision.
73. The approval of minute of the last meeting will normally be the first business item of a meeting. If matters of accuracy are raised, any corrections will be recorded in the new minute. If the correction is a significant matter of fact, the old minute will be withdrawn and a corrected minute re-issued. Otherwise, the correction in the new minute will be enough to deal with accuracy.
74. The HLCG will publish minutes of public meetings, once signed, on the website within seven days. Minutes of any confidential business will not be published but a summarised version may, if requested, be made available with the agreement of the Convener.

## Council Offices

75. The Scottish Ministers appoint the Convener of the Council who is accountable to them. The role of the Convener is set out in the Executive Framework between the Scottish Ministers and the SSSC.
76. Other offices of the Council are the Deputy Convener, ~~and~~ the Chairs and Vice-chairs of any ~~sStanding Council~~ Committees.
77. Other than the Convener of the Council, Council Mmembers may hold more than one office. The Chief Executive may not hold any Council office.
78. The Council may nominate a Deputy Convener of the Council from amongst its membership. The Scottish Ministers approve the nomination.
79. The Council appoints the Committee ~~e~~Chairs and Vice-chairs.
80. When there is a vacancy for a Council office (other than the Convener of the Council) the Convener of the Council should present proposals to the Council for filling the office. Any process should allow for fair and equal consideration of members for the office.
81. The Council should review Council offices every three years, coinciding with the cycle of appointments to the Council. If a Council office holder leaves the Council, the office becomes vacant.

## Scheme of Delegation and delegated powers

82. The Chief Executive is authorised, among other things, to carry out the SSSC's day-to-day statutory powers, duties, responsibilities, obligations, and incidental legal and financial functions as set out in the tables one and two in at Section Two. this Code.
83. The Chief Executive may delegate their responsibilities. The Chief Executive remains accountable for the exercise of their responsibilities.
84. The Chief Executive and the Council can, at any time, decide that they wish to have any matter referred to them for consideration. T-he Chief Executive has a responsibility to inform the Council at the earliest opportunity of any matters which may represent a significant regulatory, strategic, legal, or financial risk or any matter that risks undermining trust and confidence in the SSSC.
85. The Council may at any time delegate further authority, reserve matters that have been previously delegated or remove delegated authority for a specific decision or action.
86. The Convener of the Council oversees the day to day work of the Chief Executive on behalf of the Council and may speak publicly on behalf of the Council. Unless specifically delegated by the Council, the Convener shall have no other delegated authority.

87. Individual Council members have no generally delegated authority.
88. Council office holders (other than the Convener of the Council) have no generally delegated authority other than those detailed in the description of the position and Terms of Reference of any Committees that they chair.

#### **Appointment of ~~Chief Executives~~ senior staff where the appointment is reserved by the Council**

89. When there is a vacancy for ~~the Chief Executive position~~ a position where the Council appoints, the Convener of the Council (in consultation with the ~~Head of Human Resources and the Scottish Ministers~~ Chief Executive and the Chair of any Committee with responsibility for human resources and remuneration) should present proposals to the Council for filling the post. Any process should be fair, reasonable and in accordance with employment legislation.

#### **Collective responsibility and confidentiality**

90. The Council and its Committees operate based on collective responsibility for decisions. Members should, if questioned on a matter where a Council or Committee has taken a view, support the position reached.
91. All members ~~of the Council~~ should maintain confidentiality as detailed in the SSSC Code of Conduct for Members of the SSSC and any guidance to that code provided by the HLCG.

#### **Suspension and revision of Standing Orders**

92. The Council may only suspend, vary or revoke these Standing Orders, if the majority of Council Members present agree and only if the Convener of the Council also agrees.
93. Committees have no power to depart from these Standing Orders.
94. Notice of any variation, revocation or addition of these Standing Orders must be given at a Council meeting, with the proposal for variation or revocation or decision to suspend being brought forward at the next meeting of the Council.

#### **Co-opted Members**

95. Where co-options are to be made the Council shall be satisfied that the route used is appropriate, open and fair and that one of the following options are followed:
  - i. Following consultation with the appropriate professional bodies, people with the appropriate background, relevant skills or specialist experience should be nominated by the Convener, or Chairs of the respective Committees or Working Group or the Chief Executive and Lead Officers,

to serve for a limited period. In the case of the Audit and Assurance Committee, this will be no longer than one year. The Convener or appropriate Committee will then make a recommendation to the Council.

- ii. Open competition by advertising the possibility of co-option to Committees shall create the opportunity for interested people with the appropriate background, relevant skills or specialist experience to express interest in participating and getting involved in the work of the Council. In order to ensure that this is a cost-effective option, advertisements will be targeted in specific areas (eg appropriate newsletters) to attract interest from people with relevant experience and skills.

## Section Two – The Council and Committees Terms of Reference

### THE COUNCIL

Owner: Convener

Remit:

**1. Satisfy itself of the continuing achievements of strategic objectives and Best Value**

**2. Review the recommendations, output and performance of the Audit and Assurance Committee:**

- a. at least every quarter
- b. seek assurances/evidence that the requirements of the SPFM have been met
- c. understand material variances between forecasted and actual income/expenditure
- d. set and agree tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted income/expenditure for full year outturn
- f. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
- g. approve/reject reports & raise specific concerns to the Sponsor Department.

**3. Review the performance of the Chief Executive on an annual basis:**

- a. at least every quarter
- b. review against approved financial and operational targets via reports produced by the Chief Executive
- c. understand material changes to the operational environment
- d. understand and approve additions/deletions to strategic risks
- e. advise on changes to the external environment that may affect strategic risks
- f. seek assurance that the risk management plan has been implemented, is regularly reviewed and current
- g. endorse reports/raise specific concerns to the Sponsor Department.

**~~4. Ensure that the requirements of the Scottish Public Finance Manual (SPFM) are being implemented:~~**

- a. by considering the Assurance Report and recommendations of the Audit and Assurance Committee
- b. instructing corrective action where necessary.

**4. Approve the Strategic Plan, Annual Budget, and Financial Strategy and Strategic Risk Register:**



5. Approve SSSC strategies and important corporate policies as set out in the Index of Policies and Procedures(APPENDIX)

6. **Approve the annual report and accounts ~~and endorse the annual report~~ for laying before Parliament.**

7. **Approve the appointment of internal auditors and note the appointment of external auditors**

8. **Carry out annual effectiveness review of the Council**

Function: Approval of and oversight of the achievement of strategic objectives, representing the interests of Scottish Ministers.

Accountability: Total accountability for the performance of the organisation to Scottish Ministers (represented by the Sponsor Department).

What it can do: Appointment of Chief Executive, independent challenge of reports and monitoring information, last resort for poor performance and holds ultimate sanctions on removal of Chief Executive and reporting to Sponsor Department.

What it can't do: Operational decision-making, instructing staff on operational matters, intervening in matters previously approved for delivery.

Quorum/Membership: The Council quorum must be made up of the Convener (or in their absence, Depute Convener or another Council Member picked to preside), Chair of Audit and Assurance Committee (or in their absence, at least one Council Member of the Audit and Assurance Committee) and at least two one-third of the remaining Council Mmembers.

Meeting frequency: Quarterly

## **AUDIT AND ASSURANCE COMMITTEE**

Owner: Chair of Committee

Remit:

### **1. Review the strategic KPI performance section of the Assurance Report:**

- a. at least every quarter
- b. seek assurances/evidence that year end objectives will be met
- c. understand material variances between forecasted and actual income/expenditure
- d. recommend tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted KPI measures for full year
- f. review and endorse/reject management plans for the achievement of objectives
- g. ensure that the monthly profiles of monthly operational outputs are consistent with financial expenditure
- h. endorse report/raise specific concerns to the next Council meeting.

### **2. Review financial monitoring section of the Assurance Report:**

- a. at least every quarter
- b. seek assurances/evidence that the requirements of the SPFM have been met
- c. understand material variances between forecasted and actual income/expenditure
- d. recommend tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted income/expenditure for full-year outturn
- f. review and endorse/reject management plans for the achievement of financial objectives
- g. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
- h. endorse report/raise specific concerns to the next Council meeting.

### **3. Review the Strategic Risk Register/Management Plan report:**

- a. at least every quarter
- b. review strategic risks at the same time as reviewing operational [and](#) financial performance
- c. understand periodic changes to strategic risk items
- d. understand and approve additions/deletions to strategic risks
- e. advise on changes to the external environment that may affect strategic risks
- f. seek assurance that the risk management plan has been implemented, is regularly reviewed and current and assess effectiveness of risk management

- g. endorse report/raise specific concerns to the next Council meeting.

**4. Ensure that the Audit requirements of the SPFM are being implemented and Public Sector Internal Audit Standards:**

- a. ensure that enough resources are made available to the key functions of financial reporting, internal and external audit
- b. recommend to Council on appointment of internal auditors
- c. engage with internal and external auditors on an agreed frequency
- d. approve the internal audit plan and endorse the external audit plan
- e. endorse/raise concerns about audit reports and findings to the Convener/Council
- f. make recommendations to the Chief Executive in line with the findings of internal/external audit reports for actions to be reported to the Council.

**5. Scrutinise internal controls, accounting policies, accounts and annual report of the organisation with recommendations for the Council before submission to Parliament:**

- a. ensure process for review of accounts before submission for audit is appropriate
- b. identify levels of error
- c. endorse/reject management's letter of representation to the external auditors
- e.d. advise Council on the annual governance statement
- d.e. endorse/reject the Annual Report and Accounts for submission to Council.

Function: Advise the Council and the Accountable Officer on strategic processes for risk, internal control environment, governance and the governance statement, anti-fraud policies, whistleblowing processes~~whistleblowing processes~~, arrangements for special investigations, adequacy of management response to operational and financial performance, financial probity and stewardship, management of risk (financial and strategic objectives), ~~and~~ audit findings and effectiveness of audit functions.

Reporting: A written report to Council and Accountable Officer after every meeting, annual report and through minutes to Council.

Accountability: The Council

Access: The Internal Audit lead and the representative of External Audit will have free and confidential access to the Chair of the Committee.

What it can do: Make recommendations to the Council on whether to

approve/reject management reports, instruct management to provide further information/evidence, recommendations to the Council, procure specialist ad-hoc advice subject to budgets agreed by Council or the Accountable Officer.

What it can't do: Intervention in financial management, decision-making on expenditure in approved budgets, contract award in pursuance of approved strategy within the authority of the Chief Executive

Quorum/Membership: The Committee quorum must be made up three Council  
Mmembers including the of the Chair and/or Vice-chair plus  
a minimum of one/two other Council member[s]. The  
Convener of the Council may attend but must not be a  
member or hold voting rights. The membership may include  
co-opted members, subject to the Co-opted Members  
provisions as set out in the Council's Standing Orders.

Meeting frequency: Quarterly

## **FITNESS TO PRACTISE COMMITTEE**

Owner:	Chair of Committee
Remit:	Delegated responsibility to make decisions in terms of the Fitness to Practise Rules 2016 and the Registration Rules 2016 <del>24</del> (No 2) <u>both</u> as amended from time to time ( <u>"the Rules"</u> ). Fitness to Practise Panels are drawn from the membership of the Fitness to Practise Committee and are not members of the Council.
Function:	Independent decision makers for cases in which the suitability for registration either conditionally or unconditionally of a worker is in question.
Accountability:	The Council
What it can do:	Make decisions or take action in accordance with the <del>Fitness to Practise Rules 2016 and the Registration Rules 2016-2024 (No 2).</del> <u>The Chair will provide a report to Council.</u>
What it can't do:	Anything else
Quorum/Membership:	The Committee must be made up of a minimum of twelve members who are not Council members and the Chair. At any meeting of the Committee the quorum must be made up of <del>ten</del> <u>twelve</u> independent members. The membership of Fitness to Practise Panels are set out in the Fitness to Practise Rules.
Meeting frequency:	The full Committee will meet once every three years <del>and-</del> <u>the Chair will provide a report to Council.</u> Panels will meet as required.

## QUALITY ASSURANCE SUB-COMMITTEE

Owner:	Chair of Sub-committee
Remit:	To review Fitness to Practise panel members' decisions.
Function:	To provide assurance to the Fitness to Practise Committee that panel members are competent.
Accountability:	Report to the Fitness to Practise Committee every three years.
What it can do:	Review decisions of hearings, observe and report on hearings, investigate issues relating to panel members' conduct and competence. Addressing each of these with the individuals involved. Making recommendations as to further training where appropriate. Making referrals to the Chief Executive if issues are not capable of resolution.
What it can't do:	Anything else
Quorum/Membership:	The Committee must be made up of at least two members <u>all each</u> of whom must be <u>an</u> existing or previous- <u>legally qualified chair</u> members to SSSC Fitness to Practise Panels. <del>Legally qualified chair members can carry out all functions. Social service and lay members can only carry out the function of observing hearings.</del> The <u>C</u> hair must be an <u>existing or previous</u> legally qualified chair. The quorum is two for any meeting.
Meeting frequency:	The Committee will meet annually.

## EMPLOYMENT APPEALS PANEL

Owner:	Chair of Panel
Remit:	Delegated responsibility to hear and decide on the merits of <del>any</del> appeals <u>referred to the Panel made</u> under the SSSC's <u>relevant Human Resources (HR) policies</u> <del>disciplinary procedures, grievance procedures, dignity at work or any other relevant Human Resources (HR) policy or procedure.</del>
Function:	Appeal mechanism for decisions made <u>under relevant</u> <del>as under specified</del> relevant HR policies <del>and procedures.</del>
Accountability:	The Council
What it can do:	Decide on the merits of appeals <u>referred to the Panel</u> made under SSSC's <u>HR policies.</u> <del>disciplinary policy, grievance procedures, dignity at work or any other relevant HR policy.</del> <u>The Chair will provide a report to Council.</u>
What it can't do:	Anything else
Quorum/Membership:	The Panel must be made up of three <del>Council</del> members. <u>The membership may include co-opted members, subject to the Co-opted Members provisions as set out in the Council's Standing Orders.</u>
Meeting frequency:	As required

## TRAINING APPEALS PANEL

Owner:	Chair of Panel
Remit:	Delegated responsibility to hear and decide on the merits of any appeals made under the Scottish Social Services Council Rules for Social Work Training 2003, Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended from time to time.
Function:	Appeal mechanism for any decisions made by the SSSC on whether or not to approve a course.
Accountability:	The Council
What it can do:	Make decisions or take actions in accordance with the Scottish Social Services Council Rules for Social Work Training 2003, Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended from time to time. <a href="#"><u>The Chair will provide a report to Council.</u></a>
What it can't do:	Anything else
Quorum/Membership:	The Training Appeals Panel quorum is three people, two of which must be Council members and one co-opted member. There must be a Chair, who is a member of the Council.
Frequency:	As required



## **SPECIAL FTP APPEALS COMMITTEE APPEALS PANEL**

Owner:	Chair of Committee
Remit:	Delegated responsibility to hear and decide on the merits of any appeals of decisions to remove a Fitness to Practise Committee member.
Function:	Appeal mechanism for decisions to remove independent Fitness to Practise Committee members from that Committee.
Accountability:	The Council
What it can do:	<p>Hear and decide on the merits of an appeal made by a Fitness to Practise Committee member of any decision to remove them from that Committee. Make recommendations to the Council on whether to:</p> <ol style="list-style-type: none"><li>1. make no order</li><li>2. suspend the member for such period as it sees fit until final resolution of the matter in question</li><li>3. request an undertaking from the member in respect of their future conduct</li><li>4. refer the matter to the police, or other appropriate regulatory authority</li><li>5. terminate the member's appointment.</li></ol>
What it can't do:	Anything else
Quorum/Membership:	The <a href="#">FtP Committee Special Appeals Panel</a> must comprise at least three Council members. At any meeting of the <a href="#">Panel</a> the quorum must be a minimum of three Council members. The membership may include co-opted members, subject to the Co-options provisions set out in the SSSC's Standing Orders.
Meeting frequency:	As required

<b>Table One</b>				
<b>Roles and Responsibilities</b>				
<b>Role</b>	<b>Responsible for</b>	<b>Accountable to</b>	<b>Remit</b>	<b>How/What</b>
Convener	The Council	Scottish Government sponsor/Scottish Ministers	Organisation of the Council, overall accountability for the performance of the organisation, lead role for oversight of governance and Best Value use of public funds, responsible for the performance of the Council.	Review presented information, take all steps necessary to achieve confidence that the information is accurate and robust, inform Chief Executive of strategic direction, review strategic risk management plan, perform Chief Executive performance review, take into account relevant guidance issued by Scottish Ministers.
Members	The Council/Committee performance	Convener/Scottish Ministers	Individually and collectively responsible for bringing independent judgement and scrutiny to decisions taken by the Council. <del>The Non-Executive members must</del> Satisfy	Members should understand the remit and purpose of the Council/Committee on which they sit, they have personal and collective responsibility to ensure that the

			<p>themselves on the integrity of financial information and systems of risk management are robust and defensible.</p> <p>Members are responsible for approving corporate strategies and any policies in which the Council has a clearly defined role to play or which form part of their strategic, financial or corporate governance obligations.</p> <p>Members are, in particular, responsible for approving people management policies which include associated additional costs not contained within the current budget or which propose fundamental changes to terms and conditions of employment.</p>	<p>obligations of that Council/Committee are discharged and to take whatever steps are necessary to ensure that discharge. The remit does not include operational decision-making.</p> <p>Members should constructively challenge and help develop proposals on strategy. They should scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance. They are responsible for appointing and, where necessary, removing the Chief Executive and in succession planning.</p> <p>They must adhere to their Code of Conduct.</p> <p><u>Add in abt. Members should make every effort to attend in person and where this isn't possible seek</u></p>
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				<u>permission from</u> <del>Con</del> provide advance notice to the <del>Convener</del> in advance to <del>that will</del> <del>be attending online.</del>
Chief Executive	SSSC	The Council/Scottish Government Sponsor	Accountable for organisation performance, financial probity and achievement of objectives including securing Best Value.  The Chief Executive will exercise all powers of the Council which have not been retained as reserved to the Council or delegated to a Committee. The Scheme of Delegation identifies which functions the Chief Executive will perform personally and which functions they have delegated <del>to</del> <del>Officers.</del>	Everything and anything operational and not reserved for the Convener/Council, advising the Council on discharge of its responsibilities including compliance with the SPFM and relevant guidance.
Executive Management Team	SSSC operations	Chief Executive	Develop and deliver strategic objectives by the appropriate use of resources, manage risk, develop organisation capability and provide	Contribute to the overall performance management of the SSSC, setting corporate objectives and corporate business planning and

			<p>leadership and direction in the SSSC.</p> <p><u>Forum for decision making by Chief Executive in consultation with EMT. Formal meetings minuted and dissent noted.</u></p>	<p>monitoring organisational performance and risk.</p> <p>Lead and set the strategic direction of the directorates, manage and coordinate their work in line with strategic and operational plan priorities and in line with the SSSC's corporate approach.</p> <p>Set and oversee directorate budgets.</p>
Operational Management Team	Day to day operations	EMT/Line Manager	Deliver operational objectives, budget monitoring and staff management.	<p>Lead and manage corporate planning for the departments and have oversight of the business functions.</p> <p>Set and monitor performance, manage risk and departmental budgets.</p>

<b>Table Two—RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
1	Strategic plan, strategic objectives, outcomes, Priorities and Objectives to meet SG direction	Convener/ The Council	Chief Executive	Scottish Government Sponsor/ Executive Management Team	Operational Management Team
2	SSSC organisation structure, financial resources, delivery model etc are fit for purpose to achieve strategic objectives	Convener/ The Council	Chief Executive	Executive Management Team	Operational Management Team
3	Change in Strategic Direction	Convener/ The Council	Chief Executive	Executive Management Team	Operational Management Team
4	Oversight of Council members (individual and collective) performance and ability to ensure achievement of strategic objectives	Convener	Convener/Chair of Committee	Chief Executive	Scottish Government Sponsor
5	Independent challenge and delivery of assurance that strategic objectives are being/will be met and that appropriate performance monitoring is undertaken	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Executive Management Team

<b>Table Two—RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
6	Independent challenge and delivery of assurance that sufficient financial and risk management is undertaken	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor
7	Oversight of Management of Strategic Risks	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Executive Management Team
8	Oversight of financial probity and operational performance	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor
9	Review of Chief Executive Performance	Convener	The Council	Chief Executive	Sponsor
10	Non-strategic oversight	Chief Executive	Executive Management Team	Convener	The Council
11	Identification and Management of Strategic and Operational Risks	Chief Executive	Executive Management Team	Operational Management Team	The Council
12	Approval of corporate operational policies	Convener/The Council	Chief Executive	Executive Management Team	Sponsor
13	All operational matters, operational performance and delivery mechanisms in pursuance of approved strategic objectives (within approved budget and delegated authority)	Chief Executive	<u>Director Executive Management Team?</u>	Operational Management Team/Head of Department	Executive Management Team
14	SSSC operational model and EMT appropriate to	Chief Executive	Executive Management Team	Convener	The Council

<b>Table Two—RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
	meet strategic objectives and appropriate monitoring of performance is undertaken to ensure this delivery				
15	All procurement within approved budgets	Chief Executive	Executive Management Team	Head of Department	Audit & Assurance Committee



RACI stands for Responsible, Accountable, Consulted, and Informed.

- The people who are Responsible (R) own the work, decision or objective. It is their responsibility to do what needs to be done to achieve delivery of the objective. They have the authority to make decisions which ensure that they can carry out their responsibilities. They may also further delegate those responsibilities. They should seek authority from those accountable at the start of the process and report completion to them. They are responsible for making sure the relevant people are consulted and informed.
- The people who are Accountable (A) are ultimately answerable for completion of the work, impact of decision and completion of objective. They must sign off or approve the status of the work, decision, or completion of objective. They will be held to account for the completion of the work, impact of decision or completion of objective. The responsible people answer to the accountable people for progress. Accountability cannot be delegated.
- The people who are Consulted (C) must give input before the work can be started, completed and/or accepted. They will assist the responsible people by providing constructive challenge, advice and scrutiny on the relevant work, decision, or progress towards completion of objectives. The actual decision sits with those responsible (if within delegated authority) or those accountable (if not within delegated authority).
- The people who are Informed (I) must be kept notified of progress, but they do not need to be consulted. The relevant work, decision or objective may have an impact that they need to know about. They may also need to inform others of the relevant information depending on the decision and their particular role. People who are informed may have to let other people know about the relevant information.

Version history			
Date	Version	Summary of change	Author

**Council and Committee meeting dates and development sessions 2025-28**

**Council: Lead Officer – Chief Executive**

<b>Meeting date</b>	<b>Time</b>	<b>Date documents released to Members</b>
<b>27 March 2025 – budget</b>	<b>Thursday 10am</b>	20 March 2025
<b>*propose change to 25 March 2025 online only</b>	<b>Tuesday 2pm online only</b>	18 March 2025
22 May 2025	Thursday 10am – 1pm	15 May 2025
21 August 2025	Thursday 10am – 1pm	14 August 2025
<b>04 November 2025</b>	<b>Tuesday immediately before Audit and Assurance Committee</b>	28 October 2025
<b>Annual report and Accounts</b>		
27 November 2025	Thursday 10am – 1pm	20 November 2025
26 February 2026	Thursday 10am – 1pm	19 February 2026
<b>23 March 2026 – budget</b>		
<b>*propose change to Thursday 26 March 2026</b>	<b>Thursday 10am</b>	21 March 2026
28 May 2026	Thursday 10am – 1pm	21 May 2026
27 August 2026	Thursday 10am – 1pm	20 August 2026
<b>29 October 2026 ARA</b>	Thursday 10am – 1pm	22 October 2026
11 November 2026	Thursday 10am – 1pm	4 November 2026
25 February 2027	Thursday 10am – 1pm	18 February 2027
<b>25 March 2027 - budget</b>	Thursday 10am – 1pm	18 March 2027
27 May 2027	Thursday 10am – 1pm	20 May 2027
26 August 2027	Thursday 10am – 1pm	19 August 2027
<b>28 October 2027 ARA</b>	Thursday 10am – 1pm	21 October 2027
25 November 2027	Thursday 10am – 1pm	18 November 2027
2 March 2028	Thursday 10am – 1pm	24 February 2028
<b>30 March 2028 - budget</b>	Thursday 10am – 1pm	23 March 2028

**Audit and Assurance Committee: Lead Officer – Laura Shepherd Director of Strategy and Performance**

<b>Meeting date</b>	<b>Time</b>	<b>Date documents released to Members</b>
29 April 2025	Tuesday 10am – 1pm	22 April 2025
29 July 2025	Tuesday 10am – 1pm	22 July 2025
<b>23 September 2025</b>	<b>Tuesday 10am – 1pm</b>	16 September 2025
<b>Annual Report and Accounts</b>		
04 November 2025	Tuesday 10am – 1pm	28 October 2025
03 February 2026	Tuesday 10am – 1pm	27 January 2026
5 May 2026	Tuesday 10am – 1pm	28 April 2026
4 August 2026	Tuesday 10am – 1pm	28 July 2026
<b>29 September 2026</b>	Tuesday 10am – 1pm	22 September 2026
<b>Annual Report and Accounts</b>		
3 November 2026	Tuesday 10am – 1pm	27 October 2026
2 February 2027	Tuesday 10am – 1pm	26 January 2027
4 May 2027	Tuesday 10am – 1pm	27 April 2027
3 August 2027	Tuesday 10am – 1pm	27 July 2027
2 November 2027	Tuesday 10am – 1pm	26 October 2027
8 February 2028	Tuesday 10am – 1pm	1 February 2028

**Fitness to Practise Committee (triennial): Lead Officer – Hannah Coleman, Acting Director of Regulation**

September 2027	Tuesday 10am – 1pm	September 2027
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**Development sessions: Lead Officer – Anne Stewart, Head of Legal and Corporate Governance**

<b>Meeting date</b>	<b>Start time/Topic</b>	<b>Date documents (if any) released to Members</b>
	Wednesday	
19 March 2025	10am - joint with CI pm – SSSC only	12 March 2025
03 April 2025	Thursday - 10am	27 March 2025
26 June 2025	Thursday - 10am	19 June 2025
02 October 2025	Thursday - 10am	25 September 2025
9 December 2025	Tuesday – 9.30am	1 December 2025
15 January 2026	Thursday 10am	8 January 2026
2 April 2026	Thursday 10am	26 March 2026
25 June 2026	Thursday 10am	18 June 2026
1 October 2026	Thursday 10am	24 September 2026
10 December 2026 –	Thursday 9.30am	3 December 2026
14 January 2027	Thursday 10am	7 January 2027
15 April 2027	Thursday 10am	8 April 2027
15 July 2027	Thursday 10am	8 July 2027
14 October 2027	Thursday 10am	7 October 2027
20 January 2028	Thursday 10am	13 January 2028

\* Dates in black type were previously agreed

\* Dates in red type are new proposed dates

<b>Title of Report</b>	Future Proofing Programme report of achievements
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	This report presents the achievements of the Future Proofing Programme to date.
<b>Recommendations</b>	The Council is asked to note the report and appendices
<b>Author</b>	Graeme Henderson Programme Manager
<b>Responsible Officer</b>	Hannah Coleman, Acting Director, Regulation
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>

	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required.
<b>Documents attached</b>	<p>Appendix 1: Future Proofing Programme closure report</p> <p>Appendix 2: Summary of programme achievements</p> <p>Appendix 3: Lessons Learned Report</p> <p>Appendix 4: Summary of programme audit and assurance</p> <p>Appendix 5: Benefits Realisation update</p>
<b>Background papers</b>	<p>Regulation Review Programme (<a href="#">report 07/2021</a>)</p> <p>Future-Proofing Programme Governance Arrangements (<a href="#">report 22/2021</a>)</p> <p>Future Proofing Programme Consultation Report (<a href="#">report 50/2021</a>)</p> <p>Future Proofing Proposals to Council (<a href="#">report 42/2022</a>)</p>

## EXECUTIVE SUMMARY

1. In February 2021 Council approved the establishment of a programme to review our key regulatory functions. These functions were developed when the SSSC was established in 2001 and were designed to allow a gradual process of registering the workforce. Following the conclusion of the planned phases of registration in September 2020 we began to consider how our regulatory functions support our work and the ongoing development of the workforce both now and in the future.
2. In May 2021 Council approved the Future Proofing Programme (FPP), three interconnected projects to review the Register, qualifications and skills and the Codes of Practice. The governance structure approved by Council had oversight over the programme and is detailed from paragraph 46.
3. In November 2021 Council gave authority to consult on our initial proposed changes to the Register and to qualifications and skills.
4. Our vision for the programme was that we wanted being registered with us to be simple and easy to understand, and to make sure that people know about the benefits and value of being registered, and the standards, skills and qualifications needed to deliver high quality care.
5. We carried out significant consultation and engagement with stakeholders. With the support of Scottish Government to make changes to our legislation, we delivered the following (more detail on each and the consultation carried out is contained below):
  - Revised Codes of Practice, a key commitment in the Promise
  - A streamlined structure of our register and continuous registration
  - Reduced timescales to apply for registration
  - More information available on our Public Facing Register (PFR)
  - Flexibility of qualifications
  - A new model of continuous Professional Learning (CPL)
  - A new model of return to practice
  - New practitioner level for Care at Home and Housing Support workers.
6. We launched the revised Codes of Practice on 1 May 2024. We launched the changes to the structure of our register and to qualifications and skills timescales and requirements on 3 June 2024.
7. Formal programme closure documents were presented to the FPP Sponsor Group on 20 November 2024 and closure was approved, effective on 30 November 2024. Papers presented to the Sponsor Group on 20 November 2024 are included as appendices. A summary of the key achievements to



date is provided in this report and further detail of programme achievements is at Appendix 2.

8. Initial feedback from our registrant survey is positive and we realised some of the identified programme benefits immediately at launch. The efficiencies as a result of this work will allow us to make a return on investment after four years. More detail on the programme benefits is at Appendix 5.
9. This report presents the achievements of the programme to date.

## **REVIEW OF THE REGISTER**

10. Our plans to review the register developed over several years. We first explored a review of the register in 2018. Due to the nature of legislation being interlinked with the Care Inspectorate (CI), this work was subsumed by the care definitions work undertaken by CI sponsor team in Scottish Government.
11. The 2020 Programme for Government included a commitment to develop new definitions for registered services and care roles. This work culminated in a report by the Institute for Research and Innovation in Social Services (IRISS) published in November 2021.
12. The key aims of the review of the Register were:
  - To improve the processes for applying for and maintaining registration
  - to ensure our register reflects and supports the way care is delivered both now and in the future
13. to improve public protection by reducing the time it takes to assess an applicant's fitness to practice
  - to ensure our register reflects the professional identity of the workforce
  - to give the public more information on the public facing register /our public facing register provides key registrant information.

## **Reduced number of register parts**

14. The Register structure had developed over the twenty years since we introduced registration for social workers in 2003. We recognised that the structure had to change to better reflect the changing and emerging roles in the sector and to reflect changes in the way services are delivered.
15. The programme introduced a new four-part structure, replacing the previous 23 parts. We successfully moved 178,000 workers onto the new four-part structure in June 2024 and reduced the number of workers on multiple parts of the register from 56,279 in January 2024 to 3,149 in January 2025.

### **Timescales to apply for registration**

16. We believe that through reducing the time required for workers to apply for registration to three months, there will be an increased level of protection for service users.
17. Previously workers knew they had six months to apply and we identified that many workers did not apply when they first started employment. When we began work on this project, workers took on average four and a half months from starting their role to apply for registration.
18. We amended legislation to introduce a new requirement for workers to apply for registration within three months of starting a new role. The requirement to gain registration within six months remains.

### **Public Facing Register (PFR)**

19. We reviewed the position other regulators take when publishing information on their public facing registers (or equivalents). We identified that the biggest difference was how fitness to practise information was published. We published fitness to practise information on a separate page of our website. Our counterpart regulators in other UK countries, along with bodies such as the General Medical Council, all publish fitness to practise information on their PFR.
20. By bringing this information into our PFR, we can improve public protection by making fitness to practise information easier to access. This means we make our register more transparent as well as bringing us in line with equivalent regulators.

### **Continuous registration**

21. We wanted to reduce confusion amongst workers by removing the requirement to renew their registration after three or five years (dependent on their role), and to change the perception amongst some registered workers that registration is simply about paying an annual fee. We wanted to instead focus on the responsibilities of being a registered worker.
22. By requiring workers to complete an annual declaration we will hold more up to date information on workers. We have linked the new continuous professional learning (CPL) process, detailed from paragraph 30 to the annual declaration and therefore we have an opportunity each year to remind workers of their responsibilities as a registered professional.

## **REVIEWING QUALIFICATIONS AND STANDARDS**

23. The review of the register meant that we had to assess the underpinning qualifications to ensure they remained appropriate for any new categories of registration.
24. This also provided an opportunity to consider whether the right role description and qualification levels were in place and consider the time we give to workers to obtain a relevant qualification. We also wanted to identify whether qualifications can support a more moveable, flexible workforce that can work across different settings.
25. The key aims of the review were:
  - to have a qualified workforce with the right skills
  - make qualifications more flexible so that people can move more easily to work in different kinds of services.

### **Flexibility of qualifications**

26. Increased flexibility of qualifications will support improved career pathways and opportunities for the workforce. This approach will support the workforce in meeting service demands and new models of care delivery, particularly for services in remote or rural areas, or those services supporting both adults and children.
27. Where a worker has an existing qualification for their role working in a service for adults, we now accept that qualification when the worker moves to a comparable role within a children's service, providing the role they are moving to has the same SCQF level requirement. Mandatory CPL will be applied. The same applies if a worker looks to move to a comparable role from a children's service to an adult's service. This improves the flexibility of the workforce and allows workers to move more easily between adult and children's roles.
28. In practise this means that, for example, a worker in a children's service with an appropriate SVQ in childcare can use this to move into a role with adults, with a requirement to complete relevant CPL but without needing to gain a further qualification.

### **Timescales for qualification**

29. We reduced the timescale for most new registrants in a function-based register part to gain a required qualification from five years to three years. This will lead to increased public protection and provide reassurance to people who use services and the wider public that workers have the required skills to carry out their roles. This came into effect in June 2024 for children and young people's workers and, following Council approval, will come into effect from June 2025 for workers in adult services.

## **Continuous professional learning (CPL)**

30. By revising our CPL requirements, we can support the workforce to respond to emerging issues more quickly. The revised process moves from recording hours/days and instead focuses on the key skills and knowledge required at key career stages. This in turn supports the workforce to deliver better outcomes for people who use services.
31. We designed and introduced the new model of CPL in collaboration with workers and employers. Our new website (<https://learn.sssc.uk.com/cpl/>) helps workers to identify appropriate training and learning from a range of resources based on their role. Between 3 June 2024 and 16 January 2025, we saw 93,000 visits to the site with 65,500 active users.
32. Through the new annual declaration process (detailed at paragraph 21) we can track how many people meet the requirements and how many are using the resources. We can also see the differences our resources make to workers' practice.

## **Return to practice (RTP)**

33. We wanted to ensure that social workers who wanted to return to practice were fit to do so and that they had up-to-date skills, knowledge and competence. Doing so would bring us in line with other regulators and provide public reassurance that social workers coming back to the workforce remained fit to practice.
34. The new process for social workers is for those returning to practice after two years or more out of the sector, with tiered requirements depending on how long the individual had been away from the profession. As with the CPL model, this was developed in collaboration with workers and employers.
35. By 16 January 2025, 20 social workers had rejoined the register under this process.

## **New practitioner level for Care at Home and Housing Support workers**

36. We introduced a new practitioner level for workers in Care at Home and Housing Support services. This was in response to feedback from the sector to our proposals to change the qualification requirements for support workers from SCQF level 6 to SCQF level 7. Rather than change this requirement, we introduced an additional level to bring this part of the workforce in line with other register parts where practitioner levels already existed. By January 2025, there were over 2,000 housing support practitioners and 1,600 care at home practitioners on the register.

## **REVIEWING THE CODES OF PRACTICE**

37. The aims of the review of the Codes of Practice (Codes) were that:

our Codes reflect the expectations of us as a regulator, the workforce, employers and people who use services.

- our Codes align with health and social care standards
  - our Codes reflect the recommendations of The Promise
  - our Codes support risk enablement and improve professional judgement.
38. We developed the new versions in collaboration with workers and employers, involved a range of stakeholders and gathered views via consultation.
39. Since launching the new Codes, registrants have told us that they reflect best practice and lead to better outcomes for people who use services. 85% of respondents to the most recent registrant survey agreed with that statement. This is an increase from the 70% of registrants agreeing when we surveyed them before launching the revised Codes.
40. Registrants have also told us that the Codes support risk enablement and using professional judgement. 81% of registrants agreed with that statement at the last survey, compared to 58% before we launched the new Codes.
41. Between 1 May 2024 and 16 January 2025 there were:
- over 171,000 visits to our main Codes webpage, 'The SSSC Codes of Practice'
  - over 38,000 downloads of the Codes themselves, including accessible formats such as large text and easy-read versions
  - over 8,200 downloads of posters and 6,000 downloads of postcards.
42. We also sent almost 110,000 concertina-style cards which have a summary of the Codes to workers and employers over that period.

## **CONSULTATION AND STAKEHOLDER ENGAGEMENT**

43. Consultation was held throughout the programme for each of the projects. This took the form of online surveys and in-person and online events. These helped to shape the proposals to Council in November 2022 and development of new resources up to the end of the programme. Across all consultation surveys we received over 7,000 responses and had over 500 attendees at a range of in-person and online events. As we approached go-live for the programme, we held a series of online information sessions for workers and employers.
44. We took a service design approach throughout the programme to ensure that the views of workers and employers were considered when

developing new resources. For example, the development of the new CPL website was carried out in direct collaboration with a group of workers and employers who would be using the service.

45. Alongside extensive engagement through the consultation surveys, events and focus groups, we established a Stakeholder Advisory Group (SAG), which met each quarter.
46. Representatives from all departments of the SSSC were involved within the FPP during the life of the programme.

## **PROGRAMME GOVERNANCE**

47. The programme was set up by our Programme Management Office (PMO), following Scottish Government best practise. The programme sponsor group was chaired by the Chief Executive and made up of the EMT and three members of the Council. This group met quarterly and approved the overall business case and Project Initiation Documentation and received regular decision and progress reports.
48. The project group, who reported to the sponsor group and met monthly, was chaired by the Senior Responsible Officer (the Director of Regulation) with members of the project team from across the organisation. The progress of the programme was reported to this group monthly and any issues or decisions required to be escalated put to the Sponsor Group. Regular reports were presented to Council and highlight reports sent to our Sponsor team at Scottish Government.
49. The digital project work was overseen by the established Digital Programme Board who have authority to make decisions around the progress and spend on digital activity.
50. Project Management Office (PMO) held lessons learned sessions with internal and external stakeholders and also with Executive Management Team (EMT) and Council Members. A summary report is at Appendix 3.
51. We carried out a range of assurance activity throughout the programme. This included internal audit and a series of external gateway reviews carried out by Scottish Government. A summary of these activities is at Appendix 4.
52. Please note that appendices 1 to 4 have not been updated since the review by the FPP governance board and sponsor group and therefore reflect the position as of November 2024. Appendix 5 provides an updated position on benefits realised and partially realised since the programme closed.

## **NEXT STEPS**

- 53. When closed, the outstanding issues and actions reported in Appendix 1 moved to business as usual. All actions outstanding are now complete.
- 54. Updates on the realisation of FPP benefits will be presented as part of the organisational reporting on all benefits.

## **RISKS**

- 55. No specific risks were identified as part of this report.

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

- 57. The systems issue relating to Notices of Decision has been resolved.

## **IMPACT ASSESSMENT**

- 58. Impact Assessments were developed for each workstream during the FPP.

## **CONCLUSION**

- 59. We ask that the Council notes the achievements of FPP set out in this report and appendices.

<b>Project name</b>	Future proofing programme	<b>Project/programme team:</b> <ul style="list-style-type: none"> <li>• <b>Lead</b></li> <li>• <b>Sponsor</b></li> <li>• <b>PMO</b></li> </ul>	<ul style="list-style-type: none"> <li>• Hannah Coleman</li> <li>• Maree Allison</li> <li>• Graeme Henderson</li> </ul>
<b>PWA reference</b>	SSSC02	<b>Author</b>	Graeme Henderson
		<b>Date completed and version number</b>	29/10/2024 V1.0

## 1. Business need

### 1.1 Executive summary

Since opening the Register to social workers in 2003, we gradually introduced registration to other categories of the workforce including people working in early years and children's, adult and older people's social care services. We now have more than 177,000 people on our register.

We knew from feedback from employers and registrants that the structure of the Register was confusing.

Additionally, as social work, social care and early years services and the way people access and use them have changed over the past 20 years, we recognised the need to review qualifications and skills so that the workforce can continue to deliver the kind of high-quality care we want for Scotland.

Council approved the future proofing programme in May 2021. This included three interconnected projects to review:

- the Register
- qualifications and skills
- the Codes of Practice.

In March 2023, the future proofing sponsor group approved scoping work for new groups to be brought into programme scope, following a request from Scottish Government that we undertake this work.



## 2. Scope and deliverables

### 2.1 Key deliverables

<b>Goods or service produced by the project</b>	<b>Proposed date</b>	<b>Actual date</b>
Consultation and review on register and qualifications and skills	April 2022	December 2021 to March 2022
Revised register structure proposal to Scottish Government	November 2022	November 2022
Codes of practice consultation	April 2023	April 2023 to July 2023
CPL/RTP consultations	November 2023	September 2023 to November 2023
Scoping paper for new groups to Scottish Government	January 2024	29 January 2024
Legislative and rule changes	May 2024	27 May 2024
Launch of revised codes	May 2024	1 May 2024
Register redesign and launch	June 2024	3 June 2024
Revised qualifications launch	June 2024	3 June 2024

### 2.2 Milestones

<b>Key event in project plan</b>	<b>Proposed date</b>	<b>Actual date</b>
Sponsor group approval to consult on register and qualifications and skills	13/12/2021	13/12/2021
Register and qualification and skills consultation runs	20/12/2021 – 14/03/2022	20/12/2021 – 28/03/2022
Codes of practice consultation scoping complete	25/04/2022	01/08/2022
Proposal for revised register and qualifications and skills approved by council	24/11/2022	24/11/2022
Sponsor group approval to consult on codes of practice	07/12/2022	15/03/2023
Systems discovery phase complete	19/12/2022	19/12/2022
Systems dev wave 1 complete	31/03/2023	31/03/2023
Codes of practice consultation runs	14/04/2023 – 06/07/2023	14/04/2023 – 06/07/2023

Systems dev wave 2 complete	08/08/2023	08/08/2023
CPL consultation runs	September 2023 – October 2023	25/09/2023 – 03/11/2023
RTP consultation runs	September 2023 – October 2023	25/09/2023 – 03/11/2023
Systems dev wave 3 complete	December 2023	12/12/2023
New Register groups scoping report sent to OCSWA	31/01/2024	29/01/2024
Proposal for revised codes approved by council	February 2024	26/02/2024
Systems dev wave 4 complete	April 2024	05/04/2024
Legislative changes associated with register and qualifications and skills changes completed	May 2024	27/05/2024
Launch revised codes of practice	01/05/2024	01/05/2024
Ministerial launch of revised codes	07/05/2024	07/05/2024
D365, My SSSC, website changes ready for go live	30/05/2024	30/05/2024
Systems downtime for go-live	29/05/2024 – 02/06/2024	28/05/2024 – 02/06/2024
Complete review and rewrite website content – all departments	03/06/2024	03/06/2024
Complete full review and rewrite of documentation – all departments	03/06/2024	03/06/2024
Launch revised register	03/06/2024	03/06/2024
Launch revised qualifications and skills	03/06/2024	03/06/2024
Systems dev hypercare complete	14/06/2024	14/06/2024

### 2.3. Project Plan

<https://ssscdundee.sharepoint.com/sites/pwa/Future%20Proofing/default.aspx>

### 3. Risks and benefits

#### 3.1 Lessons Learned Summary

Lessons learned have been held with stakeholders across the organisation and externally. A full report is at agenda item 4. This will go to Council in February 2025.

#### 3.2 Outstanding Risks

Ref (from RAID log)	Description	Score	Action	New owner
No risks outstanding.				

#### 3.3 Outstanding issues

Ref (from RAID log)	Description	Priority	Action	New owner
29	A number of email and SMS notifications relating to annual declarations, including Notices of Decision, were not received by workers/employers. We have displayed workers as being removed from the PFR in error.	High	We are awaiting legal advice on next steps which we will receive w/c 04/11/24. Thereafter we will convene Council for decision on our approach later in November	Hannah Coleman, Acting Director of Regulation

### 3.4 Benefits realisation

What agreed benefits have been realised to date?

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Expected date	Measure frequency
Customer	Increased accuracy of the register	Increased self-service for customers around payment information	Proportion of customers with access to self-service for payment information	D365	0	100%	June 2024	Once
Customer	Employers and public can find FTP information more easily	Reduced number of searches required to find information	Number of searches required to find information	PFR	2	1	June 2024	Once
Customer	Being registered is simple and easy to understand	Increase in understanding what it means to be registered	Number of people on more than one part	D365	55,910 (at 22/11/23)	5,000	August 2024	Once

Customer	Improved career pathways	Reduced number of qualifications needed for a registrant to change roles from adult to child service/child to adult service	Number of qualifications needed to change roles from adult to child service/child to adult service	D365	2 (ie 1 for adults, 1 for children)	1 (as they will be transfer rable)	August 2024	Once
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What agreed benefits are not yet due to be realised?								
Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Expected date	Measure frequency
Customer	Improve the processes for applying and maintaining registration	The register is more up to date as registrants find it quicker and easier to apply for and maintain registration	Number of calls (proportionate to the numbers on the register) about application form	Five9	4,653 calls received about the application form in 2022/23 FY (6.4% of 72,579 calls)	5% of all calls received	June 2025	Every 6 months
			Number of calls (proportionate to the numbers on the register) about change of details	Five9	10,075 calls received about change of details in 2022/23 FY (13.9% of 72,579 calls)	10% of all calls received	June 2025	Every 6 months
			Registrants and employers report that the process of registering	Registrant survey question "On a scale of 1 to 5, where 1 is	Registrants – 65.0% (5,015) providing a	70% of registrants and 55% of employers	2025/26 survey cycle	Every 6 months



			with the SSSC is easy	<p>'very difficult' and 5 is 'very easy', how easy or difficult do you find the process of registering with the SSSC?"</p> <p>Employer survey question "On a scale of 1 to 5, where 1 is 'very difficult' and 5 is 'very easy', how easy or difficult do your staff find the process of registering with the SSSC?"</p>	<p>response of 4 or 5 (2022/23 survey)</p> <p>Employer survey – 49.5% (55) providing a response of 4 or 5 (2022/23 survey)</p>	report that the process of registering with the SSSC is easy (a score of 4 or 5)		
Customer	Increased accuracy of the register	Reduction in workers being removed for non-renewal who have paid fee	Number of people removed for not completing renewal app	D365	970	0	December 2025	Once
		Reduction in time people could	Number of annual declarations	D365	3/5 years maximum	1 year maximum	December 2025	Once



		potentially be incorrectly registered			based on register part			
		Increase in change of details (personal details, reg part changes, condition updates)	Annual dec/CODs	D365	74,000 (Average number of CODs processed over the last five years)	81,400 (10% increase)	February 2026	Once
Customer	To ensure our register reflects and supports the way care is delivered both now and in the future	Registrants find it quicker and easier to register	Number of registrants on multiple parts	D365	30,610 total registrants registered on multiple parts (19 July 2022; 18.5% of total unique individuals)	10% of register on multiple parts	June 2025	Every 6 months
Customer	To improve public protection by reducing the time it takes to assess a	Workers are registered more quickly	Average time to process an application (app started to app registered, excluding green channel)	D365	34.5 days to process an application (app started to app registered, excluding	10% reduction in time from application processing started to registered	June 2025	Every 6 months





	registrant's fitness to practise				green channel) in 2022/23 FY	(excluding green channel)		
		Reduction in average time from application to registration	Average proportion of applications that go through green channel	D365	31.0% of applications went through green channel in 2022/23 FY	33% of applications through green channel by April 2025	June 2025	Every 6 months
		Reduction in time from employment to application	Average time taken from employment to registration (weeks)	Assurance Report item number 2.1	24 weeks in 2022/23	40% reduction in time taken from employment to registration (weeks)	June 2025	Every 6 months
Customer	To improve public protection by reducing the number of workers who become unregistered when moving roles	Increased public protection	Number of registered workers who are removed as ineligible when telling us about a change of role within the same register part	D365	16,767 (unique individuals)	0	June 2025	Once

Customer	Our register reflects the professional identity of the workforce	Workers feel that they are recognised as professionals	Number of registrants who report that being registered with the SSSC makes them feel recognised as a professional	Question "On a scale of 1 to 5, where 1 is 'not at all' and 5 is 'very much', how much do you feel that being registered with the SSSC makes you feel recognised as a professional?"	Registrants – 55.4% (4,263) providing a response of 4 or 5 (2022/23 survey)	60% of registrants report that being registered with the SSSC makes them feel they are recognised as professionals (a score of 4 or 5)	2025/26 survey cycle	Annually
Customer	Our public facing register (PFR) provides key registrant information	Employers and stakeholders find information on the PFR useful.	Number of employers and stakeholders who report that information on our PFR is useful	Question on PFR webpage: "How useful was the information on this page?" Employer questions: "Have you used the PFR in the last 6 months"  If Yes – "How useful was the information held on the PFR?"	Website survey - 56.3% answered 5 or 4 for how useful the info is (1003)  Employer survey - 34.2% used the PFR in last 6 months (38). Of those,	10% increase in employers and stakeholders who report that information is useful	2025/26 survey cycle	Annually

					37.8% (14) providing a response of 4 or 5 (2022/23 survey)			
Customer	Improved public access to information on qualifications held	Increase in number of social workers listed with specialist qualifications on PFR	Number of social workers recorded as holding a specialist award on PFR	D365	0	100% increase	December 2025	Once
Customer Customer	Being registered is simple and easy to understand	More flexibility for people changing employment	Total number of applications and removals as ineligible	D365	27,932 removals as ineligible; 44,000 applications (2022/23)	16,759 removals as ineligible (40% reduction); 39,600 applications (10% reduction)	December 2025	Once
		Decrease in support needed	Reduction in enquiries (calls/emails/chats) around application/CODs	D365	15,175 contacts (11,860 calls, 717 emails, 2598 chats) about application	12,899 contacts about application form/progress (15% reduction)	December 2025	Once

					form/progress 14,080 contacts (10,581 calls, 2631 emails, 838 chats) about CODs	11,968 contacts about CODs (15% reduction)		
Customer	To have a qualified workforce with the right skills	Through CPL we are responsive to emerging skills needs	Number of employers who report that the SSSC is effective in responding to emerging skills needs	Question "How effective is the SSSC in responding to emerging skills needs"	Employer survey – 31.8% (28) providing a response of 4 or 5 (2022/23 survey)	40% of employers report that SSSC is effective in responding to emerging skills needs	June 2025	Every 6 months
		The workforce have the right skills and qualifications to deliver better outcomes for people	Average length of time from registration start date to qualification condition met date (not including removals within 3 months of gaining)	D365	3.4 years (2022/23)	3 years	June 2027	Annually

		using services	Number of registrants who tell us they have met a qualification condition since registering	D365	7,766 unique individuals (2022/23)	10% increase in number of registrants who tell us they have met a qualification condition since registering	June 2027	Annually
			Number of employers who report that the codes support the workforce to deliver high quality care and better outcomes for people who use services.	Question "How effective are the Codes of Practise for workers in supporting the workforce to use professional judgement to deliver high quality care and better outcomes for people who use services?"	Employer survey – 68.8% (55) providing a response of 4 or 5 (2022/23 survey)	74% of employers report that the codes for workers support workers to deliver high quality care and better outcomes	2025/26 survey cycle	Annually
				Question "How effective are the Codes of Practise for employers in supporting the workforce to use	Employer survey – 74.4% (58) providing a response of 4 or 5	79% of employers report that the codes for employers	2025/26 survey cycle	

				professional judgement to deliver high quality care and better outcomes for people who use services?"	(2022/23 survey)	support workers to deliver high quality care and better outcomes		
			Number of registrants reporting that they have met mandatory CPL requirements	D365 Open badges	95.9% (2022/23)	Maintain existing level of number of registrants meeting CPL requirement  (as we will be increasing frequency and focus)	June 2025	Every 6 months
Customer	Make qualifications more flexible so that people can move more easily to work in different	Increased flexibility through new qualifications and career pathways	Number of employers who report that qualifications are flexible in allowing them to access roles in other services	Employer survey question "On a scale of 1 to 5, where 1 is 'not at all flexible' and 5 is 'very flexible', to what extent are qualifications	Employer survey – 37.9% (33) providing a response of 4 or 5 (2022/23 survey)	48% of employers report that their staff have increased access to roles in	June 2025	Annually

	kinds of services			flexible enough in allowing staff to access roles in other services?"		other services		
		Better transferability of existing skills to support career pathways	Number of registrants reporting that SSSC was flexible in accepting SVQ units for other roles	Registrant survey question "On a scale of 1 to 5, where 1 is 'very inflexible' and 5 is 'very flexible', how flexible was the SSSC in accepting SVQ units gained for registration when you moved roles?"	56.3% (357) providing a response of 4 or 5 (2022/23 survey)	66% of registrants report that the SSSC was flexible in accepting SVQ units for other roles (a score of 4 or 5)	2025/26 survey cycle	Annually
		Improved continuity of care for service users transitioning from children's to adult services	Number of employers reporting an improvement in continuity of care for service users moving from children's to adult services	Employer survey  Question "On a scale of 1 to 5, where 1 is 'not at all flexible' and 5 is 'very flexible', to what extent does the qualification structure help	Employer survey – 23.2% (19) providing a response of 4 or 5 (2022/23 survey)	28% of employers reporting an improvement in continuity of care	2025/26 survey cycle	Once

				support continuity of care for service users moving from children's to adult services?"				
		Increased flexibility through new qualifications and career pathways	Number of registrants on multiple parts with multiple qualification conditions	D365	31,326 total registrants on multiple register parts with multiple conditions as of 18/08/22	0	June 2025	Annually
Customer	People using services are better protected	The workforce are qualified quicker	How quickly the workforce are qualified (average)	D365	Average time between registration date to condition met date. FY 2021/22- 29.1 months FY 2022/23 – 34.6 months FY 2023/24 YTD – 39.9 months	36 months (10% reduction)	June 2029	Once
Customer	Workers are in the right role and get the	People will be registered for the right	Number of people on the new part	D365	0 – the part does not yet exist.	12,951	December 2025	Once



	right recognition	part equivalent to what their role is						
Customer	Workers are more confident and competent in their roles, having the right skills and knowledges at the right points in their careers.	We know workers will have completed the required CPL on an annual basis	The number of workers that tell us that they have met CPL requirements	D365	95.9% (16,867 of 17,587) (FY 2022/23)	Maintain at 95.9% (as we will ask all on the register to provide as part of annual declaration)	December 2025	Annually
		Increase in number of people using our resources	Number of people telling us they are using the resources	D365	3708 (45.95%) answering 'Yes' to 'Have you used any of the SSSC learning resources as part of your continuous professional learning (CPL)?' (22/23 Registrant survey)	15% increase	December 2025	Once

Customer	Those returning to practice will be fit to practice	People are protected because SWs are fit to practice	Number of people returning to SW register after 2 years	D365	0	100%	June 2025	Annually
Customer	Our Codes of Practice reflect the expectations of us as a regulator, the workforce, employers and people who use services	Our Codes reflect current best practice and lead to better outcomes for people who use services	Number of registrants and stakeholders who report that the codes support best practice	<p>Registrant survey question "On a scale of 1 to 5, where 1 is 'not effectively' and 5 is 'very effectively', how effectively do the Codes of Practice (the Codes) reflect current best practice?"</p> <p>Stakeholder survey question "On a scale of 1 to 5, with 1 the lowest and 5 the highest, how would you rate how well the codes reflect current best practice?"</p>	<p>Registrant survey – 70.4% (513) providing a response of 4 or 5 (2022/23 survey)</p> <p>Stakeholder survey – 72.8% (217) providing a response of 4 or 5 (2022/23 survey)</p>	75% of registrants and 78% of stakeholders report that the codes support best practice (a score of 4 or 5)	2025/26 survey cycle	Annually

Customer	Our Codes of Practice support risk enablement and improve professional judgement	Better outcomes for people who use services	Number of registrants and employers who report that the codes support them/the workforce to deliver high quality care and better outcomes for people who use services	<p>Registrant survey questions "How effectively do the Codes support taking proportionate risks?"; "How effectively do the Codes support you in using your professional judgement?"</p> <p>Employer survey question "How effective are the Codes of Practice for workers/employers in supporting the workforce to use professional judgement to deliver high quality care and better outcomes for people who use services?"</p>	<p>Registrant survey – 59.7% (430) providing a response of 4 or 5 (2022/23 survey)</p> <p>Employer survey – 68.8% (55) providing a response of 4 or 5 for workers; 74.4% (58) providing a response of 4 or 5 for employers (2022/23 survey)</p>	<p>Registrant survey: 65% of registrants and 74% of employers report that the codes support taking proportionate risks and that the codes are effective in supporting use of professional judgement (a score of 4 or 5) ; Employer survey 79%</p>	2025/26 survey cycle	Annually
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Customer	Our Codes of Practice align with the health and social care standards and other regulators	Our Codes of Practice are consistent with national standards and wider regulatory requirements	Number of employers reporting that having Codes of Practice aligned with other national standards and requirements has led to a clearer regulatory landscape	<p>Employer survey</p> <p>Question "On a scale of 1 to 5, where 1 is 'not at all well' and 5 is 'very well', how well do the Codes of Practice for workers/employers align with other national standards and requirements?"</p> <p>"On a scale of 1 to 5, where 1 is 'not at all helpful' and 5 is 'very helpful', how helpful are the aligned Codes of Practice for workers/employers in supporting a clearer regulatory landscape?"</p>	<p>72.5% (58) providing a response of 4 or 5 for workers; 75.9% (60) for employers (2022/23 survey)</p> <p>61.3% (49) providing a response of 4 or 5 for workers; 66.3% (53) for employers (2022/23 survey)</p>	<p>77% of employers reporting that having Codes of Practice aligned with other national standards and requirements has led to a clearer regulatory landscape (81%, 66%, 71% for others)</p>	2025/26 survey cycle	Annually
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Financial		Less staff time required to process change of details due to increased automation	Number of change of details requests going through green channel (auto updated) (Cost per call/email/chat (average staff cost x number of contacts))	D365, Five9, Finance resource model	26,192 (23%) (2022/23)	30% saving	Once	December 2025
		Reduction in resource needed	Number of people in roles/teams	Registration /Finance establishment	RA - 15.5 FTE, £31,619 avg cost. TA - 7.6 FTE, £35,198 avg cost.	RA - 7.0 FTE reduction, £141k saving in 2024/25, £234k saving 2025/26 annually onwards  TA - 5.6 FTE reduction, £157k saving 2024/25; £205k saving	Once	December 2024

						2025/26 annually onwards		
						Total saving: £298k 2024/25; £439k thereafter		

If any, what agreed benefits are not currently on track to be realised? Provide any mitigation you have in place?

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Expected date	Measure frequency	Mitigation
All benefits are currently on track.									

Are there any additional benefits (not initially identified) that are expected to be achieved as a result of this project?

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Expected date	Measure frequency
Customer	Employers, workers and representative bodies can help inform the creation, delivery and/or improvement of products, processes or services	Increased direct engagement with a defined group of stakeholders	Increased engagement with stakeholders	SAG meetings	0 - no group existed at beginning of programme	Quarterly SAG meetings	November 2024	Once



#### 4. Costs

##### 4.1 Project budgets

What was the budget for the project?	£884,700 (FY 2022/23) £1,091,800 (FY 2023/24) £302,600 (FY 2024/25 includes approved carry forward of £203,000 from 2023/24)  Total £2,076,100
What was the final budget spent on the project and what is the final budget position?	£2,070,300
Have all invoices been paid?	Yes
Have all ongoing costs been identified, agreed and handed over to BAU?	Yes

#### 5. Stakeholder engagement

##### 5.1 User and stakeholder engagement plan

We have communicated project closure plans with internal stakeholders via programme board and sponsor group meetings, and regular updates via the Teams channel and at weekly project leads meetings. We will seek formal approval from the sponsor group at their meeting on 20 November 2024.

The external Stakeholder Advisory Group have similarly been updated throughout and have been directly involved in discussions about the future of that group post-programme. The final meeting of the group is on 12 November 2024.

##### 5.2 Service Design

Throughout the programme a service design approach was taken.

Examples of this include:

Workshops with stakeholders during the formal consultation period, and thereafter held follow-up workshops (in person and online) to help shape the proposals to Council members in November 2022.

We developed a CPL website in direct collaboration with a group of volunteer stakeholders who would be using the service.

## 6. Handover to operational management

### 6.1 Ongoing maintenance and support

Who is the new owner? (Job role not name of person)	Acting Director of Regulation Acting Director of Workforce, Education and Standards
What support plans have been put in place?	None required
Who trains BAU staff? (Job role not name of person)	No further BAU training required
Has all training and knowledge been delivered to staff?	Yes

### 6.2 Contract management

Confirm operation management has taken ownership of any contracts associated with the new output/product. If 'no' or 'n/a' please provide reasoning.	N/A - no new contracts arising as a result of this work.
Confirm that ongoing contract management is now in place. If 'no' or 'n/a' please provide reasoning.	N/A - as above.
Confirm that a copy of the contract has been sent to the legal team and procurement team if required. If 'no' or 'n/a' please provide reasoning.	N/A - as above. New CPL website did not involve a new contract, however the approved proposal was provided to procurement in November 2023.

### 6.3 Outstanding actions

Ref (from RAID log)	Action	Deadline	New owner
478	Update joint SSSC/CI registration guidance doc	15/11/24	Acting Director of Regulation
517	Provide statistics on the number of workers utilising the new transferability of adult and children's qualifications and what regions are affected most by this.	12/11/24	Acting Head of Registration



525	Prepare communications lines regarding Issue 29 regarding registrants showing as removed from the PFR and send to NG	15/12/24	Acting Director of Regulation; Head of Communications and Policy
527	Receive revised quote regarding CPL sampling requirements from TT	08/11/24	Systems Development Manager
530	Control of refunds should be managed within D365, with workflows developed to allow refund requests to be raised and approved in D365 and appropriate segregation controls developed. Details of approved refunds should then be issued to Finance for processing and confirmation notification written back to D365 confirming when and how the refunds have been issued.	31/03/25	Acting Director of Regulation

#### 6.4 Location of project documentation

Future Proofing Programme - Sharepoint

#### Document revision history

Version	Reason	By	Date
V1.0	First draft	GH	29/10/2024

# **Future Proofing Programme – achievements**

November 2024

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## Introduction

1. We introduced the revised Codes of Practice for workers and employers on 1 May 2024. We followed this with the launch of the following changes on 3 June 2024.
2. We launched:
  - a revised Register structure, including new levels and types
  - a new annual declaration process
  - new qualifications requirements and timescales
  - a new model for CPL and for social workers returning to practice, and a new website for CPL
  - new information on the Public Facing Register.
3. We expect that a range of benefits will be realised as a result of this work over the next year and beyond. We will monitor progress of these over the coming months. Detail of these benefits, including those realised to date, is included in the programme closure report.
4. This report presents a summary of achievements and successes identified through delivery of the programme.

## Changes to the structure of the register

### Reduced number of register parts

5. We successfully moved 178,000 workers on the previous 23 register parts onto the new four-part structure. This makes it easier for workers to move roles as they no longer have to be removed from one part and apply to re-register on another. We can see some of the effects of this already, with 1,711 workers removed due to ineligibility in October 2024 compared to 2,603 in October 2023 - a reduction of 34.2%.
6. This has also resulted in improved clarity for workers and employers as there are fewer workers now on multiple parts of the register. At the end of November 2023 there were 55,910 workers on multiple parts. As of 7 November 2024, this has reduced to 3,325 workers on multiple parts.

### Timescales to apply for registration

7. We amended legislation to introduce a new requirement for workers to apply for registration within three months of starting a new role, and to be registered within six months. Encouraging workers to apply for registration sooner has a positive impact on public protection as well as on outcomes for service users.
8. The proportion of applications received and processed through green channel (without requiring manual intervention by registration staff) increased from 27% between June and October 2023, to 40% between June and October 2024.

### Public Facing Register (PFR)

9. We started to publish additional information on the PFR including information on specialist qualifications and on fitness to practice.
10. We previously published fitness to practice information on a separate area of our website from the PFR. This is now available on the PFR, anyone searching for information on a worker now only needs to visit one area of our site.
11. Having this information in one place makes it easier to find and brings us into line with other equivalent regulators and the information they publish.

### Continuous registration

12. We introduced continuous registration which involves an annual declaration process, replacing the previous 3/5 yearly renewal process. This means that the information we hold on workers is more up to date, which in turn should lead to improved confidence amongst people who use services and the wider public that those on the register are fit to practise.
13. We have linked the new CPL process to annual declaration and therefore we have an opportunity each year to remind workers of their responsibilities as a registered professional.
14. As of 7 November 2024, we have generated almost 83,000 annual declarations since launch on 3 June 2024, and over 63,000 workers have submitted or completed their declaration.

15. We had anticipated around 70%-75% of annual declarations going through the green channel process (without requiring manual intervention by registration staff) but we are consistently seeing over 90%. Between June 2024 and October 2024, we have completed 58,329 annual declarations, with 56,965 going through green channel.

## **Reviewing qualifications and standards**

### **Flexibility of qualifications**

16. Where a worker has an existing qualification for their role working in a service for adults, we now accept that qualification if the worker moves to a comparable role within a children's service - providing the role they are moving to has the same SCQF level requirement. The same applies if a worker looks to move to a comparable role from a children's service to an adult's service. This improves the flexibility of the workforce and allows workers to move more easily between adult and children's roles.
17. In practice this means that, for example, a worker in a children's service with an appropriate SVQ in childcare can use this to move into a role with adults, without needing to gain a further qualification.
18. Where there are any gaps in knowledge, we will require workers to undertake additional continuous professional learning.
19. This also has positive impacts on supporting new models of care, for example in rural and remote areas, while improving career pathways for workers.
20. Flexibility of qualifications will also reduce the demand on training providers as fewer registrants will have a qualification condition.

### **Timescales for qualification**

21. We reduced the timescale for most new registrants in a function-based register part to gain a required qualification from five years to three years. This will lead to increased public protection and provide reassurance to people who use services and the wider public that workers have the required skills to carry out their roles.
22. For workers in adult services, this will come into effect from June 2025. This delay was introduced in response to address issues specific to part of the sector relating to significant ongoing staffing and retention pressures.

### **Continuous professional learning (CPL)**

23. We designed and introduced a new model of continuous professional learning in collaboration with workers and employers. The new CPL model is linked to the annual declaration.
24. By moving away from the previous model of recording hours/days, we focus more on key skills and knowledge needed at specific career stages, for example during induction or when moving roles.
25. To support the new process, we developed a website (<https://learn.sssc.uk.com/cpl/>) which helps workers to identify appropriate training and learning from a range of sources, based on their role. Since we





launched the site in June 2024, we have had almost 75,000 visitors, with around 75% of those (53,000) actively using the site to look for results to their query. Some of the most popular pages include 'Introduction to CPL' (10,637 visits) and 'What counts as CPL (9,710 visits).

### **Return to practice (RTP)**

- 26. We designed and introduced a new process for social workers returning to practice, with tiered requirements depending on how long the individual had been away from the profession. As with the CPL model, this was developed in collaboration with workers and employers.
- 27. The requirements mean that the public can be assured that social workers choosing to return to practice have the competence, skills and knowledge required to carry out their roles.
- 28. Between 3 June 2024 and 7 November 2024, twelve social workers have rejoined the register under the return to practice process. We had estimated that 40 people would be subject to return to practice requirements per year, and we will review this work from July 2025.

### **New practitioner level for Care at Home and Housing Support workers**

- 29. We introduced a new practitioner level for workers in Care at Home and Housing Support services. This was in response to feedback from the sector to our proposals to change the qualification requirements for support workers from SCQF level 6 to SCQF level 7. Rather than change this requirement, we introduced an additional level to bring this part of the workforce in line with other register parts where practitioner levels already existed.
- 30. This change supports career pathways and progression and allows employers to decide on the most appropriate level for their staff, based on their service and the needs of service users.
- 31. As of 7 November 2024, 1,552 housing support practitioners and 1,294 care at home practitioners were on the register.

### **Reviewing the Codes of Practice**

- 32. We revised the Codes of Practice for Employers and for Workers and launched these on 1 May 2024.
- 33. We developed the new versions in collaboration with workers and employers, and also involved a range of stakeholders and gathered views via consultation.
- 34. Between the launch of the Codes and 7 November 2024, with over 137,000 visits to our main Codes webpage, 'The SSSC Codes of Practice' and over 34,000 downloads of the Codes themselves, including accessible formats such as large text and easy-read versions.
- 35. Our concertina card summary version of the Codes is designed as a quick reference for workers and employers. We have sent over 105,600 copies of these to workers and employers between launch and 7 November 2024.
- 36. We also provide a range of supporting materials including posters and postcards for use within services. Between launch and 7 November 2024, there



were over 13,000 downloads of the posters and 7,700 downloads of the postcards.

## Consultation and stakeholder engagement

37. Throughout the programme we sought to engage as widely as possible with a range of stakeholders. We did this across a series of consultation surveys and events and through the establishment of a Stakeholder Advisory Group, which met each quarter.
38. The aim of the Stakeholder Advisory Group (SAG) was to increase our direct engagement with a defined group of stakeholders drawn from across the sector, including from representative bodies and Scottish Government. We held quarterly meetings and the success of these has led to the group becoming a permanent standing group which will help us to inform the creation, delivery and improvement of processes and services across the SSSC. The first formal meeting of the permanent group is scheduled for early 2025.
39. Our first consultation, on our proposals for changes to the structure of the register and to qualifications and skills, ran between December 2021 and March 2022. We recorded over 6,500 responses to this consultation, the highest number of responses we have had to any consultation. As a direct result of the feedback from respondents, we made a number of changes to our proposals, which we presented to Council in November 2022.
40. Our next consultation focused on the Codes of Practice. The consultation survey ran between April 2023 and July 2023 and received over 480 responses. Alongside this, we held six online events and ten in-person events, aimed at gathering views and suggestions from workers and employers on the structure of the proposed draft Codes. The in-person events were held across Scotland and 110 people attended in total, with a further 98 attending the online sessions.
41. Our final formal consultation activity related to our proposed models of CPL and RTP, held between September 2023 and November 2023. Our consultation survey was supported by six online focus groups for the CPL model and three focused on RTP, held in October and November 2023. We received almost 230 responses to the survey, and 315 people attended across the focus groups. Feedback from this helped us to refine the final models before launch.
42. As we approached go-live for the programme, we scheduled online information and Q&A sessions for workers and for employers. These began in late March 2024 and we continued to run them up to and beyond the go-live date, with final sessions held in mid-July 2024.
43. We held 19 sessions at varying times of the day to ensure the widest possible availability for people to attend. Across all events there were 1514 attendees (716 workers, 798 employers) who had the opportunity to ask questions directly to SSSC staff working on the programme. During these sessions we played a pre-recorded summary video, highlighting the key changes the programme would introduce. For those unable to attend a session, we also posted the video on our website alongside a set of frequently asked questions, which we regularly reviewed. We also heard from employers who were using the video within their services as part of their own work to ensure their employees were up to date with the changes.

44. Between September 2024 and October 2024, we used this format to hold 2 sessions on the new CPL model. 242 people attended these events, and we have 1 further session scheduled for 21 November 2024, with potential further sessions in Spring 2025 depending on interest.

## Conclusion

45. The strong level of engagement we saw throughout the programme, from our initial consultations and related events on our early proposals through to the feedback on our draft versions of the Codes of Practice and CPL model, led us to make changes to our proposals in line with feedback from workers, employers and other key stakeholders.
46. We are actively working with the SAG to build on that engagement into 2025/26.
47. We have identified a range of benefits related to each of the projects and we have already realised some of these, in some cases immediately on launch in June 2024. We recognise that the majority of the benefits will take longer to realise and we have a structure in place to ensure that we continue to monitor and report on these regularly as we move into business as usual.
48. We also have a related process in place to make sure we take the lessons learned from this programme into consideration on future projects appropriately, to ensure that these, and lessons learned from the programme are taken into consideration for future projects.
49. As the programme closes, we have a clear plan in place to support ongoing delivery of the changes we have introduced and to build on the successes of the programme.



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<b>Title of Report</b>	Future Proofing Programme Lessons Learned Report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To highlight the key lessons learned from the Future Proofing Programme and highlight recommendations for future projects and programmes.
<b>Recommendations</b>	<p>The Programme board is asked to note</p> <ul style="list-style-type: none"> <li>the contents of the report and the key lessons learned from this programme.</li> <li>to note the actions to address the key themes and recommendations learned from the programme.</li> </ul>
<b>Author</b>	Lesley Small. Programme Management Office Manager
<b>Responsible Officer</b>	Hannah Coleman, Acting Director of Regulation
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: <b>Trusted</b> People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: <b>Skilled</b> Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: <b>Confident</b> Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: <b>Valued</b> The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b> <a href="#">Risks as of 1 April 2024</a>	Risk 4: We fail to provide value to stakeholders and demonstrate our impact.

	Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.
<b>Impact Assessment</b>	An Impact Assessment (IA) was not required. as this is not a policy or procedure.
<b>Documents attached</b>	Appendix A: Future Proofing Lessons Learned
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. Lessons learned are an important part of project management. They help project and programme managers identify and understand what went well and what did not go so well in previous projects and programmes. By capturing these, project and programme managers can develop strategies to avoid repeating them in the future. This helps to reduce risks, improve project outcomes, and ensures continuous improvement.
2. In line with best practice, PMO conducted lessons learned sessions at several points in the programme lifecycle and at the closure of the programme. This report covers the key findings and recommendations from these lessons learned.
3. We will share the lessons learned on the intranet so that they can be used to inform future projects and programmes. We will also communicate a 'you said/we did (or will do)' for the recommendations. Because we captured lessons learned at various points in the programme, we were able to change things based on feedback during delivery and we can make change based on newer recommendations for future projects. Full detail of the recommendations and what did or will do can be found on the recommendations tab of Appendix A.
4. We use lessons learned to inform new business cases and project initiation documents (PID). We ask project leads to identify the top three lessons learned from previous projects that they can apply to their project.
5. Our Planning and Risk Officer also uses previous lessons to help project leads identify risks for new projects.

## **INFORMATION**

6. The following were asked to contribute to lessons learned via surveys and/or lesson learned workshops:
  - Council
  - Executive Management Team
  - Programme Board
  - Sponsor Group
  - Stakeholder Advisory Group (SAG)
  - OCSWA
  - Telefonica Tech (TT) – formerly Incremental Group
  - Project teams
  - Programme Team
  - All members of staff.
7. PMO then categorised and analysed the lessons learned to identify key trends and themes.
8. Because Lessons Learned were captured and reviewed throughout the programme, we were able to make adjustments throughout programme

delivery. These changes are identified in Appendix A as well as recommendations for future changes.

9. The same top three themes were identified in what went well, what didn't go so well, and in the recommendations. These are Communication and Engagement, Programme Management and Governance, and Digital Development. This report will examine these in more detail.
10. It is important to note that lessons learned are the perceptions of stakeholders. Overall, the stakeholder perceptions were that the programme went very well and the comments and recommendations were overwhelmingly positive.
11. Due to the lessons learned being captured anonymously, the context of comments is not always clear so we cannot always know what experience the comments are based on.
12. The full comments are detailed verbatim in Appendix A. The appendix also contains management responses to some comments.

## KEY TRENDS

### What went well

Theme	Number of Comments	%
Programme Management and Governance	50	37.0%
Communication and Engagement	49	36.2%
Digital Development	19	14.1%
Staff Knowledge and Expertise	15	11.1%
Impact on Sector	1	0.7%
Resourcing	1	0.7%
Budget	0	0.0%
Miscellaneous	0	0.0%
<b>Total</b>	<b>135</b>	<b>100.0%</b>

### What didn't go so well

Theme	Number of Comments	%
Programme Management and Governance	67	43.2%
Digital Development	33	21.3%
Communication and Engagement	29	18.7%
Budget	12	7.7%
Resourcing	10	6.5%
Impact on Sector	2	1.3%
Miscellaneous	1	0.6%
Staff Knowledge and Expertise	1	0.6%
<b>Total</b>	<b>155</b>	<b>100.0%</b>



## Recommendations

Theme	Number of Comments	%
Programme Management and Governance	100	57.5%
Digital Development	28	16.1%
Communication and Engagement	21	12.1%
Budget	12	6.9%
Resourcing	8	4.6%
Staff Knowledge and Expertise	3	1.7%
Impact on Sector	2	1.1%
Miscellaneous	0	0.0%
<b>Total</b>	<b>174</b>	<b>100.0%</b>

### THEME 1: PROGRAMME MANAGEMENT AND GOVERNANCE

13. 37% of positive comments were about programme management in comparison to 43% of what didn't go so well and 58% of the recommendations.

#### What went well

	Number of Comments	%
Programme Management	12	24.5%
Implementation	10	20.4%
Governance	8	16.3%
Agile	6	12.2%
Service Design	5	10.2%
Audits and Reviews	4	8.2%
Impact Assessments	2	4.1%
Risk Management	1	2.0%
Benefits Realisation Management	1	2.0%
Reporting	0	0.0%
<b>Totals</b>	<b>49</b>	<b>100.0%</b>

14. The majority of the comments around what went well with our programme management and governance were related to the programme management of the programme (25%). These were all around how well the programme was managed and facilitated.

"Using the PMO approach meant that objectives were set from the start and followed through and that we had a solid framework for the programme."

15. The second highest area was the implementation of the programme (20%) with both SSSC staff finding the planning and execution of the complex

programme was well planned and advance preparation helped with the transition.

"The programme covered so many areas of the SSSC's work, to get it all to come together and be implemented as one programme is a big success."

16. 16% of the programme management and governance comments were the governance of the programme and how effective this was.

"Programme Governance went well. Positive feedback from external reviews and Council about it."

## What didn't go so well

	Number of Comments	%
Agile	23	34.3%
Governance	19	28.4%
Implementation	8	11.9%
Programme Management	7	10.4%
Risk Management	5	7.5%
Audits and Reviews	2	3.0%
Benefits Realisation Management	2	3.0%
Impact Assessments	1	1.5%
Reporting	0	0.0%
Service Design	0	0.0%
<b>Totals</b>	<b>67</b>	<b>100.0%</b>

17. Our approach to working the digital elements of the programme in an Agile way received 34% of the comments around what didn't go so well. Most of the comments (67%) related to how we gathered and managed requirements. This is only four comments in total however. Typically, in an Agile project only a maximum of 60% of requirements are must have requirements; however for future proofing 100% of our requirements were must haves which caused issues when further requirements were identified. Requirements also weren't captured at a more granular detail which led to confusion with Telefonica Tech over what was or was not scope creep.

"All user stories were must have so no ability to descope items from project when new requirements were requested."

"Was there scope creep - was it refinement of user story into more granular detail - came up for debate many times."

18. Governance received 28% of the comments around what didn't go so well. This was mainly around some issues with roles and responsibilities and getting quorate for decisions which were a problem early in the programme. This was rectified early in the programme by revising the

Terms of Reference to allow for decisions by email when appropriate, and changing the quorate requirements.

"Limited availability [initially] of Council members for meetings and making decisions."

19. 12% of the comments were the programme implementation although this accounts for only 8 comments overall. Comments were mainly around the challenges with the website on go live and the impact this had on the phone lines. There was, however, recognition that this was out of our control and that colleagues worked well together to resolve the issues.

"Slow running of the system in the first week affected our volume of calls (and abandoned calls) and increased our emails coming in. There were bugs raised too but I think these were dealt with and reported well with a good system in place so I think these went as well as expected."

## Recommendations

	Number of Comments	%
Agile	28	28.0%
Governance	21	21.0%
Programme Management	16	16.0%
Implementation	15	15.0%
Audits and Reviews	8	8.0%
Benefits Realisation Management	6	6.0%
Risk Management	3	3.0%
Impact Assessments	2	2.0%
Reporting	1	1.0%
Service Design	0	0.0%
<b>Totals</b>	<b>100</b>	<b>100.0%</b>

20. Agile methodology received the most recommendations (28%). The recommendations were mainly around doing full internal Discovery sessions to scope requirements and applying proper prioritisation to user stories and the product backlog during development.

"SSSC to scope more fully, internally, prior to discovery sessions - review what is there, what needs to be there, what works, what doesn't work - what does the business actually need."

"More involvement/facilitation from PM with focus on and review of MOSCOW criteria in relation to development asks."

21. 21% of the recommendations were around governance with 48% of these focusing on roles and responsibilities, although this is only 10 comments overall. In line with what didn't go so well, the recommendations were around ensuring roles and responsibilities are clear across projects and programmes.

“At the start of the programme, setting out clear roles and responsibilities for each member of the team would mean everyone is clear about what is in scope for them.”

22. 16% of the recommendations were around programme management with 69% of these focusing on planning. Themes were around including business critical work in the plans and trying to ensure realistic timelines were in place.

“Some of the decisions were reliant on other organisations and their processes so we need to factor in more realistic and less optimistic timescales.”

### **Next steps**

23. Based on the feedback on the theme of Programme Management there are key actions for projects and programme teams to consider. Some of these have already been actioned or are in progress:

24. Agile methodology

- In any future projects or programmes, PMO will work with the supplier and Systems Development Team to agree what level of granularity is needed in the requirements and to scope these appropriately.
- SSSC's Agile approach is maturing and the PMO now have two AgilePM practitioners. This means PMO are better placed to support the development of user stories and prioritisation of these in a product backlog. The PMO will manage the development of the product backlog on any future Agile projects or programmes.

25. Governance

- The PMO and LCG are looking at introducing training or workshops to help those on programme boards and sponsor groups understand their responsibilities.
- Since the start of FPP, the PMO introduced a project kick-off pack which is used at the start of each project to summarise the governance structure, how the PMO will work with the project team, the roles and responsibilities etc.
- Part of PMO's plan for 2025/26 is to introduce an agile way of working workshop what can be used at the start of any agile project this will include how we work, clear roles and responsibilities etc.

## THEME 2: COMMUNICATION AND ENGAGEMENT

26. 36% of positive comments were about communication and engagement in comparison to 19% of what didn't go so well and 12% of the recommendations.

### What went well

	Number of Comments	%
External	21	42.9%
SAG	8	16.3%
Internal	8	16.3%
Consultation	6	12.2%
Council	5	10.2%
Communications Team	1	2.0%
<b>Totals</b>	<b>49</b>	<b>100.0%</b>

27. The majority of the comments around what went well with our communication and engagement were related to external communication (43%) in particular the engagement events and communication to registrants and employers.

"Programme was complex and challenging and as a registrant and Council member I am appreciative of the excellent communication. Well done and thanks."

28. The joint second highest area was the Stakeholder Advisory Group (16%) with both SSSC staff and SAG members finding the group useful. Due to the success of the SAG we have already created a national SAG that will support the work of the SSSC going forward.

"SSSC are earnest in approach to consultation with all stakeholders (SAG), SSSC staff have a sincerity and there is a willingness to discuss conflicting views and demonstrations of humility in being prepared to further discuss plans and at times revise them. It feels like genuine collaboration."

29. 16% of the communication and engagement comments were around internal communication and how we kept staff informed of what was happening.

"I felt well informed about the changes about to come through and that despite a couple of issues the overall execution of the change was great. Considering how many spinning plates there were to this and how it could have gone wrong it was a really well delivered piece of work."

## What didn't go so well

	Number of Comments	%
External	8	27.6%
Internal	8	27.6%
SAG	6	20.7%
Communications Team	5	17.2%
Consultation	2	6.9%
Council	0	0.0%
<b>Totals</b>	<b>29</b>	<b>100.0%</b>

30. External communication received 27% of the what didn't go so well comments, however this is only 8 comments out of the overall 155 comments on what didn't go so well. The majority of the comments were around potentially underselling what we have achieved.

"We almost certainly understood how extraordinary it was. Any other regulator would have had a higher prominence"

31. Internal communication also received 27% of the comments. The majority of the feedback was related to internal communication not being strong enough and some areas of the organisation not engaging with the programme.

"Lack of communication with regard to more detailed requirements and developments. This was due to there being a lack of engagement from some departments until it was too late. There was a distinct theme of "FPP doesn't affect us" and reluctance to engage, until the hard work started which meant revisions and redevelopment."

32. The SAG received 21% of the comments. This was mainly around the roles and responsibilities within the SAG and being clear around its purpose. Whilst this was an issue early on in the programme it was identified and resolved very quickly.

"SAG members [initially] didn't seem to be clear on what their involvement is. There hasn't been much feedback from all members of group, attendance has also not been great. It's clear some attendees think it's a chance to discuss SSSC matters rather than FPP."

## Recommendations

	Number of Comments	%
External	11	52.4%
Communications Team	4	19.0%
Internal	4	19.0%
SAG	2	9.5%
Consultation	0	0.0%
Council	0	0.0%
<b>Totals</b>	<b>21</b>	<b>100.0%</b>

33. External communications received 52% of the communication and engagement recommendations although this is only 11 out of the 174 recommendations. The recommendations were mainly around ensuring that the Communications Team is involved in the set up and support of engagement events and to ensure that engagement events continue to be offered in a mix of ways.

“Comms involvement in setting up/ supporting engagement events.”

“Mixture of engagement sessions, in person (various locations) and online.”

34. 19% of the recommendations were around the Communications Team involvement although this is only four comments overall. The recommendations were around ensuring the communications team are involved at the right time.

“Ensure comms involved in planning stages for all comms/engagement for significant programmes.”

35. 19% of the recommendations were around internal communication and engagement although is only four comments overall. The recommendations were around ensuring all teams and departments are engaged with the programme and are collaborating and sharing information.

“While co-ordinating across many different teams and with individuals across the organisation worked to enhance the project there were some teams and individuals who did not engage until the last minute or when it was too late to take their feedback into account. Some departments held information that was not shared as they were unaware that it could impact the project, and the project team did not know about its existence. This could have been negated by making sure everyone within the organisation had a better understanding of the timelines and the impact on their own projects outwith FPP.”

## Next steps

36. Based on the feedback on the theme of Communications and Engagement there are key actions for projects and programme teams to consider. Some of these have already been actioned or are in progress:

### 37. Stakeholder Advisory Group

- The SAG added real value to the programme and should be continued after programme closure and be used to inform work across the SSSC. This has already been actioned.
- The purpose of the SAG and roles and responsibilities should be reviewed regularly to ensure they are still clear, fit for purpose and that everyone understands their part and what is expected of them.

### 38. Internal and external communication

- Continue to take a planned, structured approach to both our internal and external communication.
- Ensure we offer different types of engagement events such as in person and online. The Communications Team can advise project leads on what will work best for their project.

### 39. Communication Team

- The PMO will ensure that the Communication Team is involved in projects and programmes from the start this will allow them to give advice and guidance on the best communication approach to help.
- When running external engagement events, the Communications Team will agree with the project team to identify what is required and who has the appropriate skills and knowledge for organising dates, set up and technical advice, running the sessions etc.

## THEME 3: DIGITAL DEVELOPMENT

40. 14% of positive comments were about programme management in comparison to 21% of what didn't go so well and 16% of the recommendations.
41. It should be noted that whilst digital development is in the top three trends the comment count is low with the what went well equating to 19 comments, the didn't go so well equating to 33 comments and the recommendations 28 comments.

### What went well

	Number of Comments	%
Telefonica Tech	6	31.6%
Development	4	21.1%
Go Live	4	21.1%
Systems Development Team	3	15.8%
Ways of Working	2	10.5%
Testing	0	0.0%
<b>Totals</b>	<b>19</b>	<b>100.0%</b>



42. The majority of the comments around what went well with our digital development were related to Telefonica Tech (32%). These were related to the relationship between the SSSC and Telefonica Tech and the resource and digital development skills withing Telefonica Tech.

"Despite the changes internally, TT's work has been consistent throughout 3 year period and is a positive reflection on the quality of their work."

43. The development work accounted for 22% of what went well with praise for the ability to deliver such complex development.

"The complex development work and data migration work went very well."

44. Go live also account for 22% of what went well. These comments were around the successful launch on the data planned and the weekend of go live.

"Go Live weekend was a success in terms of steps being assigned and undertaken and communicated."

### What didn't go so well

	Number of Comments	%
Telefonica Tech	12	36.4%
Testing	9	27.3%
Development	7	21.2%
Go Live	4	12.1%
Ways of Working	1	3.0%
Systems Development Team	0	0.0%
<b>Totals</b>	<b>33</b>	<b>100.0%</b>

45. Telefonica Tech received 36% of the comments around what didn't go so well. These were mainly related to issues we had with them in late 2023/early 2024 with inconsistent project management, issues with communication, lack of and inconsistent reporting, and inaccurate budgeting.

"Unplanned budget overspend. TT not aware of correct budget position and communicated late with SSSC."

46. During a lessons learned session with Telefonica Tech they acknowledged that they had gone through significant organisation changes around this time that had affected the service we received. They are now through this change and have better systems and processes in place to avoid similar issues happening in the future.

47. Testing received 27% of the comments around what didn't go so well. This was mainly around not having enough internal resources for testing and not doing enough end-to-end testing. This was particularly evident in the issue

with Notices of Decisions (NODs) which was not identified in testing because the email notification of a NOD, which is the last part of the process, was not tested.

“Obviously we have identified the NOD issue now. So there is an issue about decisions around testing, where that sits, risk identified with it that needs to be examined in detail.”

48. 21% of the comments were the development work although this accounts for only 7 comments overall. There was a general theme around under appreciation of the technical effort involved in the changes.

“Under-appreciation of technical effort required; understandable to an extent but led to unreasonable expectations in terms of delivery.”

## Recommendations

	Number of Comments	%
Telefonica Tech	15	53.6%
Ways of Working	7	25.0%
Development	3	10.7%
Go Live	2	7.1%
Testing	1	3.6%
Systems Development Team	0	0.0%
<b>Totals</b>	<b>28</b>	<b>100.0%</b>

49. Telefonica Tech received the most recommendations at 54% of the digital development recommendations. Recommendations focused on refining the process of how the two organisations work together and having more open, honest communication.

“We can better define the processes of how we [SSSC and TT] work together and if TT understand internal process of SSSC and vice versa our relationship will become more of the partnership we want it to be which will help maintain it and our trust in each other in the long term.”

50. 25% of the recommendations were around ways of working, although this is only 7 comments overall. Comments were around having the right resource in place at the right time and increasing in-house capacity for development work.

“Consider resourcing within sys dev team to deliver more capability in-house.”

## Next steps

51. Based on the feedback on the theme of Digital Development there are key actions for projects and programme teams to consider. Some of these have already been actioned or are in progress:

## 52. Telefonica Tech

- The Systems Development Team and PMO will work with any suppliers at the start of any projects or programmes to define how we will work together, what level of reporting is required, meeting frequency etc. This will include appropriate levels of escalation and resolution.

## 53. Testing

- The Systems Development Team will work with any suppliers to agree how testing will work. This will include how to use personas so that full end to end testing takes place including testing email notifications etc.

## **CONSULTATION**

### 54. The following were asked to contribute to lessons learned via surveys and/or lesson learned workshops:

- Council
- Executive Management Team
- Programme Board
- Sponsor Group
- Stakeholder Advisory Group (SAG)
- OCSWA
- Telefonica Tech (TT) – formerly Incremental Group
- Project teams
- Programme Team
- Members of staff.

### 55. Management comments on what went well and didn't go so well in Appendix A were written in consultation with the Senior Responsible Officer and Programme Manager.

### 56. We did/will do comments in Appendix A were written in consultation with the relevant Heads of Service.

## **RISKS**

### 57. No specific risks were identified as part of this report.

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

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

## **IMPACT ASSESSMENT**

60. Impact Assessment was not required because this report is part of the Future Proofing Programme which has an Impact Assessment.

## **CONCLUSION**

61. There are some key themes and trends identified from the lessons learned sessions and we have identified actions to help future projects and programmes mitigate these themes and trends. These will also be used to inform future business cases and Project Initiation Documents as well as risk identification.
62. The Programme Board is asked to note
- the contents of the report and the key lessons learned from this programme.
  - to note the actions to address the key themes and recommendations learned from the programme.

# **Future Proofing – summary of programme audit and assurance activity**

November 2024

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## Introduction

1. The Future Proofing programme was approved by Council in May 2021. Our vision for the programme was that we want being registered with us to be simple and easy to understand and to make sure that people know about the benefits and value of being registered and the standards, skills and qualifications needed to deliver high quality care.
2. We use an assurance model that follows three lines of defence:
  - business management – for example, strategic and business plans, performance KPIs and financial management
  - corporate oversight – including PMO project governance including programme board and sponsor group meetings alongside formal gate reviews
  - independent assurance – including external programme reviews and internal audit reviews
3. Throughout the lifecycle of the programme we carried out a range of assurance activities to provide an independent assessment of the health and progress of the individual projects within the programme, and the programme as a whole.
4. These included external gateway reviews, digital assurance (DAO) reviews and internal audits.
5. These external and internal reviews took place alongside day-to-day assurance activity via the programme structure including project leads meetings, monthly programme board and quarterly sponsor group oversight.
6. This report summarises the reviews and audits we commissioned across the programme and the outcomes of these.

## Assurance structure and timeline

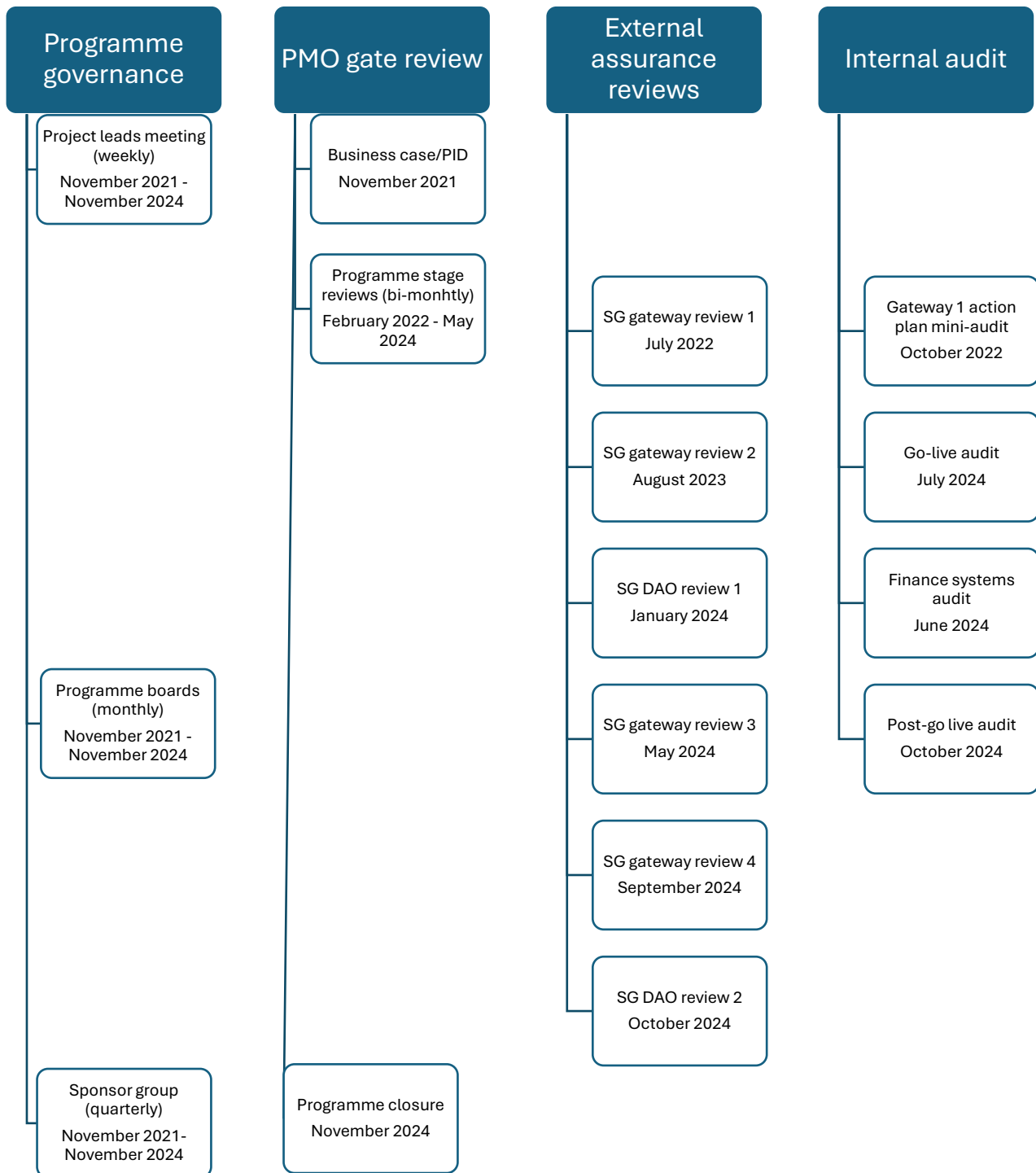


Table 1: Assurance structure and timeline



## External assurance

### Scottish Government Directorate of Internal Audit and Assurance

7. The Scottish Government Directorate of Internal Audit and Assurance facilitated four gateway reviews through the programme.
8. The reviews were delivered by a team with extensive background in programme and project audit and assurance. The team lead was an external contractor identified by the directorate and the team members were senior Scottish Government employees working in project and procurement.
9. Each review had the following structure:
  - A planning meeting held with the review team, senior responsible officer (SRO) and programme manager.
  - Two days of interviews with key project staff including project leads, and subject matter experts in SSSC.
  - A final report with recommendations.
10. The aim of each review was to provide independent assurance to programme board, sponsor group and senior SSSC management that the programme was progressing as intended and to identify areas where improvement could be made to ensure successful delivery.
11. We held reviews at key points during the programme where significant activity had taken place or was planned, in consultation with the review team. The first review was held shortly after the initial consultation on our proposals for the programme. We held a further review midway through development and drafting of Codes of Practice, CPL, RTP and further consultation and engagement on these. The final reviews took place prior to go-live, to provide assurance that we were in a good position for launch, and then to close off the lifecycle post-go live and to identify any remaining concerns or issues.
12. At each review a comprehensive report was provided to the SRO by the review team. This summarised their findings and also set out a series of recommendations. At the final review we received no recommendations.
13. Throughout the reviews the team commented positively on the approach taken by the programme team and to programme management during the life of the programme.
14. Appendix A provides a summary of all recommendations received from the gateway reviews, along with our actions as advised to the review team at the time of receipt.

### Scottish Government Digital Assurance Office

15. The Scottish Government Directorate Digital Assurance Office (DAO) facilitated two reviews during the programme. These focused on our plans for delivering the systems changes required to successfully complete the programme.
16. The first of these involved members of their review team holding interviews with key staff in the Digital Services department and thereafter providing



recommendations relating to various aspects of the work completed at the time, alongside planned work.

17. This review took place in late 2023 and we provided a response to their recommendations, detailing our planned actions to address them, in early 2024.
18. The DAO held a follow-up review in October 2024, which was primarily desk-based but did include interviews with the Head of Digital Services and the programme manager. At the time of completing this report, we had not received the DAO's formal response; however during the interviews the feedback was positive and we do not anticipate any concerns being raised by the team.
19. The recommendations and our response from the first review are presented at appendix B.

## Internal audit

### 'Mini-audit'

20. Following the first external gateway review, we asked our internal auditor Henderson Loggie (HL) to carry out a 'mini-audit' in October 2022. This focused on our review action plan and we sought further assurance that there was sufficient evidence to allow us to proceed to Council with formal proposals in November 2022.
21. HL confirmed that we were in a good position to proceed and identified four strengths, no weaknesses and no recommendations arising from the review.

### Finance systems audit

22. In May 2024 we asked HL to review the financial controls built into the new updated system for the processing of payments through D365 (MySSSC) and via telephone, and the process for processing and recording refunds. The initial audit did not cover telephone payments as development was not yet complete at the time of the audit. A follow-up review, focused solely on this, took place in October 2024.
23. The initial review found that "Walkthroughs and samples testing performed as part of our review confirmed that systems development was well advanced by 13 May 2024; UAT [user acceptance testing] had been completed for all key processes and features; and that the key processes for applications, annual declarations, generating fees, payments and updating the Register were all operating effectively". We received one recommendation as a result of this audit. This is at appendix C.
24. The follow-up in October 2024 further confirmed this and no further recommendations were made.

### Pre- and post-go live audits

25. In June 2024 we held an audit which again followed the external assurance review. The purpose of the audit was specifically to:
- ensure that pre-work on the Codes of Practice had been completed, including consultation on the final versions,
  - focus on our actions to address the external review team's recommendations, and
  - reflect those findings in our risk register.
26. This pre-go live audit found that there were no areas of concern and no recommendations were presented by the auditor.
27. We then held a final audit to close the programme in November 2024. At the time of writing, we have not had the auditor's formal report and therefore have not been able to reflect any findings in this report.

## Conclusion

28. We received very positive feedback across all areas of audit and assurance during the programme lifecycle.
29. The programme team found that the independent assurance provided by the external review teams was valuable and helped to inform progress at each stage of the programme. Future projects and programmes would benefit from a similar approach where appropriate.
30. All recommendations received by the external assurance review team and the SG digital assurance team have been addressed and responses provided to the teams.
31. At this stage, there remains one recommendation arising from the finance systems internal audit, which is on track for completion before the end of the 2024/25 financial year.
32. This action will be monitored as part of business as usual activity following programme closure.

## Appendix A – External gateway review recommendations

	Recommendation	Action/management comment
<b>Report: July 2022</b>		
1	The fees consultation should have a specific stakeholder engagement and communication strategy and plan that clearly separates the consultation for the Future Proofing Programme. This work should be presented as a 'business as usual' activity.	Work on proposed consultation dates and stakeholder engagement is ongoing, as part of this a defined communication plan will be developed which identifies both internal and external engagement needs. Wider stakeholder analysis and mapping for the whole programme is in place and reviewed every three months. This work is expected to be complete by 25 August 2022.
2	The Programme Team should produce a Outline Business Case (OBC) to formally set out the agreement from Council to justify the need for funding and the benefits that it will deliver.	The Programme Manager has now completed an outline business case to ensure consistency and set out the previous decision made at Council. This will set out the agreed position and the intended customer, staff and financial benefits. This will be communicated to the Future Proofing Programme Board along with the overall action plan on 16 August 2022.
3	The SRO should secure SSSC funding commitments for the Programme for 2023/24 and 2024/25.	Annual budget setting starts in October 2022
4	The Programme Team should continue to improve the articulation of intended benefits and to develop robust baseline measures to demonstrate success being achieved. In addition, the Programme Team should also ensure that dis-benefits of unintended consequences are captured, monitored and reported.	The Programme Manager and project leads are currently reviewing the intended benefits and associated measures and baselines. This is expected to be complete by 31 August 2022. The review includes identification of specific baseline information where currently available, steps required to collect baseline information where not currently available and expected dates for the realisation of these benefits. The Programme Manager will capture and monitor dis-benefits via RAID logging and discuss these monthly at project leads meetings and highlight, where required, to Programme Board.

5	The SRO should confirm the mechanism to achieve timely escalation and decision making by the Council when there is not a 'quorum' at the Programme Board meeting.	Same mechanism as in the code of corporate governance.
6	The SRO (with support from the Council) should continue to work closely with its Scottish Government Sponsor to press for timely laying of the supporting amendments.	Engagement through monthly liaison meetings with Sponsor team.
7	The Programme should critically review and prioritise work into the areas it has direct control and those that need legislative changes. A phased delivery approach should be adopted. This would initially focus on what can be achieved this financial year and what needs to wait until next year.	The project is monitored and organised via Microsoft Project. The project plan is split into each project and records deliverables and projected delivery dates. The Programme Manager will review the plan to ensure that workstreams requiring legislative change are clearly identified.
8	The Programme Team should further develop the current programme plans to detail resources required for each task and identify the critical paths of the Programme to successful completion.	The Programme Manager will update the project plan with required resources and identify critical paths by 31 August 2022.
9	A full review of the risks and their scoring would be beneficial at this stage.	Medium, high and very high risks are discussed at monthly project leads meetings. A full review of all risks was carried out on 4 August 2022 and was attended by SRO, Programme Manager and project leads. Future actions will include ongoing monthly review of key risks at the project leads meeting and bi-monthly review of all risks at a standalone meeting.
<b>Report: August 2023</b>		
1	The SRO (with support from the Council) should continue to work closely with its Scottish Government Sponsor to secure the timely laying of the legislative changes and supporting rule changes.	Programme Sponsor (CEO) and SRO attend a monthly OCSWA meeting. Outwith these formal meetings, CEO, SRO and other senior managers are in regular ad hoc contact with staff in the SSSC sponsor team at Scottish Government (SG). Draft revised Rules were provided to SG in late July 2023. We are assured by our sponsor team at SG that the

		<p>required amendments to the legislation are being progressed.</p> <p>We will continue to seek assurance from sponsor team regarding timely laying of these changes and to date have had continual verbal assurance that SG timescales align with our planned date of implementation for programme deliverables.</p>
2	A detailed communications plan should be completed and implemented.	<p>A communication plan is currently in draft alongside development of an implementation plan. When the implementation plan is complete (mid-September 2023) we will review the communication plan and make any required changes by 25 September 2023. Our plan includes dates for communication on specific areas of the programme and runs from 25 September up to April 2024 when we plan to launch.</p>
3	The Programme Team should continue to improve the articulation of intended benefits and to develop robust baseline measures to demonstrate success being achieved. These should be formally captured in an agreed Benefits Realisation Plan.	<p>We will hold further benefits review meetings on 4 September and into October 2023 with project leads to review existing benefits and identify additional benefits. We have updated baseline information using more up-to-date figures where available. All benefits now have identified baselines and targets. Where we do not have updated data, for example from survey and consultations scheduled but not yet held, we have recorded the dates on which revised data will be available.</p> <p>All benefits and dis-benefits are recorded on our PID and within a dedicated area on MS Project web app.</p>
4	Use existing Programme staffing budget to bring in short term agency /consultancy to bolster the existing systems team.	<p>We will present a paper seeking approval to use existing budget to bring in agency or other resources for the systems team at programme board on 5 September 2023.</p>
5	A full reassessment of the risks and their scoring would be beneficial at this stage.	<p>We reviewed all risks on 18 August 2023 and revised scoring where appropriate. Risk reviews will continue each month.</p>
6	Ensure that early financial commitments are secured to provide continuity of key resources.	<p>Budget planning is ongoing. We intend to request carryover of underspend from this year into 2024/25. This will allow us to retain staffing resources into 2024/25 and</p>

		also to deliver remaining workstreams including but not limited to the development of child-friendly Codes of Practice. We have had an initial discussion with our Sponsor and they are supportive of this approach. We will continue to liaise with them to achieve this.
7	A Technology Assurance Review (TAR) is being conducted during October / November 2023. The next Gateway Review (Gate 4 – Readiness for Service) should be conducted early Feb 2023 and a further Gateway Review (Gate 5 – Operational Review and Benefits Realisations) before end of March 2025 or Programme Closure (whichever is earliest).	We will arrange for Gate 4 review to be held in February 2024. Programme Manager is drafting an update for SRO and project leads to set out the conditions that would allow us to consider the programme as closed. This will be complete by 30 September 2023. At that point we will have clarity on when best to hold Gate 5 and will arrange accordingly.
<b>Report: May 2024</b>		
1	The SRO and Programme Manager should document the Go-Live Sign-Off Criteria (and tolerances). These should be formally approved by the Programme Board and Sponsor Group.	Go-live criteria were drafted in consultation with project leads and SRO. Programme board approved these on 10 May 2024 and Sponsor Group approved on 16 May 2024.
2	The Communications Plan and supporting progress analytics/indicators should be shared with SAG members at the next group meeting.	Communications plan and associated analytics and an update on engagement statistics were presented to SAG on 29 April 2024. Future meetings will include engagement statistics updates.
3	Lessons learned should be captured and documented prior to programme closure.	Lessons learned have been captured throughout the programme by the Programme Manager and project leads. We have sent a survey to SAG members to gather their views up to and including go-live. We will discuss this at our next SAG meeting on 24 June 2024. We will also send a survey to staff involved in the programme to seek their views prior to go-live, and also to our Council members. We will hold an in-person meeting following go-live, no later than 31 July 2024.
<b>Report: September 2024</b>		
	No recommendations made.	N/A



## Appendix B – External digital assurance review recommendations

	Recommendation	Action/management comment
<b>Report: December 2023</b>		
1	The Service Team must develop a User Research Plan that highlights the approach to testing prototypes with internal and external users. This plan should incorporate how external users will be involved in the research and usability testing sessions going forward and this must be completed prior to commencing Beta.	Recommendation noted and accepted.
2	The Service Team must involve external users in the Usability Testing sessions and test all parts of the Service with them (end-to-end) to mitigate the risk of designing something that is based on internal staff's assumptions and caters to their needs better than the need of external users. This must be completed as part of the planned Wave 4.	Recommendation noted and accepted. Testing completed 20 February 2024.
3	The Service Team should consider reviewing the DPIA to ensure that any data emerging from research or usability testing sessions is handled appropriately. For example, ensuring participants have provided their permission to participate in the sessions and that their personal data (name, email, location etc.) are handled appropriately. Scottish Government's Usability Service will be able to offer advice on this as well.	Recommendation noted and accepted. We are currently reviewing the DPIA. We expect this to be complete by March 2024.
4	The Service Team should consider broadening the approach to recruiting external participants from the care community. For example, looking at the possibility of providing remuneration / incentives to participants to overcome recruitment barriers or hiring specialist recruitment agencies to help find suitable participants. Further advice on this can be sought from Scottish Government's Usability Service regarding this.	Recommendation noted and accepted.
5	The Service Team must develop an end-to-end to vision for the Service showing key interactions between	Recommendation noted and accepted.

	the aspects of the Service that users encounter, alongside backend processes supporting the Service delivery and how these affect users' overall experience. This can be done via a Service Blueprint and must be completed prior to commencing Beta. There are many different ways of completing a Service Blueprint and Nielsen Norman Group's article on Service Blueprints may serve as a helpful reference.	
6	The Service Team should consider having specialist resource within the team in the form of Service Design expertise.	Recommendation noted. Service design-trained staff already in place.
7	The Service Team should contact Scottish Government's Design System team and review the design patterns to see how they align with these prior to commencing Beta. The use of established design patterns will help the Service Team minimise duplication of effort and adhere to digital accessibility guidelines.	Recommendation noted and accepted.
8	The Service Team should map the approach to Assisted Digital support either within the Service Blueprint or in a separate Assisted Digital Model.	Recommendation noted and accepted. Expected completion by 31/03/24.
9	The Service Team must create a User Research Plan detailing out how they plan to carry out Usability Testing as part of the Beta. This plan should highlight the approach to sampling and recruitment of a diverse range of participants and must be in place prior to commencing Beta.	Recommendation noted and accepted.
10	The Service Team must define the accessibility objectives / KPIs and carry out accessibility testing with real users during Beta. A plan for this can be incorporated within the User Research plan being drafted and should be ready prior to commencing Beta.	Recommendation noted and accepted.
11	The Service Team must review the resource plan before the start of the Beta phase to ensure that original	Recommendation noted and accepted.

	resource assumptions remain valid for this stage of the project.	
12	The Service Team should continue to ensure that they use feedback from users and stakeholders to drive the backlog to ensure that their needs are met by the Service.	Recommendation noted.
13	The Service Team must publish an approach which details the plans to publish service data to help inform future government services. This should be done early in the next phase of delivery.	Recommendation noted. Head of Digital Services in contact with accessibility team at SG and we have a short-term working group looking at accessibility within SSSC, chaired by Head of Digital Services.
14	The Service Team should increase the frequency of benefits reviews and make sure that delivery of these is central to the implementation going forward.	Recommendation noted and accepted. Post-sprint benefit reviews now agreed.
15	The Service Team must prepare a test strategy and supporting plan early within the next phase of work to clearly define the approach to testing and the timing of test activities.	Recommendation noted and accepted.
16	The Service Team must develop Business Continuity and Discovery Recovery plans which cover the arrangements which apply specifically to this service. This should be done prior to service launch.	Recommendation noted and accepted. Will be in place by 31/03/24.
17	The Service Team should review the existing Non-Functional Requirements during Beta to ensure that these remain relevant for this service.	Recommendation noted and accepted. Will be in place by 30/04/24.
18	The Service Team must continue to ensure that risks are frequently reviewed, updated and acted upon.	Recommendation noted. Risk reviews are already scheduled in for programme.
<b>Report: October 2024</b>		
	TBC	

## Appendix C – Internal audit recommendations

	Recommendation	Action/management comment
<b>Report: October 2022 (mini-audit)</b>		
	No recommendations made.	N/A
<b>Report: May/October 2024 (finance systems)</b>		
1	Control of refunds should be managed within D365, with workflows developed to allow refund requests to be raised and approved in D365 and appropriate segregation controls developed. Details of approved refunds should then be issued to Finance for processing and confirmation notification written back to D365 confirming when and how the refunds have been issued.	This work is currently being scoped for internal development, and it is anticipated we will conclude within the current financial year.
<b>Report: July 2024 (phase 2 pre-go live)</b>		
	No recommendations made.	N/A
<b>Report: October 2024 (final audit of programme)</b>		
	TBC	



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# **Future Proofing Programme – benefits realisation update**

January 2025

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## Introduction

1. The Future Proofing programme closed on 30 November 2024.
2. We have identified a range of benefits related to each of the projects and we have already realised some of these, in some cases immediately on launch in June 2024. We recognise that the majority of the benefits will take longer to realise and we have a structure in place to ensure that we continue to monitor and report on these regularly as we move into business as usual.
3. This report presents a summary of all benefits realised and partially realised since the launch of the programme.



## Benefits realised

**Note – unless otherwise stated, all realised benefits are correct as of 16 January 2025**

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Realised benefit	Expected realisation date	Date realised
Customer	Increased accuracy of the register	Increased self-service for customers around payment information	Proportion of customers with access to self-service for payment information	D365	0	100%	100%	June 2024	June 2024
Customer	Employers and public can find FTP information more easily	Reduced number of searches required to find information	Number of searches required to find information	PFR	2	1	1	June 2024	June 2024
Customer	Being registered is simple and easy to understand	Increase in understanding what it means to be registered	Number of people on more than one part	D365	55,910 (at 22/11/23)	5,000	3,251 (at 28/08/24)	August 2024	August 2024
Customer	Improved career pathways	Reduced number of qualifications needed for a registrant to change roles from adult to child service/child	Number of qualifications needed to change roles from adult to child service/child to adult service	D365	2 (ie 1 for adults, 1 for children)	1 (as they will be transferrable)	1	June 2024	August 2024

		to adult service							
Customer	Employers, workers and representative bodies can help inform the creation, delivery and/or improvement of products, processes or services	Increased direct engagement with a defined group of stakeholders	Increased engagement with stakeholders	SAG meetings	0 - no group existed at beginning of programme	Quarterly SAG meetings	First meeting is scheduled for 30 January 2025	November 2024	November 2024
Customer	Our register reflects the professional identity of the workforce	Workers feel that they are recognised as professionals	Number of registrants who report that being registered with the SSSC makes them feel recognised as a professional	Registrant survey question: Question "On a scale of 1 to 5, where 1 is 'not at all' and 5 is 'very much', how much do you feel that being registered with the SSSC makes you feel recognised as a professional?"	Registrants – 55.4% (4,263) providing a response of 4 or 5 (2022/23 survey)	60% of registrants report that being registered with the SSSC makes them feel they are recognised as professionals (a score of 4 or 5)	75.1%	2025/26 survey cycle	January 2025
Customer	To ensure our register reflects and supports	Registrants find it quicker	Number of registrants on multiple parts	D365	30,610 total registrants registered	10% of register on	3,149 (1.8% of	June 2025	January 2025

	the way care is delivered both now and in the future	and easier to register			on multiple parts (19 July 2022; 18.5% of total unique individuals)	multiple parts	current registrants)		
Customer	To improve public protection by reducing the time it takes to assess a registrant's fitness to practise	Workers are registered more quickly	Average time to process an application (app started to app registered, excluding green channel)	D365	34.5 days to process an application (app started to app registered, excluding green channel) in 2022/23 FY	10% reduction in time from application processing started to registered (excluding green channel)	15.9 days to process an application (average from July 2024 to December 2024) 54% reduction	June 2025	January 2025
Customer	To improve public protection by reducing the time it takes to assess a registrant's fitness to practise	Reduction in average time from application to registration	Average proportion of applications that go through green channel	D365	31.0% of applications went through green channel in 2022/23 FY	33% of applications through green channel by April 2025	41.1%	June 2025	January 2025
Customer	Increased accuracy of the register	Reduction in workers being removed for non-renewal who have paid fee	Number of people removed for not completing renewal app	D365	970	0	0	December 2025	January 2025
Customer	Improved public access to information on	Increase in number of social workers listed with	Number of social workers recorded as holding a	D365	0	100% increase	67 MHO and 66 PE's on PFR	December 2025	January 2025

	qualifications held	specialist qualifications on PFR	specialist award on PFR						
Customer	Increased accuracy of the register	Increase in change of details (personal details, reg part changes, condition updates)	Annual dec/CODs	D365	74,000 (Average number of CODs processed over the last five years)	81,400 (10% increase)	112,411 (51% increase) for period 3 June 2024 to 31 December 2024	February 2026	January 2025
Customer	To improve public protection by reducing the number of workers who become unregistered when moving roles	Increased public protection	Number of registered workers who are removed as ineligible when telling us about a change of role within the same register part	D365	16,767 (unique individuals)	0	0	June 2025	January 2025
Customer	Those returning to practice will be fit to practice	People are protected because SWs are fit to practice	Number of people returning to SW register after 2 years	D365	0	100%	20	June 2025	January 2025

## Benefits partially realised

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Update January 2025	Expected date	Measure frequency
Customer	Improve the processes for applying and maintaining registration	The register is more up to date as registrants find it quicker and easier to apply for and maintain registration	Registrants and employers report that the process of registering with the SSSC is easy	Registrant survey question "On a scale of 1 to 5, where 1 is 'very difficult' and 5 is 'very easy', how easy or difficult do you find the process of registering with the SSSC?"  Employer survey question "On a scale of 1 to 5, where 1 is 'very difficult' and 5 is 'very easy', how easy or difficult do your staff find the process of registering with the SSSC?"	Registrants – 65.0% (5,015) providing a response of 4 or 5 (2022/23 survey)  Employer survey – 49.5% (55) providing a response of 4 or 5 (2022/23 survey)	70% of registrants and 55% of employers report that the process of registering with the SSSC is easy (a score of 4 or 5)	74.3% of registrants. Employer survey scheduled for March 2025.	2025/26 survey cycle	Every 6 months
Customer	Our Codes of Practice reflect the expectations of us as a	Our Codes reflect current best practice and lead to better	Number of registrants and stakeholders who report that the codes	Registrant survey question "On a scale of 1 to 5, where 1 is 'not effectively' and 5	Registrant survey – 70.4% (513) providing a response of 4	75% of registrants and 78% of stakeholders report that	85.2% of registrants. Employer survey scheduled	2025/26 survey cycle	Annually

	regulator, the workforce, employers and people who use services	outcomes for people who use services	support best practice	is 'very effectively', how effectively do the Codes of Practice (the Codes) reflect current best practice?"  Stakeholder survey question "On a scale of 1 to 5, with 1 the lowest and 5 the highest, how would you rate how well the codes reflect current best practice?"	or 5 (2022/23 survey)  Stakeholder survey – 72.8% (217) providing a response of 4 or 5 (2022/23 survey)	the codes support best practice (a score of 4 or 5)	for March 2025.		
Customer	Our Codes of Practice support risk enablement and improve professional judgement	Better outcomes for people who use services	Number of registrants and employers who report that the codes support them/the workforce to deliver high quality care and better outcomes for people who use services	Registrant survey questions "How effectively do the Codes support taking proportionate risks?"; "How effectively do the Codes support you in using your professional judgement?"  Employer survey question "How effective are the Codes of Practice	Registrant survey – 59.7% (430) providing a response of 4 or 5 (2022/23 survey)  Employer survey – 68.8% (55) providing a response of 4 or 5 for workers; 74.4% (58)	Registrant survey: 65% of registrants and 74% of employers report that the codes support taking proportionate risks and that the codes are effective in supporting use of professional	81% of registrants. Employer survey scheduled for March 2025.	2025/26 survey cycle	Annually

				for workers/employers in supporting the workforce to use professional judgement to deliver high quality care and better outcomes for people who use services?"	providing a response of 4 or 5 for employers (2022/23 survey)	judgement (a score of 4 or 5); Employer survey 79%			
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## Benefits not yet realised

Staff, customer, or financial benefit?	Aim	Benefit	Measure	Source	Baseline	Target	Expected date	Measure frequency
Customer	Improve the processes for applying and maintaining registration	The register is more up to date as registrants find it quicker and easier to apply for and maintain registration	Number of calls (proportionate to the numbers on the register) about application form	Five9	4,653 calls received about the application form in 2022/23 FY (6.4% of 72,579 calls)	5% of all calls received	June 2025	Every 6 months
			Number of calls (proportionate to the numbers on the register) about change of details	Five9	10,075 calls received about change of details in 2022/23 FY (13.9% of 72,579 calls)	10% of all calls received	June 2025	Every 6 months
Customer	Increased accuracy of the register	Reduction in time people could potentially be incorrectly registered	Number of annual declarations	D365	3/5 years maximum based on register part	1 year maximum	December 2025	Once
Customer	To improve public protection by reducing the time it takes to assess an applicant's	Reduction in time from employment to application	Average time taken from employment to registration (weeks)	Assurance Report item number 2.1	24 weeks in 2022/23	40% reduction in time taken from employment to registration (weeks)	June 2025	Every 6 months



	fitness to practise							
Customer	Our public facing register (PFR) provides key registrant information	Employers and stakeholders find information on the PFR useful.	Number of employers and stakeholders who report that information on our PFR is useful	Question on PFR webpage: "How useful was the information on this page?" Employer questions: "Have you used the PFR in the last 6 months"  If Yes – "How useful was the information held on the PFR?"	Website survey - 56.3% answered 5 or 4 for how useful the info is (1003)  Employer survey - 34.2% used the PFR in last 6 months (38). Of those, 37.8% (14) providing a response of 4 or 5 (2022/23 survey)	10% increase in employers and stakeholders who report that information is useful	2025/26 survey cycle	Annually
Customer	Being registered is simple and easy to understand	More flexibility for people changing employment	Total number of applications and removals as ineligible	D365	27,932 removals as ineligible; 44,000 applications (2022/23)	16,759 removals as ineligible (40% reduction); 39,600 applications (10% reduction)	December 2025	Once
		Decrease in support needed	Reduction in enquiries (calls/emails/chats) around application/CODs	D365	15,175 contacts (11,860 calls, 717 emails, 2598 chats) about	12,899 contacts about application form/progress	December 2025	Once

					application form/progress	(15% reduction)		
					14,080 contacts (10,581 calls, 2631 emails, 838 chats) about CODs	11,968 contacts about CODs (15% reduction)		
Customer	To have a qualified workforce with the right skills	Through CPL we are responsive to emerging skills needs	Number of employers who report that the SSSC is effective in responding to emerging skills needs	Question "How effective is the SSSC in responding to emerging skills needs"	Employer survey – 31.8% (28) providing a response of 4 or 5 (2022/23 survey)	40% of employers report that SSSC is effective in responding to emerging skills needs	June 2025	Every 6 months
		The workforce have the right skills and qualifications to deliver better outcomes for people using services	Average length of time from registration start date to qualification condition met date (not including removals within 3 months of gaining)	D365	3.4 years (2022/23)	3 years	June 2027	Annually
			Number of registrants who tell us they have met a qualification condition since registering	D365	7,766 unique individuals (2022/23)	10% increase in number of registrants who tell us they have met a qualification condition	June 2027	Annually

				since registering		
	Number of employers who report that the codes support the workforce to deliver high quality care and better outcomes for people who use services.	Question "How effective are the Codes of Practise for workers in supporting the workforce to use professional judgement to deliver high quality care and better outcomes for people who use services?"	Employer survey – 68.8% (55) providing a response of 4 or 5 (2022/23 survey)	74% of employers report that the codes for workers support workers to deliver high quality care and better outcomes	2025/26 survey cycle	Annually
		Question "How effective are the Codes of Practise for employers in supporting the workforce to use professional judgement to deliver high quality care and better outcomes for people who use services?"	Employer survey – 74.4% (58) providing a response of 4 or 5 (2022/23 survey)	79% of employers report that the codes for employers support workers to deliver high quality care and better outcomes	2025/26 survey cycle	
	Number of registrants reporting that they have met mandatory CPL requirements	D365 Open badges	95.9% (2022/23)	Maintain existing level of number of registrants meeting CPL requirement	June 2025	Every 6 months

						(as we will be increasing frequency and focus)		
Customer	Make qualifications more flexible so that people can move more easily to work in different kinds of services	Increased flexibility through new qualifications and career pathways	Number of employers who report that qualifications are flexible in allowing them to access roles in other services	Employer survey question "On a scale of 1 to 5, where 1 is 'not at all flexible' and 5 is 'very flexible', to what extent are qualifications flexible enough in allowing staff to access roles in other services?"	Employer survey – 37.9% (33) providing a response of 4 or 5 (2022/23 survey)	48% of employers report that their staff have increased access to roles in other services	June 2025	Annually
		Better transferability of existing skills to support career pathways	Number of registrants reporting that SSSC was flexible in accepting SVQ units for other roles	Registrant survey question "On a scale of 1 to 5, where 1 is 'very inflexible' and 5 is 'very flexible', how flexible was the SSSC in accepting SVQ units gained for registration when you moved roles?"	56.3% (357) providing a response of 4 or 5 (2022/23 survey)	66% of registrants report that the SSSC was flexible in accepting SVQ units for other roles (a score of 4 or 5)	2025/26 survey cycle	Annually
		Improved continuity of care for service users transitioning from children's to	Number of employers reporting an improvement in continuity of care for service users moving from	Employer survey Question "On a scale of 1 to 5, where 1 is 'not at all flexible' and 5 is 'very flexible', to	Employer survey – 23.2% (19) providing a response of 4 or 5 (2022/23 survey)	28% of employers reporting an improvement in continuity of care	2025/26 survey cycle	Once

		adult services	children's to adult services	what extent does the qualification structure help support continuity of care for service users moving from children's to adult services?"				
		Increased flexibility through new qualifications and career pathways	Number of registrants on multiple parts with multiple qualification conditions	D365	31,326 total registrants on multiple register parts with multiple conditions as of 18/08/22	0	June 2025	Annually
Customer	People using services are better protected	The workforce are qualified quicker	How quickly the workforce are qualified (average)	D365	Average time between registration date to condition met date. FY 2021/22- 29.1 months FY 2022/23 – 34.6 months FY 2023/24 YTD – 39.9 months	36 months (10% reduction)	June 2029	Once
Customer	Workers are in the right role and get the right recognition	People will be registered for the right part equivalent to what their role is	Number of people on the new part	D365	0 – the part does not yet exist.	12,951	December 2025	Once

Customer	Workers are more confident and competent in their roles, having the right skills and knowledges at the right points in their careers.	We know workers will have completed the required CPL on an annual basis	The number of workers that tell us that they have met CPL requirements	D365	95.9% (16,867 of 17,587) (FY 2022/23)	Maintain at 95.9% (as we will ask all on the register to provide as part of annual declaration)	December 2025	Annually
		Increase in number of people using our resources	Number of people telling us they are using the resources	D365	3708 (45.95%) answering 'Yes' to 'Have you used any of the SSSC learning resources as part of your continuous professional learning (CPL)?' (22/23 Registrant survey)	15% increase	December 2025	Once
Customer	Our Codes of Practice align with the health and social care standards and other regulators	Our Codes of Practice are consistent with national standards and wider regulatory requirements	Number of employers reporting that having Codes of Practice aligned with other national standards and requirements has led to a clearer regulatory landscape	Employer survey  Question "On a scale of 1 to 5, where 1 is 'not at all well' and 5 is 'very well', how well do the Codes of Practice for workers/employers align with other national standards	72.5% (58) providing a response of 4 or 5 for workers; 75.9% (60) for employers (2022/23 survey)  61.3% (49) providing a response of 4	77% of employers reporting that having Codes of Practice aligned with other national standards and requirements has led to a clearer regulatory landscape	2025/26 survey cycle	Annually

				and requirements?"  "On a scale of 1 to 5, where 1 is 'not at all helpful and 5 is 'very helpful', how helpful are the aligned Codes of Practice for workers/employers in supporting a clearer regulatory landscape?"	or 5 for workers; 66.3% (53) for employers (2022/23 survey)	(81%, 66%, 71% for others)		
Financial		Less staff time required to process change of details due to increased automation	Number of change of details requests going through green channel (auto updated) (Cost per call/email/chat (average staff cost x number of contacts))	D365, Five9, Finance resource model	26,192 (23%) (2022/23)	30% saving	Once	December 2025
		Reduction in resource needed	Number of people in roles/teams	Registration /Finance establishment	RA - 15.5* FTE, £31,619 avg cost. TA – 7.6* FTE, £35,198 avg cost.  *(there is an error in these figures. The correct FTE	RA – 7.0 FTE reduction, £141k saving in 2024/25, £234k saving 2025/26 annually onwards  TA – 5.6 FTE reduction,	Once	December 2024

				across all roles is 12.6 which was built into budget)	£157k saving 2024/25; £205k saving 2025/26 annually onwards  Total saving: £298k 2024/25; £439k thereafter		
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Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C24/14 Appointmnet of Internal Auditors	Council 21 November 2024	Completed	Director of Strategy and Performance	Apr-25	Min 10.5 - Henderson Loggie appointed Internal auditors to 31 March 2028 with option to extend	
C24/13 Proposed registration of new groups	Council 21 November 2024	Completed	Acting Director Workforce Education and Standard	May-25	Min 9.4 Council approved consultation on registration of new groups Report scheduled for May Council meeting	
C24/12 FPP report to next meeting	Council 21 November 2024	Completed	Acting Director of Regulation	Feb-25	Report on FPP to date to Feb Council On Feb agenda	
C24/11 Change to March 2025 budget meeting date	Council 21 November 2024	In progress	Corporate Governance Coordinator	Feb-25	Following further communication, new date to be agreed at Council in Feb 2025	
C24/10 Annual Report and Accounts	Council 29 October 2024	Completed	Director of Strategy and Performance	31-Dec-24	ARA approved subject to pensions information being confirmed by external auditors	
C24/09 Changes to fees consultation	Council 22 August 2024	Completed	Chief Executive	Sep-24	Min 11 Approved amendment to fees consultation proposals	
C24/08 Response to complaint against NMC	Council 22 August 2024	Completed	EMT	Feb-25	Min 10.3complete 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. Feb 25: lip report received and issued to Members	
C24/07 Assurance template update	Council 22 August 2024	Completed	Director of Strategy and Performance	Nov-24	New template for Assurance report approved	
24/06 Changes to Council Member appointments	Council 22 August 2024	Completed	Corporate Governance Coordinator	Oct-24	Peter Murray appointed Interim Convener Lindsay MacDonald appointed Chair of AAC Rona King appointed Vice Chair of AAC 2024:Records updated 1 Oct	
C24/01 Issue appointment letters to FtP Committee Members	Council 23 May 2024	Completed	Acting Director of Regulation		Min 5.5 Issue appointment letters to all those approved by Council: 10 lay members, 9 social service members, 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	Completed	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 Consultation completed, report to Council Feb 2025	
C23/26 Shared Services	Council 24 August 2023	In progress	Chief Executive	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: Nov update: Review ongoing CEx will report on this at a future meeting TBD Feb update: to be discussed on 19 March 2025	
C6 Joint development session with CI	Council 25 August 2022	In progress	Corporate Governance Coordinator	Spring 2025	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 fin year/early next year. Scheduled for 19 March 2025	

**Council Calendar of Business 2025/26**

Report/meeting dates	27 Feb 2025	March 2025 (Budget)	22 May 2025	21 August 2025	4 November October 2025 (ARA)	27 Nov 2025
<b>Quarterly reports</b>						
Interim Convener's Report	✓		✓			
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	✓		✓	✓		✓
<b>Annual reports</b>						
Audit and Assurance Committee Annual Report ( <i>part of Annual Report and Accounts process</i> )			✓			
Risk Register and/ Risk Appetite Statement	✓		✓			
People Strategy Annual Report ( <i>include staff survey results, HR annual report and agile working updates</i> )				✓		
Complaints Annual Report			✓			
Digital Strategy Annual Report			✓			
Information Governance Annual Report			✓			
CI Partnership Agreement						
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	✓					
Budget Setting 2025/26		✓				
<b>Policies – see link below</b>	✓		✓	✓		✓
			✓			
<b>All other items (<i>ad hoc or requested matters</i>)</b>			✓			
Registration Fees review	✓					
Future Proofing Programme ( <i>various matters as necessary</i> )	✓					
Qualifications			✓			
English Language requirement			✓			
Employment Appeals Panel report	✓					✓
Equalities Mainstreaming and Outcomes			✓			
New Registered Groups			✓			
NSWA			✓			
FtP panel Member reappointment			✓			