

Date Issued: 14 November 2024

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 21 November 2024 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

**Peter Murray
Interim Convener**

**AGENDA
PUBLIC SESSION**

	Item	Report No
1.	Welcome and apologies for absence	
2.	Declarations of interest	
3.	Minutes of previous meeting – 22 August 2024	
4.	Matters arising: Item 15 - meeting of 23 May 2024	
5.	Interim Convener’s report	32/2024
6.	Chief Executive’s report	33/2024
7.	Audit and Assurance Committee report	34/2024
8.	Qualified Status of the workforce	35/2024
9.	Proposed Registration of New Groups	36/2024
10.	Appointment of Internal Auditors	37/2024
11.	Digital Strategy	38/2024
12.	Comms Strategy	39/2024
13.	Data Protection Policy	40/2024
14.	Health and Safety annual report	41/2024
15.	Fitness to Practice Committee	42/2024

16.	Council Action Record	
17.	Date of next meeting and calendar of business – The next scheduled meeting of the Council will be held on Thursday 27 February 2025.	

PRIVATE SESSION

18	Audit and Assurance Committee report to Council – confidential items	43/2024
19.	Minutes of previous meetings– 19.1 22 August 2024 19.2 29 October 2024	
20.	Future Proofing Programme - NoD	44/2024
21.	Employment Appeals Panel report	45/2024
22.	Director Structure	46/2024

Private session items explained

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

Agenda item	Reason for exclusion
18.	<p>matters involving issues of commercial or financial sensitivity or confidentiality</p> <p>matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council</p> <p>information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC</p> <p>any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.</p>
19.	<p>matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council</p>

	<p>information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC</p> <p>any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.</p>
20.	<p>matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council</p> <p>information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC</p> <p>any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.</p>
21.	<p>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)</p>

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the Council meeting held on 22 August 2024 at 10.00am in Tay Room, Compass House, Dundee and by Teams meeting

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

In Attendance: Maree Allison, Interim Chief Executive
Hannah Coleman, Acting Director of Regulation
Laura Lamb, Acting Director of Workforce, Education and Standards
Natalie Sutherland, Senior Solicitor
Audrey Wallace, Corporate Governance Coordinator

Observers: There were four staff observing

1.	Welcome and apologies
1.1	The Convener welcomed everyone to the meeting. Apologies were intimated on behalf of Theresa Allison, Council Member, Laura Shepherd, Director of Strategy and Performance and Anne Stewart, Head of Legal and Corporate Governance.
2.	Declarations of interest
2.1	There were no declarations of interest.
3.	Minutes of the previous meeting – 23 May 2024
3.1	The minutes of the meeting held on 23 May 2024 were approved as an accurate record.
4.	Matters arising
4.1	There were no matters arising from the previous minutes not included on this agenda.
5.	Convener's report
5.1	Sandra Campbell presented report 28/2024. She verbally advised that this had been a busy period with the appointment of a permanent Chief Executive and also the interviewing process for three new Council Members. She congratulated Maree Allison on her appointment as

	permanent Chief Executive confirming that a number of applicants were interviewed but that the decision was unanimous. She also commented that she considered that the newly appointed Members were good appointments picked from a lot of competition.
5.2	The Convener also paid compliment and good wishes to the two Members, Alan Baird and Theresa Allison, whose appointments would expire at the end of August. Alan Baird responded by complimenting the management group and staff of the SSSC for their support and hard work over his period of tenure, especially so once he was appointed Chair of Audit and Assurance Committee.
5.3	With reference to her own departure from the Convener's position at the end of September, she advised that Peter Murray will step into the position of Interim Convener until a permanent appointment is made. Peter Murray advised that he had been appointed until June 2025, or before then if an appointment to the permanent position is made earlier. He added that he felt privileged to be asked to step into the spot.
5.4	The Council 1. noted the report
6.	Chief Executive's report
6.1	Maree Allison presented report 29/2024, her report on highlights and information to be shared with Members since the last full Council meeting in May 2024. The report included an update on the Future Proofing Programme which was launched on 3 June 2024; correspondence with the Minister regarding funding for adult social care qualifications; confirmation of the additional grant in aid funding would be reported to the Council meeting in October.
6.2	Maree Allison confirmed that later in the meeting, Hannah Coleman would speak to a report on the Nursing and Midwifery Council independent review of its culture. She also referred to the dateline for evidence to be presented to the Parliamentary Committee on the National Care Service (Scotland) Bill.
6.3	Maree Allison then thanked Theresa Allison, Alan Baird and Sandra Campbell for their work and support to her and staff, including Senior Officers, during their tenure as Council Members and Convener.
6.4	The main issues discussed were <ul style="list-style-type: none"> • Requested any further update on funding. Maree Allison confirmed that this was for this year only and not known if it would be recurring. • The introduction to Fusion, the new Scottish Government finance system, was not going as well as hoped, less testing than expected and there have been delays in rolling out the system. In answer to a specific question, Maree Allison advised there was no sandpit as of a few weeks previously. She expected to know during September if the system go live would be delayed.

	<ul style="list-style-type: none"> • Peter Murray asked about the evaluation of the Safer Staffing Guidance recently published, including any feedback from employees or employee groups. He felt that the guidance could lead to inconsistencies in practice. Laura Lamb advised that she was not aware of any evaluation of the guidance at present, but her opinion was that this would be a part of the process. Peter Murray expressed his concern about the risks of managing how the guidance is acted upon, including financial implications.
6.5	Members discussed the new Open Badges which were developed in partnership with the Care Inspectorate. Council was pleased to see the collaboration between the two organisations to help develop an understanding between them.
6.6	The Council
	1. noted the information contained in the report.
7.	Appointment of Chair, Vice Chair and Members to Audit and Assurance Committee
7.1	Sandra Campbell presented report 30/2024 which sought approval for changes to membership of the Audit and Assurance Committee following the changes to the Council membership, which included Peter Murray taking up the position of Interim Convener at the beginning of October 2024.
7.2	<p>After discussion on the timing of the changes, the Council agreed</p> <ol style="list-style-type: none"> 1. Lindsay MacDonald is appointed Chair of the Audit and Assurance Committee and Rona King appointed Vice Chair of the Committee both with effect from 1 September 2024. 2. Peter Murray will remain as a member of the Committee until his appointment as Interim Convener comes into effect on 1 October 2024. 3. Three members are to be appointed to Audit and Assurance Committee, to replace the positions left vacant by Alan Baird, Theresa Allison and Peter Murray. These will be appointed once the three newly appointed Council Members take up their position on 1 September 2024.
8.	Audit and Assurance Committee report to Council
8.1	Alan Baird presented report 31/2024, which summarised the matters dealt with at the Audit and Assurance Committee held on 30 July 2024.
8.2	<p>He highlighted the following matters which were discussed at the meeting</p> <ul style="list-style-type: none"> • The Strategic Performance Indicators (SPIs), including the benefits realised and to be realised from the launch of the Future Proofing Programme. • The four internal audit reports which showed consistency and high quality in line with others which had been presented throughout the year.

	<ul style="list-style-type: none"> Particular discussion had taken place on the consultancy review of the Rewards Review and it was noted that it contained a number of recommendations. Members agreed that this had been a complex piece of work and the auditor had engaged with the Members and officers involved and discussed and considered the concerns expressed. It was noted that management had accepted the recommendations and a number of these had already been acted upon. Alan Baird assured Members that the external auditors had received papers relating to the Rewards Review and were aware of the decisions that had been made in relation to it. Members expressed their views that lessons had been learned from this project and were confident that a similar scenario regarding governance and decision-making would not happen again in future. The new Counter Fraud Policy developed and tailored to the SSSC, by the Head of Legal and Corporate Governance, as the contract with Counter Fraud Services had terminated.
8.3	Edel Harris had a query around an SPI around average time for a person to become registered with the SSSC. Hannah Coleman explained that the change to legislation to shorten the time to register and the figures in the assurance report were predictions, but once data from the change to legislation kicks in, these figures will be easier to predict more accurately. This led to further discussion on non-registered workers and while the shorter time to register should result in workers being registered more quickly, Care Inspectorate have a compliance role to play in ensuring that services do not employ unregistered workers. The responsibility for this lies with the employer and not the individual. Doug Moodie confirmed that worker records are checked during inspections of premises.
8.4	Hannah Coleman clarified that by changing the time allowed to register, this did not affect the time taken to process the application. This would still be carried out within the allocated timescale. The change to timescales affects the time a worker has in order to apply to register.
8.5	Peter Murray suggested that step two of the Assurance Map should include a date for action.
8.6	The Council <ol style="list-style-type: none"> 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 noted that Committee: <ol style="list-style-type: none"> approved the revised Assurance Report template noted the internal audit reports and approved the management response to the recommendations in the auditors Consultancy Review of the Rewards Review approved the Counter Fraud Policy.

9.	Anonymous complaint addressed to Council Members
9.1	Laura Lamb presented report 32/2024, which summarised an anonymous complaint which raised concerns re practices across the organisation and which had been sent to Council Members.
9.2	The report set out the reasons that the correspondence did not meet the definition of whistleblowing. It detailed how the complaint was investigated along with the outcome of the investigations. It was noted that while the allegations were not substantiated, a number of actions will be put in place to raise awareness of and assure staff and Members of policies and processes we have.
9.3	Members were assured that all steps were taken to investigate fully the allegations made although further detail could not be obtained, as the complaint was submitted anonymously. Members were also reminded of the outcomes of the staff surveys carried out annually and also the annual staff events which give Members the opportunity to mingle and talk to all staff who attend the events.
9.4	The Council endorsed 1. the action taken to investigate the anonymous complaint 2. the recommendations contained in the report.
	<i>Council recessed for a short break</i>
10.	SSSC Response to the Nursing and Midwifery Council (NMC) Independent Culture Review Report July 2024
10.1	Hannah Coleman presented report 33/2023, which summarised our response in relation to the Independent Culture Review published by the NMC. There were 36 recommendations to the NMC and we have categorised these into three main areas of concern and considered and addressed these in the report. <ul style="list-style-type: none"> • We have no backlog of cases and our time to close cases is significantly less than the NMC. Our investigation timescales compare very favourably with other regulators. • We have an external firm of solicitors who audit our decision making in our cases and to date no concerns have been raised. We have decisions guidance which includes guidance on sexual misconduct including that outside of work. It also covers racist abuse and discrimination. • We have in place a support service for workers involved in the hearings process with officers trained in mental first aid. We hold meetings with the FtP representatives' group to help identify and address issues and areas where improvements may be made.
10.2	There was some discussion on how the issues in the NMC related to issues addressed in the previous discussion item. Hannah Coleman referred to the positive results from the annual surveys carried out. She also addressed the question over the SSSC approach to people taking part in the hearings process and confirmed that we do

	proactively engage with employers to make sure we are addressing issues raised or perceived.
10.3	The Council endorsed the following planned management actions: <ul style="list-style-type: none"> • complete audit of case decisions • direct Investors in People to focus on the cultural issues identified in the Review when carrying out their assessment later this year, the outcomes of which we will report back to Council.
11.	Review of Registration Fees
11.1	Maree Allison presented report 34/2023, which sought approval to amend the consultation proposals to take account of the proposed change to the annual level of fees in order to keep within the parameters of the current legislation. Discussions with Scottish Government revealed that it would prefer the increases to be a fixed amount each year, rather than a percentage increase annually, in order to provide more certainty of income.
11.2	The Coalition of Care and Support Providers in Scotland (CCPS) expressed concern that increases in fees would lead to higher turnover of staff. It also highlighted the inequality between sectors as the local authority met the fees of its employees. Feedback from other stakeholders was in a similar vein.
11.3	Maree Allison confirmed that the consultation was planned to take place from end of September to end of December with a report coming to the meeting of Council in February 2025. She also confirmed that the use of the comparisons of other regulators were those which most closely matched the professions and salaries of their registered workers.
11.4	A number of questions were raised and answered <ul style="list-style-type: none"> • There was no direction from Scottish Government to set fees to bridge the funding gap. • The disparity arising from funding of local authority workers' fees was discussed with Scottish Government. • A yearly percentage increase was not acceptable to Scottish Government and the levels now proposed are based on a five-year projection. Proposed increases are rounded to the nearest pound resulting in students paying a slightly higher percentage increase. The proposed increases are set at maximum level. When the report comes to Council in February it can make a different decision.
11.5	Council discussion then turned again to the disparity between local authority workers and those in private and third sector and the bias this may create in the consultation response. Members agreed and acknowledged that this is a concern over which SSSC has no control.
11.6	The Council approved amending the consultation proposals to: <ol style="list-style-type: none"> 1. annual changes to fee levels for five years 2. annual increases of: <ul style="list-style-type: none"> £2 for students

	£3 for support workers £4 for practitioner/supervisor £8 for manager/social worker.
12.	People Strategy Annual report
12.1	Laura Lamb presented report 35/2023 which set out the progress on the current People Strategy and also presented the next strategy which takes us through 2024 – 2027. The focus for the new strategy continues to be around leadership and managing change and this includes remote teams and managing attendance. She highlighted the various promotions and staff moves within the past year and the benefits in agile working, which allowed posts to be filled from people not living in the area local to the offices. Laura Lamb also mentioned that due to funding challenges, some of the initiatives in the current strategy could not be progressed however have been included in the new strategy.
12.2	Laura Lamb advised that the 2024 -2027 strategy focussed on four pillars: A great place to lead and inspire A great place to develop A great place to be yourself A great place to work and make a difference. She confirmed that the strategy had been reviewed at the Partnership Forum and also circulated to staff for comment.
12.3	The main areas for discussion were: <ul style="list-style-type: none"> • The focus on this strategy was about developing culture, agile working and the package we offer staff rather than reward, as reward is an area where we have little control. • Is it possible to have actual staff in the graphics rather than stock pictures? • Are the measurables sufficient for the level of expectation of the Council, some appear to be statements and not connected to something that can be measured? Laura Lamb clarified that these will be clearer in the delivery plan and perhaps the wording of the strategy isn't clear and will be revisited to be outcome rather than output focussed. She added that the outcomes and measures will be reported in the annual report to Council.
12.4	The Council
	1. approved the new People Strategy 2024-2027
	2. endorsed the progress made in the final year of the 2021-2024 Strategy.
13.	People management policies – Grievance Policy
13.1	Laura Lamb presented report 36/2023, along with the revised Grievance Policy, for approval. She advised that changes were mainly around providing greater detail and clarity for staff of the processes relating to the policy

13.2	Laura Lamb clarified there was no detriment to staff who were moved from a process in the older policy onto the processes in new policy. She also confirmed that the trade union had no specific issues and were content with the policy as a whole.
13.3	Sharon Ballingall commented on ease of reading and following the policy and clarity on procedures. It was noted that this was part of the aims of the review.
13.4	The Council 1. approved the updated Grievance Policy.
14.	Records Management Policy
14.1	Natalie Sutherland presented report 37/2023, along with the Records Management policy which had been reviewed by officers and some minor changes made.
14.2	Questions were asked about procedures which supported the policy and Natalie Sutherland assured Members that there were a number of supporting processes and procedures within the records management plan and gave a verbal overview of these. It was noted that officers were also working through further improvements to the processes.
14.3	The Council 1. approved the reviewed Records Management Policy attached at Appendix 1 to the report.
15.	Council action record
15.1	Council noted that one action, C24/02, was complete and would be archived for future reference. All others were in progress, including several with future reporting dates in place.
16.	Date of next meeting and calendar of business
16.1	The next scheduled meeting of the Council will be held on Thursday 29 October 2024 to approve the Annual Report and Accounts.
16.2	The next meeting for usual business will be Thursday 21 November 2024.
16.3	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 _____

Title of Report	Interim Convener's Report
Summary/purpose of report	Update on the Interim Convener's activities since taking up appointment on 1 October 2024.
Recommendations	The Council is asked to <ol style="list-style-type: none"> 1. note the summary of recent key issues and activities from the viewpoint of the Interim Convener 2. approve a change to the date of Council budget approval meeting in March 2025.
Author	Peter Murray, Interim Convener
Link to Strategic Plan	The information in this report links to: <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.
	Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.
	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.

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

EXECUTIVE SUMMARY

1. This report covers the Interim Convener's activities since taking up appointment on 1 October 2024.

INTRODUCTION

2. Although officially in post since the 1 October, Sandra kindly allowed me access to her world several weeks before that to ensure a smooth hand over. I am very grateful to the Executive Management Team (EMT) for their generosity of time and the patience to help me settle into this new role.

INTERIM CONVENER – INDUCTION

3. In the later part of September, I have had a number of meetings with Maree and the wider EMT. I was able to hear first hand the work they are involved in their thoughts for the immediate future. These discussions included the fees consultation, the potential extension of the register, new data sources employed by Workforce, Education and Standards (WES) and the beginning of the analysis to be able to develop a 26-29 strategic plan.

MEETINGS WITH THE SCOTTISH GOVERNMENT

4. On Friday the 11 October along with Maree I met with Iona Colvin, Chief Social Work Adviser. We picked some of the current issues such as the Notice of Decision, the fees consultation and the National Care Service and the National Social Work Agency. We also covered the issues raised with the Minister.

UPDATE ON MEETING WITH THE MINISTER (10 October 2024)

5. Along with Maree I met the Minister for Children and Young People Natalie Don-Innes on the 10 October. We discussed a range of current issues including the fees consultation, the work WES are doing improving the resources available to support the registered workforce in their role and Future Proofing Programme work.

GENERAL ENGAGEMENTS

6. I attended the Social Work Scotland Conference which was entitled 'Developing Leaders of the Future' There were some very interesting perspectives on leader from the speakers in particular a slightly more controversial pitch from a freelance journalist Penny Taylor who encouraged greater transparency in the media by social workers.

7. I, along with a number of Council colleagues attended the Staff event which was a terrific engagement opportunity with over 230 attending. Some excellent presentations covering a range of topics including collaborative working, volunteering opportunities for staff and some challenges of regulation in remote rural parts of Scotland.

CHANGES IN COUNCIL MEETING DATES

8. I have discussed a proposal from EMT to change the following meeting date. This is to allow more time for receipt of the Scottish Government funding letter and is consistent with Council meeting on Thursdays.
9. I am asking Council to approve the change from Monday 24 March 2025 to Thursday 27 March 2025.

CONCLUSION

10. This has been a pretty fast start to my new role with a range of really interesting new experiences. I look forward to supporting the Council and EMT and in particular new Council Members who need any assistance to allow them to feel comfortable supporting the work of the Council.

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

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

INTRODUCTION

1. As set out in the Executive Framework Document agreed by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last full Council meeting on 22 August 2024, and looks forward to emerging issues.

KEY POINTS

2. We launched our consultation on registration fee levels on 30 September. We have received over 1600 responses and the consultation closes on 23 December. I have been asked questions about the consultation at a number of forums, including Unison's Social Work Issues Group. We will report the outcome of the consultation to the Council meeting on 27 February 2025.
3. I gave evidence about the National Care Service Bill to the Health, Social Care and Sport Committee on 1 October, following the announcement from the Convention of Scottish Local Authorities (COSLA) of their withdrawal from the joint accountability agreement. The Committee's focus was on elements of the Bill which could proceed without the joint accountability agreement, such as the National Social Work Agency.
4. The final Stakeholder Engagement Group meeting of the Future Proofing Programme took place on 12 November and the last Sponsor Group meeting is due to take place on 20 November. Council Members will receive a programme closure report at the Council Meeting on 27 February 2025. Whilst we are dealing with some issues overall the Programme has been successful and we are grateful to Members for their involvement and support.

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

5. Our consultation on proposed amendments to our Fitness to Practise Decisions Guidance, used when making decisions in Fitness to Practise cases, closed on 27 September. We are now analysing the 50 responses received and considering making some amendments to the proposals. The changes strengthen our approach to some of the areas which were highlighted in the Nursing and Midwifery Report Members considered at the meeting in August. We are aiming to launch the new Guidance in the Spring.
6. We have drafted a range of Practice Notes to support our hearings process, which we will launch along with our amended Decisions Guidance. These

set out guidance on a range of topics such as postponement of hearings, conflict of interest, and expert evidence, using an approach which is in line with other regulators.

7. We had an external qualification verification visit for Scottish Vocational Qualifications (SVQ) Management and SVQ Business and Administration (carried out by Scottish Qualifications Authority (SQA)) and received an outcome of high confidence across the board.
8. The Professional Health and Social Care Regulation Conference took place on 6 November. This is a Scottish Government run conference focusing on professional regulation. I was due to attend and present but unfortunately was delayed on my return from leave due to weather conditions. Hannah Coleman and Kristina Robb, Learning and Development Adviser, both spoke at the conference.

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

9. The Newly Qualified Social Worker (NQSW) mandatory supported first year in practice in came into effect from 1 October and was launched by the Minister at the NQSW annual conference, at which I also had the privilege of speaking. This is a significant development aimed at supporting those entering professional practice and improving retention. The new Codes of Practice and Continuous Professional Learning (CPL) both specifically support this initiative.
10. The SVQ Integrated (health and social care) award has been approved by the Scottish Qualifications Authority (SQA) and will be ready for delivery by training providers by end of the year. We are working with SQA and NHS Education Scotland (NES) at supporting and promoting the launch and roll out.
11. We are collaborating with the Scottish Fire and Rescue Service to develop online learning modules and practice support app for frontline and managers/supervisors in care-at-home staff. The learning modules will focus on topics such as hoarding, use of emollients, safe use and storage of batteries in mobility scooters, vapes, and oxygen in care settings.
12. We have developed a series of learning modules in conjunction with Independent Living Fund (ILF) Scotland aimed at Social Workers supporting them to understand ILF processes and best practice. These will be published both on the SSSC Learning Zone and ILF Scotland's own website.
13. I was invited to speak at the Care Inspectorate award ceremony for Inspectors who had achieved their Professional Development Award in Scrutiny and Improvement Practice. This is the qualification that is a

condition of registration for Care Inspectorate Inspectors and is a bespoke specialist award.

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

14. We are leading work with Leading2Change, Coalition of Care and Support Providers (CCPS) and Scottish Care to deliver a combination of four face to face and four online sessions for those newly recruited into a supervisory role and / or those who are in a supervisory role and working toward their formal qualifications. (Face to face sessions will be hosted in Glasgow, Perth, Aberdeen and Dumfries and Galloway). Participants will have the opportunity to record their reflection on learning and its application in practice to support their qualification achievement and evidence of CPL.
15. We have been supporting the Care Inspectorate in the delivery of their Care Home Improvement Programme, including delivery of a day of input on Leadership support for Cohort 2 of the programme which started in October 2024. Themes emerging within Cohort 2 have included the impact of working with and supporting an increasingly multi-cultural workforce whilst still carrying high vacancy rates.
16. We are holding a number of information and engagement sessions for workers and employers on our new approach to CPL, Return to Practice requirement for social workers and online events to help employers understand the process for registration when individuals are applying with an international social work qualification.
17. In September we recruited eight new participants to Cohort 50 of the Scottish Improvement Leaders programme (ScIL) which will start in November 2024. We fund these places on the programme to increase improvement leadership capacity in the sector. Six of the eight participants were from social work and two were from adult social care.
18. We are delivering an online seminar on supervision in November for Fair Work Effective Voice test sites.

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. In the summer Scottish Government announced a new grant to be paid to social work students to support their travel costs whilst on placement. The new Practice Learning Support Grant is paid to students who have been resident in Scotland for three years or more and who are not sponsored for their studies by their employer. Scottish Government requested that we administer the grant on their behalf. We developed our digital systems to support the process and reduce the effort involved in making payments to an estimated 1,200 eligible students each year. In October

this year we started to make the payments to every eligible first and second year students undertaking a post graduate programme and to third and fourth year students undertaking an undergraduate programme. This work has created an additional opportunity to improve the process of collecting practice learning data on each student which has been welcomed by universities.

20. The Office for Statistics Regulation (OSR) undertook a compliance review of our Mental Health Officer report which is designated as a set of accredited official statistics. They confirmed "that these accredited official statistics continue to meet the standards of trustworthiness, quality and value in the Code of Practice for Statistics".
21. The SSSC has been asked to lead the workforce workstream of the National Social Care Data and Intelligence Board.
22. We are leading work with partners who attend our Careers and Employability group to promote careers week (11-15 November). Over the last quarter we have created new video content for adult social care and early years roles both to host on website and to promote through social media. We are working with Skills Development Scotland, Developing Young Workforce (DYW), NES Youth Academy and Centre for Workforce Supply to provide support to DYW live events. We have scheduled a series of communications to go out over the course of the week which will be further promoted by the Careers/Employability group members and networks using #ShapeTheFuture. We will be re-promoting careers toolkit, pre-employment resources and ten steps guide.
23. We are working with Scottish Refugee Council to include voices of refugees and asylum seekers in development of new career stories / videos.

SUSTAINABLE ORGANISATION

24. We held our staff conference on the 30 October 2024. The event was well attended and received great feedback. Staff were particularly positive about the external speakers and hearing about the different work of the organisation.
25. Representatives from the Offices of Statistics Regulation attended a session in October to help us consider the codes of practice for official and national statistics and better understand the statistics landscape in the UK.
26. We will be publishing the equality data registration report this week. This report follows the format of other regulators in the UK publishing the equalities data of those on the register. Our next steps will be to discuss

the findings with stakeholders and look at further research focussed on parts of the sector.

27. We developed our internal Equality and Diversity Inclusion community of practice group for our equality work in August 2023. To date the SSSC Equality Forum has held five sessions. Each of the sessions has been attended by between 15 and 30 members, the topics of discussion are below:
- Our first session we hosted the Council for Ethnic Minority Voluntary Organisations (CEMVO) who gave a presentation on inclusion in the workplace.
 - The second session hosted a presentation from a trainee solicitor in the Fitness to Practise department on the Law Society of Scotland's Profile of the Profession and what it meant for the SSSC. The session also allowed staff to feedback on what they wanted from the Forum and the consensus was that the appetite for a formally structured forum was minimal and the idea of having a charter was rejected by the group. The group indicated that they wanted sessions more focused on specific issues.
 - We used the third session to inform staff of our reporting duties under the Equality Act 2010 and the Public Sector Equality Duty. The session was primarily used to allow staff to provide feedback on how well they felt we were promoting equality across the organisation.
 - The fourth session hosted a presentation from Lucy Mulvagh, the Director of Policy, Research and Impact at the Health and Social Care Alliance Scotland. This session looked at the key principles of human rights, how these can be translated into practice and what the future policy and sector landscape looks like. This session was attended by 39 members of staff.
 - The most recent SSSC Equality Forum session hosted an 'Introduction to Neuroinclusion at work' from the charity Salvesen Mindroom. Neuroinclusion was a topic that our survey indicated that staff would be interested in learning about.

HORIZON SCANNING

28. **National Care Service (Scotland) Bill:** The Health, Social Care and Sport Committee is considering proposed Stage 2 amendments. Key changes include the creation of a National Care Service (NCS) Board and local Boards. The Scottish Government is considering areas such as Anne's law and whether children's services or justice social work services should be in the NCS.

29. **Care experience and future of foster care:** The Scottish Government is consulting on a universal definition of care experience. A definition would aim to normalise care and ensure that everyone understands their rights and entitlements. A separate consultation on the future of foster care explores areas such as recruitment, retention, development and the Standard for Foster Care. Both consultations close in early 2025.
30. **Palliative care:** The Scottish Government is consulting on the proposed Palliative Care Strategy 2025-2030. One of the proposed outcomes is about ensuring that staff who deliver palliative care are trained, skilled and supported. The strategy references the role of the SSSC and NES Palliative Care Education Framework and ensuring Health and Social Care Partnerships and Health Boards support the delivery of training in line with the framework. The consultation closes in January 2025.
31. **Post-School Education and Skills Reform:** The Scottish Government recently consulted on changes to the roles of the three funding bodies in the post-school system: Student Awards Agency Scotland, the Scottish Funding Council and Skills Development Scotland. The Scottish Government intends to legislate so that the law is changed before the end of the current parliamentary session in 2026.
32. **Adults with Incapacity Amendment Act:** The Scottish Government recently held a consultation on proposed changes to the Adults with Incapacity (Scotland) Act 2000. In our response we welcomed the renewed focus on ascertaining the will and preferences of adults. We also highlighted the need to consider the role of registered workers in any proposed right of appeal in relation to Deprivation of Liberty.

CONSULTATION

33. 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

34. There are no risks identified.

RESOURCING

35. There are no resourcing issues.

COMPLIANCE

36. There are no compliance issues.

IMPACT ASSESSMENT

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

CONCLUSION

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

Title of report	Audit and Assurance Committee report to Council
Public	Public
Summary/purpose of report	To make recommendations from the Audit and Assurance Committee
Recommendations	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> 1. the Council accepts that the assurance report presents a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management. 2. the Council notes that Committee <ol style="list-style-type: none"> a. recommends that a review of the level of general reserve should take place during budget setting for 2025/26 b. noted the Risk Register was dated at 30 October 2024 and included the calculation of risks associated with the FPP Notices issue c. approved the extension, to 31 March 2025, of time allowed to complete recommendation 1 of the Internal Workforce Planning Management Information audit report d. endorsed the procurement update and performance report 2023/24.
Author	Lindsay MacDonald, Chair, Audit and Assurance Committee
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p>

	<p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessments	An Impact Assessment (IA) was not required.
Documents attached	<p>Apx 1 - Assurance report at 30 September 2024</p> <p>Apx 2 - Risk Register as at 30 October 2024</p> <p>Apx 3 - Assurance Map as at 30 September 2024</p>
Background papers	<p>Draft AAC minutes 29 Oct 2024</p> <p>Procurement report and performance report 2023/24</p>

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 items which were not considered as confidential matters of the Audit and Assurance Committee to SSSC Council following the Committee's meeting on 29 October 2024.

ASSURANCE REPORT

3. The Committee reviewed the assurance report as of 30 September 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 of £592k however by filling some vacancies with agency staff there was a cost of £88k, reducing actual salary savings. It was noted that staff costs now included Fitness to Practice Panel Members allowances.
5. Committee also discussed the level of general reserves which was set at 2-2.5% and while it was noted there was no evidence for setting at this level, it was agreed that this should be considered for review in light of benchmarking against other public bodies, who set their levels much higher. The Committee recommends that the review will be carried out at budget setting stage.

Strategic Performance Indicators

6. Committee noted that some of the figures did not yet show improvements from the launch of the Future Proofing Programme (FPP), however these should be available by February 2025. A new model to report the registration figures would be looked into in view of the enhanced information which would be ingathered through the FPP.
7. Committee also noted that a separate report on the qualified status of the workforce will be submitted to November Council meeting.

HR data

8. Committee noted the staff turnover figures noting that some staff had been seconded into FPP posts and there was also a higher than usual level of maternity leave in the Regulation directorate. Some long-term staff absences were attributed to ongoing HR issues.

Risk Register

9. Committee noted that the Risk Register was as at 30 October 2024, in order to include the risk associated with the recent FPP issues which were reported separately to Committee.

Assurance Map

10. Members noted the Assurance Map.

AUDIT REPORTS

11. The Committee was presented with the following audit reports from Henderson Loggie:
Future Proofing Programme Systems control
Complaints
Internal Audit Progress report
12. The Future Proofing System Controls report was the final version of the report which was submitted in draft to the previous meeting in August. There remained only one recommendation regarding control of refunds and it was noted that this work had a completion date of 31 March 2025.
13. The report on Complaints provided a good level of assurance and positive comments from the auditor on the learning from complaints and staff training provided.
14. The follow-up review provided detail on the progress against the 2024/25 audit plan.
15. The Committee reviewed the internal/external audit tracker and approved the extension time to complete for one action. as requested by management.
16. The Committee took assurances from the auditor's reports and the management's tracker on completion of recommendations and also that processes are in place and recommended actions and timescales adhered to, or proper procedure is followed to request a change or extension to these.

PROCUREMENT UPDATE AND PERFORMANCE REPORT 2023/24

17. The Committee took assurance from the positive report on procurement that the proper processes were in place for procurement of services including the use of the Central Government Procurement Shared Service (CGPSS) which ensured that due processes and due diligence had been carried out with regard to the companies included in the database.

HORIZON SCANNING

18. Committee noted
 - Risks from the use of Artificial Intelligence (AI) could be considered for inclusion in the Risk Register.
 - Updates on the National Care Service (NCS) and the need for the SSSC to keep abreast of delays and changes in order to help ensure the continuation of care services.
 - David Archibald will update the Chair on changes to the role and remit of the Audit and Assurance Committee and its members, brought about by the changes in global internal audit standards which will come into effect in spring 2025.

CONSULTATION

19. 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

20. 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

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

Compliance

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

IMPACT ASSESSMENT (IA)

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

CONCLUSION

24. 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.
25. The Committee requests that Council takes assurance, following consideration of the documents, that the Committee has been presented with a fair view of the operational and financial performance and risks facing the SSSC.

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

ASSURANCE REPORT AS OF 30 SEPTEMBER 2024

Audit and Assurance Committee

29 October 2024

Agenda item: 07

Action: For Decision

EXECUTIVE SUMMARY

SEPTEMBER 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	5.2	+0.6	↓	Red	Review and manage through year with any reserves above target applied to reduce the Spending Pressure. There is a plan identified below to reduce reserves.
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	27.9	-1.9	↑	Red	Legislative change introduced by the Future Proofing Programme will reduce time to apply and improve performance over the year.
2.2 Reg	SSSC will maintain the number of open fitness to practise cases at an acceptable level	1	1	1850	1948	+49	↓	Amber	Year-end position based on current performance trends. Medium potential to be green.
	95% of our open cases will be less than three-years-old	1	1	95.0	96.4	+0.2	↑	Green	
2.3 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	33.0	35.4	+0.0	↑	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	82.8	+0.6	↑	Green	Annual declaration data now coming in to these measures
	Cumulative performance (%)	2	2	80.0	82.1	+1.2	↑	Green	

KOI	KOI Description	Outcome	Risk	Ambition	Current		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	4.3	-0.7	↕	-	
4.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	15.0	+1.7	↕	-	
5.1 KOI Reg	Registrant workforce numbers			N/A	176.6k	-500	-	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	14.9	+2.0	-	N/A	
5.3 KOI S&P	The percentage of the workforce with the correct qualification (%)	1,2,3,4		N/A	52.2	-	-	N/A	Could be influenced by current FPP prep work, expect changes over the next quarter to this figure.

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

Scottish Social Services Council	Projection						
Income Statement	Actual	Committed	Total Actual + Committed	Forecast remaining	Projection	Budget	Prior Year
Grant in Aid							
Staff Costs	7,786	86	7,872	8,503	16,375	16,714	15,851
Non Staff Costs	1,604	798	2,403	1,189	3,592	3,741	3,627
Grant in Aid & Other Income	(11,231)	0	(11,231)	(8,441)	(19,675)	(19,675)	(18,313)
Net Grant in Aid							
Expenditure/(Income)	(1,841)	885	(956)	1,251	292	781	1,164
GIA income Disbursements							
Post graduate bursaries	0	0	0	(2,655)	(2,655)	(2,655)	(2,655)
Practice learning fees	0	0	0	(3,852)	(3,852)	(3,852)	(3,852)
Payments							
Post graduate bursaries	738	58	796	903	1,699	2,655	2,545
Practice learning fees	148		148	3,819	3,967	3,852	3,505
Net Grant in Aid Disbursements	885	58	944	(1,785)	(841)	0	(457)
Income							
Voluntary Sector Development Fund	(8)	0	(8)	(592)	(600)	0	(747)
Other grants	(6)	0	(6)	(918)	(924)	0	(999)
Payments							
Voluntary Sector Development Fund	0	0	0	735	735	0	943
Other grants	(65)	0	(65)	1,681	1,616	15	843
Net Other Grants/Disbursements	(79)	0	(79)	906	827	15	40

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

The Results & Summary above show the projection for the year to 31 March 2025 based on reviews to the end September 2024.

The projection is the addition of actual income and expenditure to 30 September 2024, purchase orders committed but not spent and forecast of remaining income and expenditure to 31 March 2025.

- Our projected results show an expected underspend due to staffing costs as described below, mostly due to vacancies/turnover.
- Our projected reserves are currently higher than the 2.5% internal target, however there are risks that might require mitigating with the use reserves.
- There is an underspend expected in post graduate bursary due to lower number of students than expected. Scottish Government will decide regarding this underspend.
- Our spending pressure is now projected to be £0 due to decisions made with use of reserves and an additional £2.4m GIA.

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

In the first 6 months to 30 September, payroll costs show a £592k saving on budget (7.4%) 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 £88k and therefore reducing the salary savings. 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 work across support services however those posts are now filled.

Staff costs now include costs for the settlement of legal issues of £165k resulting in an overall net saving of £339k. Panel Member allowances (£617k) are also included in staff costs and are projected to be in line with budget.

Non Staff Costs represent the remaining 20% of expenditure.

This covers accommodation (£192k), administration and travel (£1.2m), digital costs (£1.5m), supplies and services (£452k) and projects (£356k). In comparison to the previous year, accommodation costs are lower due to reduced space (£270k) and transfer of lease costs to administration due to IFRS 16 (£175k). The main element within projects is explained in FPP 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 September 2024 we have drawn down £9.2m 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. PLF projections reflect the budget, however there is a projected underspend of £1,173k on PGB of which £300k is to be allocated to the Student Practice Learning Support Grant. The underspend is due to a reduction in student numbers and more students applying for funding through SAAS.

Other Disbursements cover the Voluntary Sector Development Fund (VSDF) and other grants. The main component of other grants is the Workforce Development Grant (WDG). These areas were not budgeted, and confirmation of the WDG is being pursued.

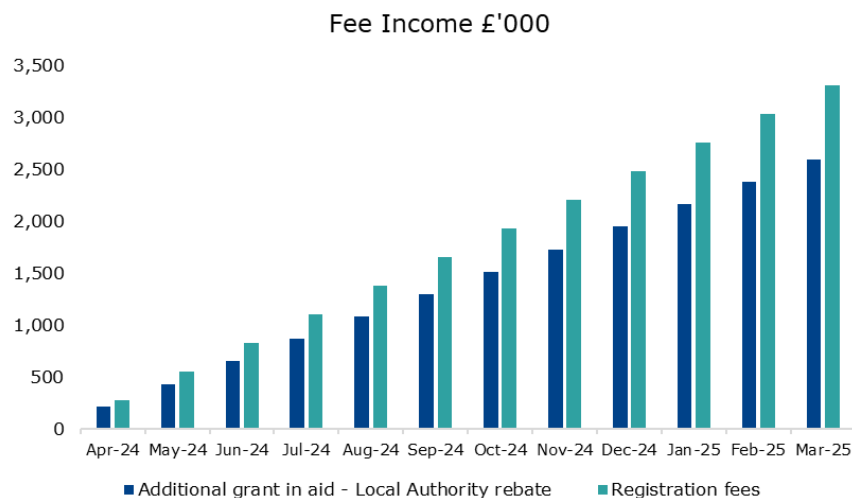
Additional funding of £700k has also been awarded for the Student Practice Learning Support Grant. Costs are expected to be around £900k, with a further £100k for travel costs. The shortfall is to be met from the expected underspend in the Post Graduate Bursaries budget.

The **Future Proofing Project (FPP)** was funded last year by both an allocation from the general reserve (£749k - see 1.5) and Scottish Government funding (£343k). This budget of £1,092k for 2023/24 resulted in an actual spend of £902k for the year and an underspend to be carried forward to 2024/25 of £190k. The project went live on 03 June and the budget to conclude in November 2024 is £303k. Our budget for 2024/25 budget, and specifically within Projects, includes £190k to bridge between the underspend last year and the £303k required until November. There is a £77k contingency to support any post implementation spend until March 2025.

1.2 Areas of exceptions and risk

Category	Exception/risk	Value	Comments
NOD issue	Other challenges may require potential payments regarding the NOD issue, external legal advice has been instructed.	Currently unknown	A paper is being presented to the Audit and Assurance Committee. Any payments that are required will need to be managed through use of reserves.
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 with 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.	£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. This will not affect our total end of year position.

1.3 Registration fee income



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

1.4 Funding and income

Funding and income	Budget £000	Scottish Government £000	Other £000	Drawdown /received £000	Projection 31 Mar 25 £000
Grant in aid *	13,428	13,428		9,200	13,428
Local Authority fees	2,593	2,593			2,593
Registration fees	3,310		3,310		3,310
Other income	344		344		344
	19,675	16,021	3,654	9,200	19,675
GIA - disbursements					
Practice Learning Fess	2,352	2,352			2,352
Additional Practice Learning funding	1,500	1,500			1,500
Post Graduate Bursaries	2,655	2,655			2,655
	6,507	6,507	0	0	6,507
Other disbursements					
Voluntary Sector Development Fund			600		600
Workforce Development Grant and others			924		924
	0	0	1,524	0	1,524
Spending pressure	796	0			0
Total funding and income	26,978	22,528	5,178	9,200	27,706

Total funding is budgeted at £27m with £9.2m being drawn down to 30 September 2024. 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. At this stage Other Disbursements are being finalised. 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
Balance at 31st March 2024	2,018	467	392
Carried Forward to 2024/25			
Post graduate bursaries		217	
Practice learning fees		250	
Voluntary Sector Development Fund			135
Other grants			257
Ring fenced			
IT Equipment	100		
Carried forward & Ring fenced	100	467	392
Available General Reserve	1,918	0	0
Balance at 1st April 2024	2,018	467	392
Expenditure	(19,967)	(5,666)	(2,351)
Funding from Government & other income	19,675	6,507	
Funding from Other Disbursements			1,5224
Transfer to Practice Learning Support Grant		(435)	435
Spending Pressure	796		
Balance at 31st March 2025	2,522	873	0
Carried Forward to 2025/26			
Post graduate bursaries		873	
Practice learning fees			
Voluntary Sector Development Fund			
Other grants			
Ring fenced			
Potential external issues (refer to 1.2)	135		
Removal of Spending Pressure	796		
Digital Equipment (refer to Non Staff Costs in 1.1)	200		
Carried forward & Ring fenced	1,131	873	0
Available General Reserve	1,391	0	0

The reserve is split into three categories:

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

GIA Disbursements – payments made for Post Graduate Bursaries and Practice Fee Learning which are recompensed by 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 £292k 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 totaling £200k for digital equipment and £135k 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 5.2%. Our aim will be to manage spending pressure reduction considering how available reserve is positioned within Ambition.

It is assumed the disbursements carried forward into 2024/25 will be disbursed in the year and that the underspend on PGB will be carried forward into 2025/26.

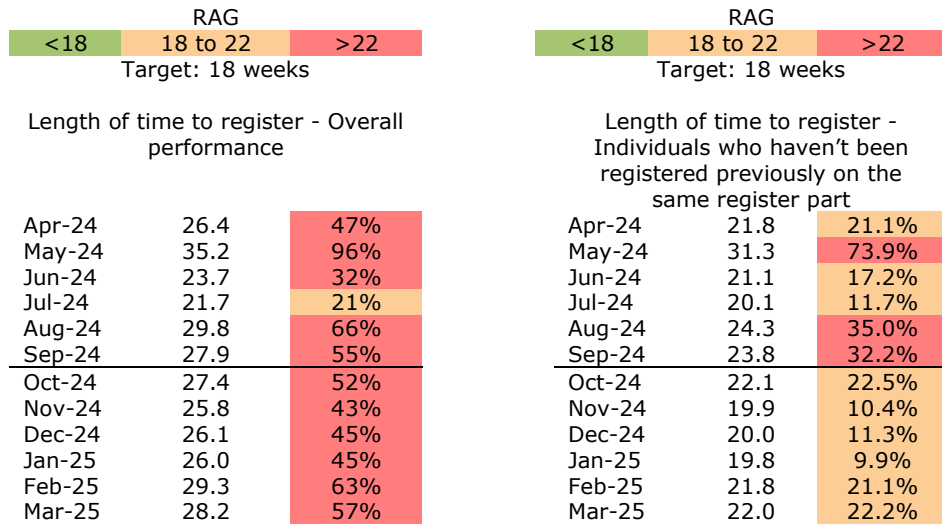
Approved Budgeted Expenditure		26,977
<i>(Staff Costs, Non-Staff Costs & disbursement payments)</i>		
Available Reserve (%)	5.2%	1,391
Range	lower	2.0% 540
	upper	2.5% 674

2. STRATEGIC PERFORMANCE INDICATORS

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

Assessment & Analysis

Time taken from employment to registration was 27.9 weeks in September 2024. Overall application to registration was 4.1 weeks, an increase of 0.2 weeks from the previous month.

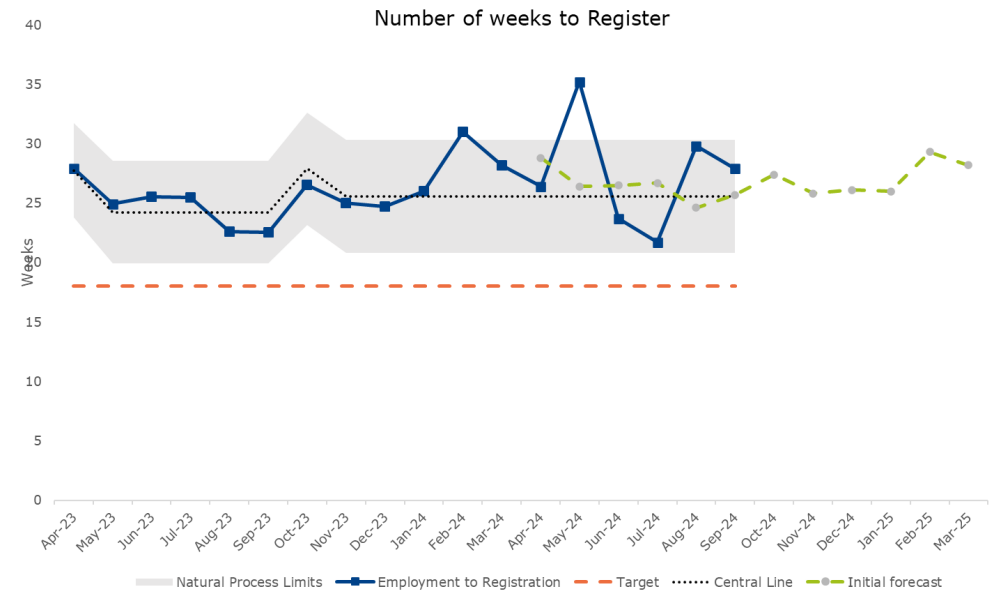


We have analysed the data and can see that the overall figure is influenced heavily by individuals who have been registered but needed to reapply for registration after being removed for failing to either pay a fee or renew.

The secondary measure looks at individuals who have registered for the first time or the first time on a new register level. This second measure will be further developed and improved to exclude certain scenarios in which the data should not be used in the calculation. For these individuals the time taken from employment to registration was 23.8 weeks in September 2024.

From 3 June, new workers need to apply for registration within three months and gain registration within six months (Future proofing legislation). People in roles before 3 June still have six months to apply for and gain registration.

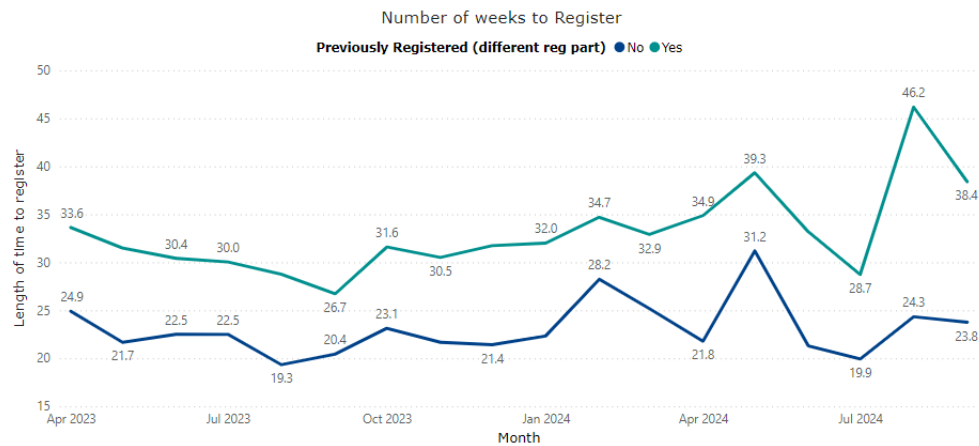
Data from April to September has been significantly impacted by FPP.



Our 'SSSC Registered' campaign launched in September. This includes on-going communications and resources to support employers in understanding the new requirements and encouraging their staff to apply for registration within the new three-month timescale.

We will need four to five months of data after the launch of the 'SSSC Registered' to understand the trends associated with the impact of the Future Proofing Programme, FPP. We will have a clearer understanding of this picture by February.

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



Management Action

We are prioritising resources to process applications. We expect internal processing times to reduce slightly in the coming weeks based on this. However, the most improved timescale we could reach for internal processing time will be two weeks which will not significantly improve the overall measure.

Once we have a clear understanding of the impact of the 'SSSC Registered' campaign, in February, we will develop a plan to target the time taken for applications to be submitted after new workers start in their role.

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

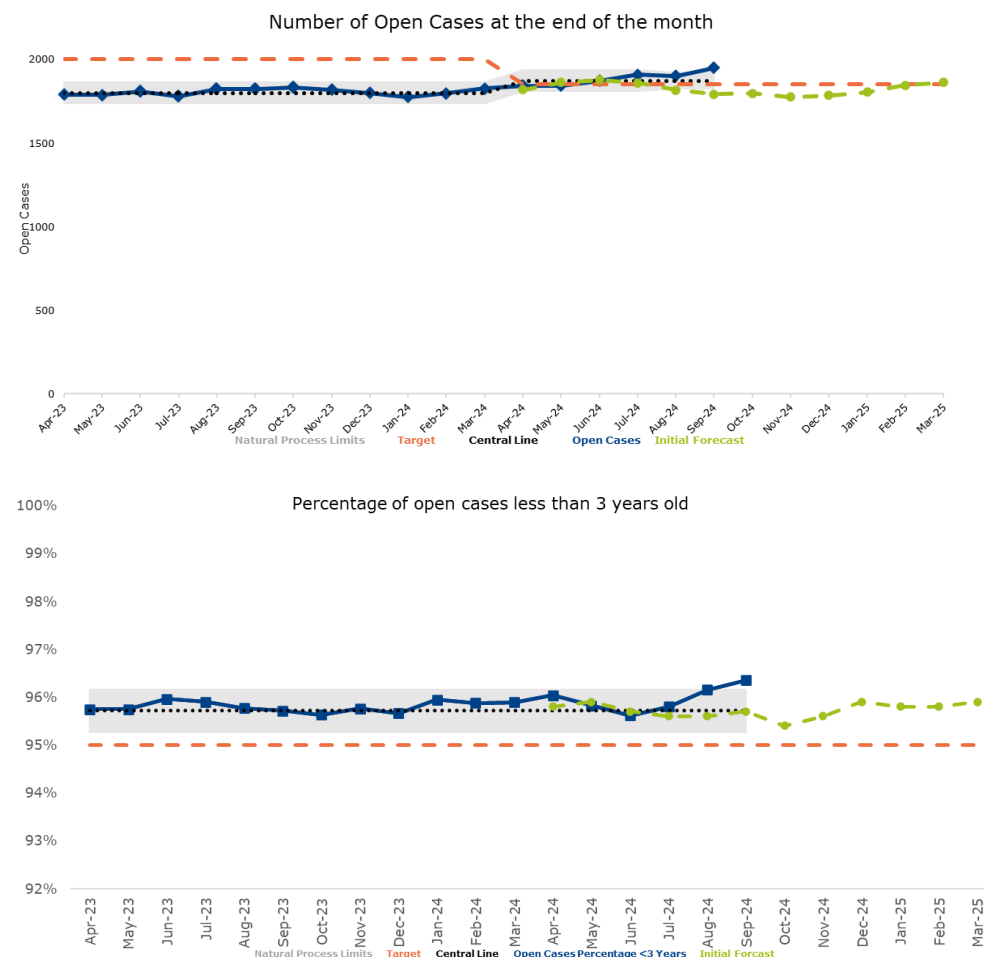
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. This analysis focuses on both number of cases open and how many of those are less than three years old.

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	1795	-3.0%	Oct-24	95.4%	0.4%
Nov-24	1775	-4.1%	Nov-24	95.6%	0.6%
Dec-24	1783	-3.6%	Dec-24	95.9%	1.0%
Jan-25	1804	-2.5%	Jan-25	95.8%	0.8%
Feb-25	1844	-0.3%	Feb-25	95.8%	0.9%
Mar-25	1861	0.6%	Mar-25	95.9%	1.0%

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

At the end of September 2024, the number of open cases was 1,948. An increase of 49 from the previous month and an increase of 127 from September 2023. Of these open cases, 96.4% (1,877 of 1,948) are less than three years old.

The number of open FtP cases is outside the natural processing limits for September 2024. We have seen an upward trend in the number of open FtP cases since January 2024.



Management Action

Performance has been amber for the previous three months and we have developed the following management action plan:

1. increase capacity by recruiting temporary FtP investigators to backfill maternity leaves (in progress)
2. submit 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 (complete, but subject to discussion).

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

Assessment & Analysis

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

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

	RAG	
	>33%	<28%
	28% to 33%	
	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	31.9%	-3.5%
Nov-24	32.3%	-2.2%
Dec-24	31.8%	-3.5%
Jan-25	32.4%	-1.7%
Feb-25	33.3%	0.8%
Mar-25	33.6%	1.8%

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

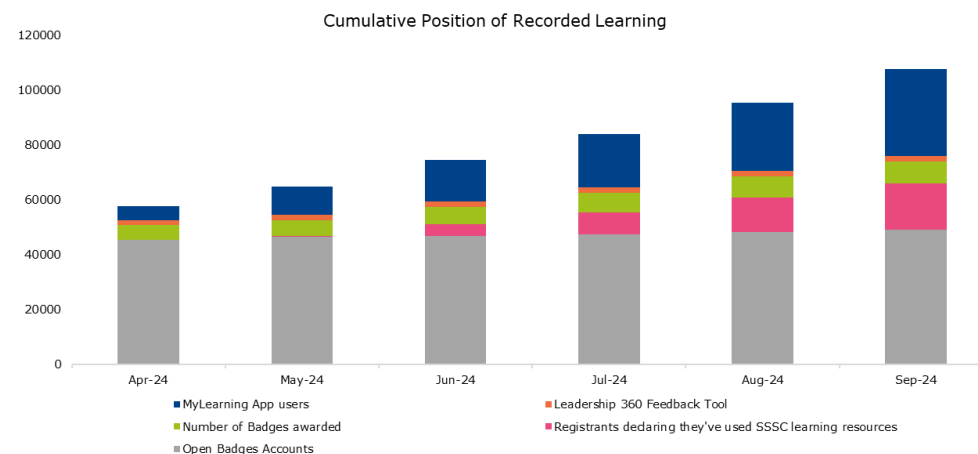
A new target of 33% has been agreed. The previous financial years performance led to a target of 28% being suggested however, due to improvement work planned and the introduction of annual declarations as a data source the target has been increased.

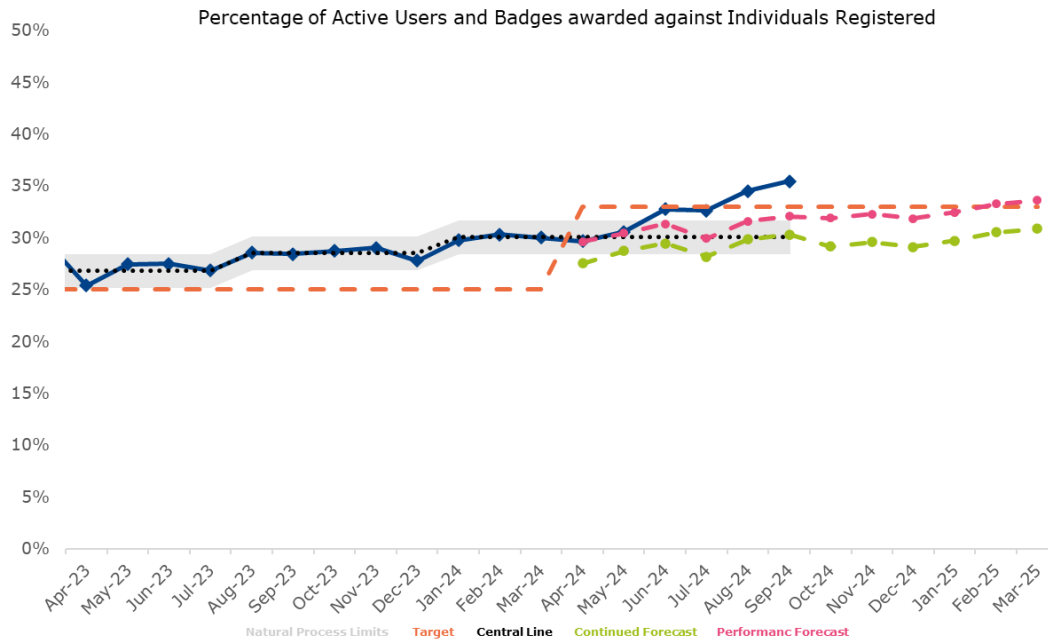
Performance has increased from 34.5% to 35.4%.

There were 493 badges awarded in September 2024, a decrease of 109 compared to last month but an increase of 122 from September 2023.

We currently have 48,977 active SSSC Open Badges user accounts and saw 6,755 users of the MyLearning app in the prior 30 days.

We also have now included a new part to the measure, the number of registrants who have answered yes on their annual declaration on if they used our learning resources. We have changed the calculation for this measure from declaration date to use submission date, for September this was 4,349 individuals.





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

Management Action

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

Assessment & Analysis

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

- the annual declaration from users, how many used CPL and how they rated the resources used when available.
- surveys across our corporate website and our learning zone
- post-event feedback

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

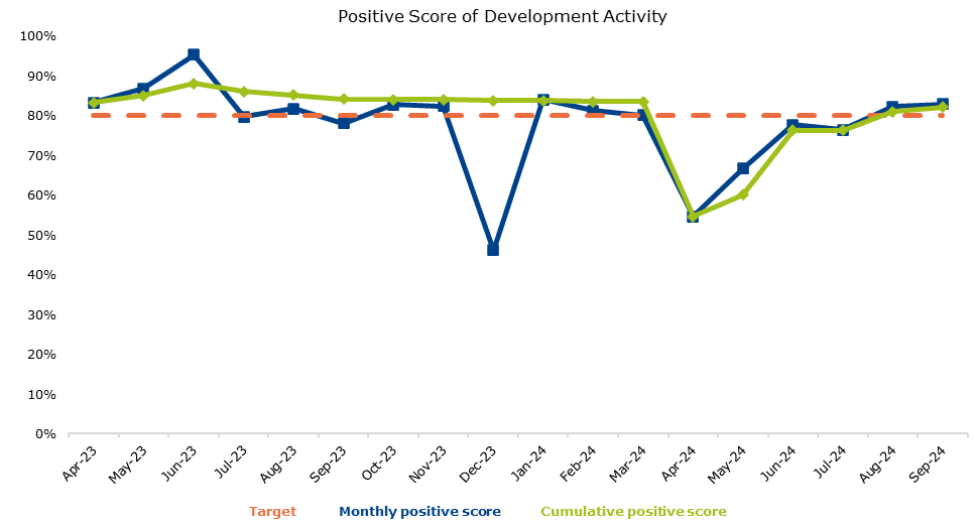
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance	Actual	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	84.3%	5.3%
Nov-24	80.8%	1.0%
Dec-24	77.5%	-3.1%
Jan-25	80.8%	1.0%
Feb-25	82.8%	3.5%
Mar-25	82.7%	3.4%

Cumulative Performance	Actual	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	81.3%	1.6%
Nov-24	81.2%	1.5%
Dec-24	80.7%	0.8%
Jan-25	80.7%	0.9%
Feb-25	80.9%	1.2%
Mar-25	81.1%	1.4%

From the above resources we received 4,525 responses, 4,282 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.



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
FPP	Launch of revised register, changes to qualifications, revised Codes of Practice: Quarter 1	100% of actions on track to deliver on time.	Launched Codes of Practice 01/05/24, ministerial launch 07/05/24. 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
NOS Review	NOS review. To be completed by December 2025 This is detailed in the strategic framework for Scotland's Early Learning and Childcare, School Aged Childcare and Childminding Services Profession	90% of actions on track to deliver on time. Project on track to deliver on time.	NOS review project plan and programme governance structure in place. Stakeholder Advisory Group and NOS Development Group 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	SfC&D have agreed to host a dedicated section on their website for the NOS review which will present this work as a UK wide effort. All countries are identifying projected budget spend so we can provide this to SDS in December.	Skilled
The Promise: Change Programme 1	Lead the refresh of the Common Core of skills, knowledge, understanding and values for the children's workforce in Scotland. Quarter 2	100% of actions on track to deliver on time.	Final revised common core with SG for sign off.	The Directorate for Children and Families in SG have confirmed this work has been delay and we await their response to the revised Common Core.	Skilled
Adult Social Care Skills Response Plan	Carried forward from 2023/4 Actions and timescales to be agreed by partners.	Delay in plan being established		Meeting held with partners and lead agencies SDS/NES on 7 October.	Skilled Confident Valued

<p>National Health and Social Care Workforce Strategy</p>	<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>	<p>100% of actions on track to deliver on time.</p>	<p>Commissioned by Joint Social Services Taskforce (JSST), to work with NES to develop:</p> <ul style="list-style-type: none"> • a career opportunities tool for adult and C&YP social care workforce • a national induction framework for adult social care workforce <p>Focused engagement with stakeholders for both areas of work.</p> <p>Collation of job families and job roles data being finalised for the career opportunities tool workstream.</p> <p>Started to identify what to include in the national induction framework.</p> <p>Digital options and budget for both workstreams being proposed.</p>	<p>Finalise job families document for the career opportunities tool workstream.</p> <p>Finalise the programmes of learning that will map to the themes identified in the national induction framework.</p> <p>Meeting planned with project sponsors and leads on 28 October to review progress and sign-off product development to date. Will also agree an evaluation plan for the project.</p> <p>Review digital options and resource requirements and agree for both workstreams so that digital development can be started.</p>	<p>Confident Valued</p>
	<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>	<p>Delay in plan and timeline being agreed</p>	<p>Project plan being developed by OSCWA. SSSC to lead technical expert group to support development of GA and approval of award for registration</p>	<p>Timeline for GA development being agreed with SDS and OCSWA.</p>	<p>Confident</p>
<p>National Dementia</p>	<p>SSSC and partners to establish a short life working group to:</p>	<p>Workforce Delivery Group considering</p>	<p>Further collaboration with SG and NES colleagues to agree how both NES and the SSSC</p>	<p>Work with NES to finalise paper and plan by 15 October.</p>	<p>Confident</p>

<p>Strategy delivery plan</p>	<ul style="list-style-type: none"> • 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. • 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 	<p>joint SSSC/NES workforce development proposal at their second meeting on 22 October.</p>	<p>will contribute to this work. Joint paper/plan being drafted to be presented to next workforce delivery group meeting on 22October for approval.</p>	<p>Agree any additional resource/budget requirements that will need to be requested to SG for agreed activity in 2025/26.</p>	
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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	Amber	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	<p>My Learning Development Project: Total deliverables: 5 Due: 2 Completed: 2 Delayed: 0</p> <p>SSSC Learning Zone Redevelopment Phase 2 Project: Total deliverables: 7 Due: 1 Completed: 1 Delayed: 0</p> <p>SSSC Corporate Website Development Project: Total deliverables: 6 Due: 2 Completed: 2 Delayed: 0</p> <p>D365 Contract project: Total deliverables: 3 Due: 1 Completed: 1 Delayed: 0</p> <p>AI pilot project: Total deliverables: 8 Due: 3 Completed: 3 Delayed: 0</p>	Risks and issues: 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

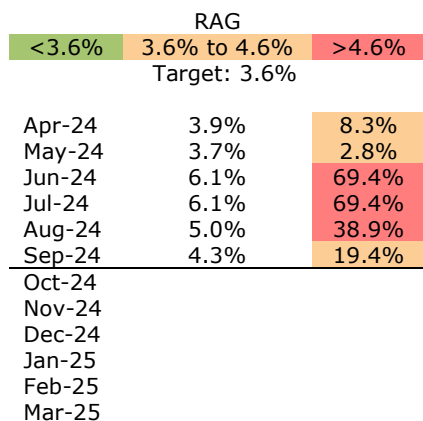
	Green	Orange	Green	Green	Orange		Practice learning support grant project: Total deliverables: 5 Due: 3 Completed: 3 Delayed: 0 CYP platform project: Total deliverables: 10 Due: 2 Completed: 2 Delayed: 0	
Future proofing digital changes 2024/25	Green	Red	Green	Green	Red	Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	Total deliverables: 1 Due: 1 Completed: 1 Delayed: 0	Risks and issues: Systems changes created issues with NODs as advised to AAC and Council.
Future-Proofing Programme	Green	Red	Green	Green	Red	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	Total deliverables: 13 Due: 12 Completed: 12 Delayed: 0	Risks and issues: Systems changes created issues with NODs as advised to AAC and Council.
JSST programme	Green	Green	Green	Green	Green	Both project workstreams are being monitored and approved by JSST Workstreams Project Board and Sponsor Group.	Total deliverables: 13 Due: 4 Completed: 4 Delayed: 0	Risks and issues:
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: 0 Delayed: 1	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.



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.

12 employees were off on long term sick in September 2024. These were in five different absence categories and make up 3.1% of the sickness absence rate.

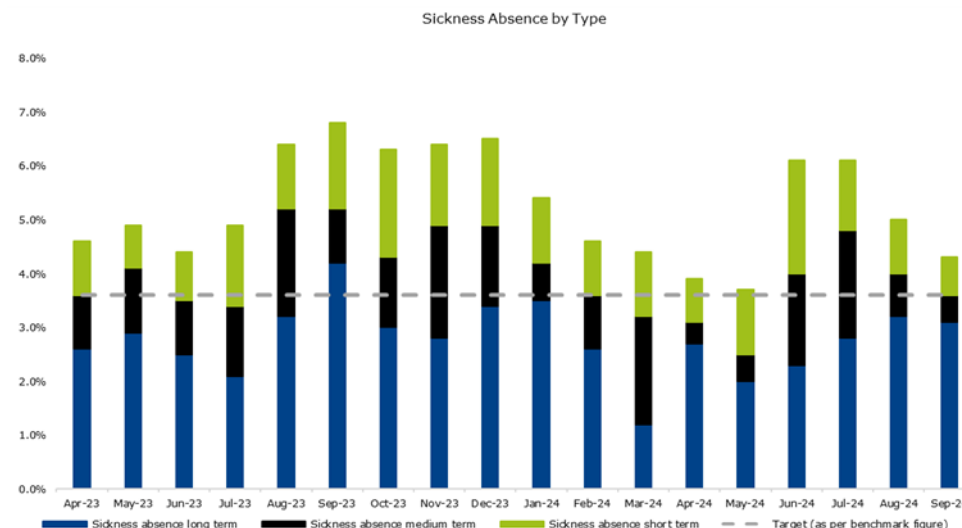
We have seen a spike in absences over the summer period, but they are reducing back towards our target. This has increased to 6.1% due to an increase in short- and medium-term absence. In particular, minor illness and musculoskeletal and back problems.

We also started seeing COVID-19 related absences from June onward however it isn't a significant proportion of the percentage increase.

In September 2024 SSSC lost 255 days to sickness (4.3% of capacity). We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	0	0.0%
Regulation	FtP	83	4.3%
Regulation	RIH	21	6.2%
Regulation	Registration	35	2.6%
Regulation	LCG	4	2.6%
WE&S	E&S	0	0.0%
WE&S	WP&P	7	1.9%
WE&S	HR	0	0.0%
WE&S	OD	0	0.0%
S&P	Comms & Policy	41	15.0%
S&P	P&I	22	6.6%
S&P	Digital Services	42	15.4%
S&P	Finance	1	1.0%

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 DSR 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.

4.2 HR: The overall staff turnover percentage.

Assessment & Analysis

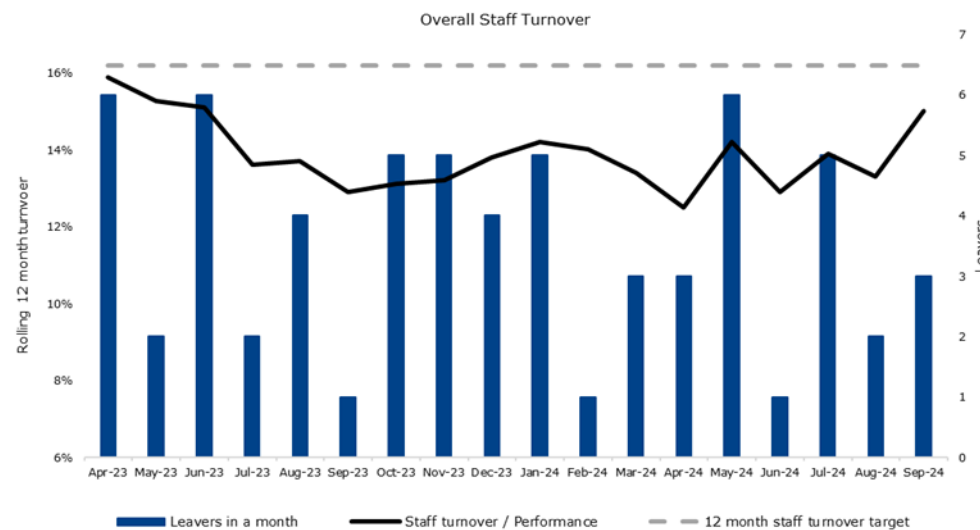
This metric looks at the average staff turnover for the SSSC. The assessment focuses on any areas of concern or risk by looking at staff turnover in certain directorates/team. We will identify any emerging reasons that could cause more staff turnover within an area.

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		
Nov-24		
Dec-24		
Jan-25		
Feb-25		
Mar-25		

In September we had three leavers, one in Registration, one in FtP and one in Legal and Corporate Governance. The overall rolling turnover was approximately 15.0%.

Directorate	Department	Leavers	Current Headcount	12-month turnover %
EMT & Support	EMT & Support	0	7	13.6%
Regulation	FtP	1	97	15.9%
Regulation	RIH	0	18	11.0%
Regulation	Registration	1	71	10.5%
Regulation	LCG	1	8	38.7%
WE&S	E&S	0	28	20.8%
WE&S	WP&P	0	17	5.9%
S&P	Comms & Policy	0	14	0.0%
S&P	P&I	0	16	20.1%
S&P	Digital Services	0	13	7.3%
WE&S	HR	0	4	0.0%
S&P	Finance	0	5	21.1%
WE&S	OD	0	2	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
EMT and Support	EMT and Support	13.6%	0	1	7	6.7	Green
Regulation	Total	13.8%	18	22	192	177.5	Amber
	Fitness to Practise	15.9%	8	9	96	90.4	Amber
	Registration	10.5%	7	8	71	64.1	Amber
	Regulatory Improvement and Hearings	11.0%	2	5	18	16.2	Amber
	Legal and Corporate Governance	38.7%	1	0	7	6.7	Green
Strategy and Performance	Total	10.4%	5	2	48	46.8	Green
	Communications and Policy	0.0%	1	0	14	13.0	Amber
	Digital Services	7.3%	1	1	5	13.0	Amber
	Finance	21.1%	1	0	13	5.0	Green
	Performance and Improvement	20.1%	3	1	16	15.8	Green
Workforce, Education and Standards	Total	13.5%	0	1	53	49.2	Green
	Education and Standards	20.8%	1	1	25	25.3	Green
	Workforce Policy and Planning	5.9%	0	0	14	16.6	Green
	Human Resources	0.0%	0	0	5	4.7	Green
	Organisational Development	0.0%	0	0	3	2.7	Green
Total		15.0%	23	26	300	280.2	Green

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

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	*Current FTE	Threat
Shared Services	Total		1	1	14	14.0	Green
	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

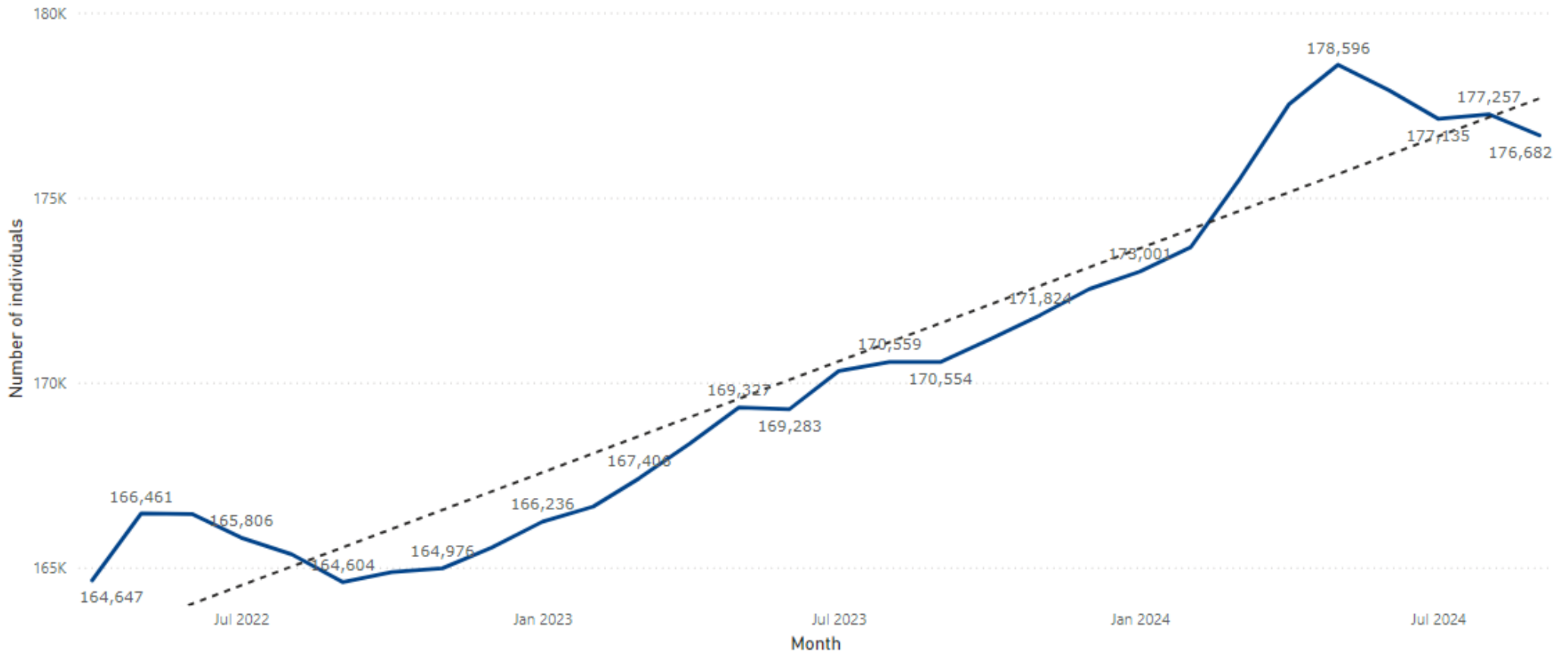
Key Operational Indicators (KOIs) are measures the SSSC aims to influence by its work but may have limited control over.

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.

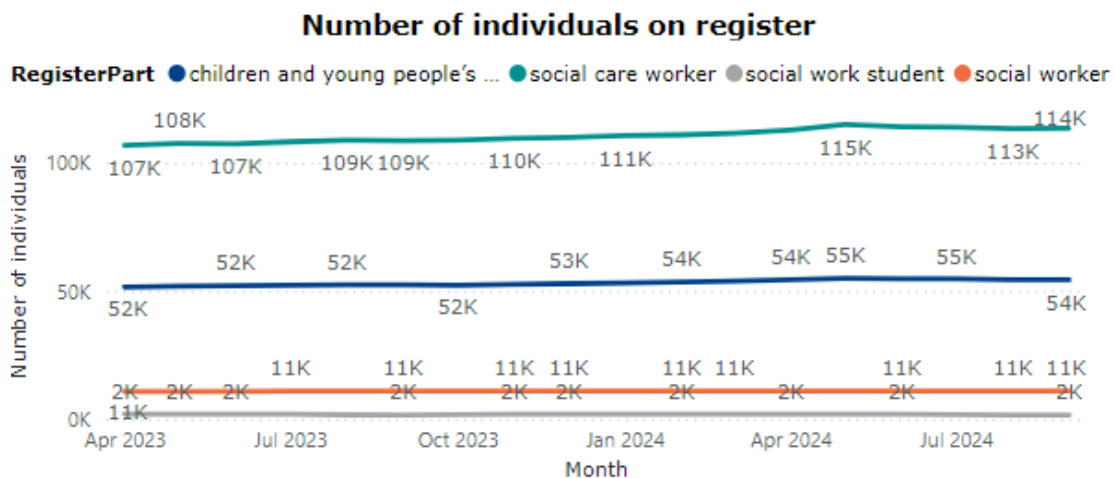
We will focus on data from April 2021 which accurately reflects our register after SSSC change certain policies linked to the start of the COVID-19 pandemic.

Overall, the number of individuals on our register continues to increase and is trending upwards. In May 2021 there were approximately 162,394 people on the register, that figure currently stands at over 176,000. The recent step increase and reduction is a result of the Future Proofing Programme. Due to a technical difficulty with the Future Proofing Programme, we anticipate further fluctuations in the registrant figures, but this should be resolved and stable going forward.

Number of individuals on register



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



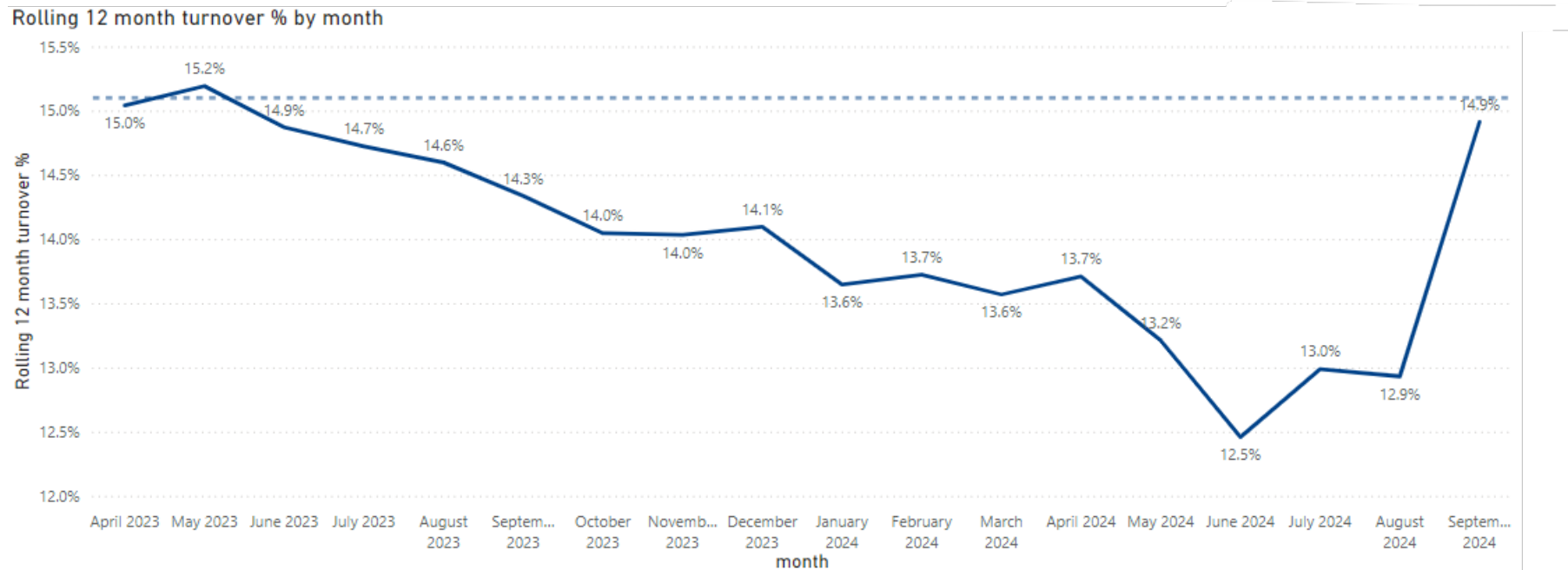
Register Part Grouping	Number of individuals on register	Vs 2023
Children and Young People's Worker	54,386	+2,047
Day Care of Children Services	45,393	+1,584
Residential Child Care Services	8,594	+424
Residential School Care Accommodation Service	437	+2
Care Inspector	297	+83
Social Care Worker	113,554	+4,806
Adult Day Care Services	336	-22
Care at Home Services	68,936	+3,562
Care Home Service for Adults	44,871	+2,172
Housing Support Services	57,412	+10
Care Inspector	298	+1,975
Social Worker	1,601	-5
Social Work Student	11,016	+10

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

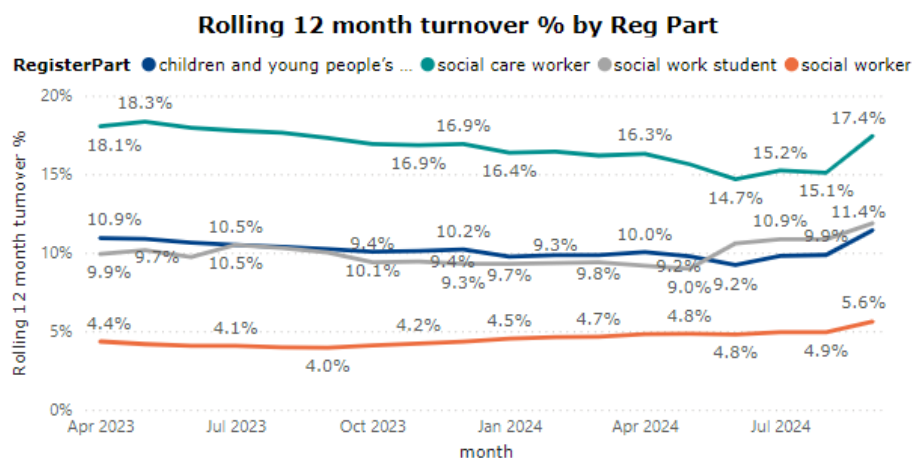
We will collate this information from several internal and external data sources. We also propose to have turnover of registrant workers as part of the analysis on this KOI. This will be done under the assumption that a workforce feeling valued for the work they do will remain within the sector.

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, the business intelligence team have improved this calculation, it now only includes individuals who have left the register and currently haven't returned:

- 2022/2023 – 15.3% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 13.9% - turnover in all sectors was 15.1% in 2023
- 2024/2025 – 8.3% - current rolling 12-month position is 14.9%



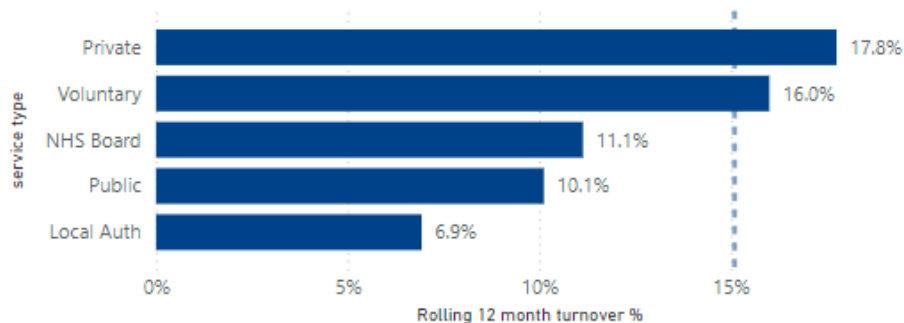
We also looked at turnover by register part groupings to show the movement for each grouping. We can see that the highest turnover of staff leaving the sector and not returning is within the social care workforce. This movement does not consider when an individual moves from one register part to another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



Register Part Grouping	Rolling 12-month turnover %	Vs 2023
Children and Young People's Worker	11.4%	+1.2%
Day Care of Children Services	11.0%	+1.3%
Residential Child Care Services	13.9%	+0.8%
Residential School Care Accommodation Service	18.7%	+1.9%
Care Inspector	1.3%	+1.3%
Social Care Worker	17.4%	+0.1%
Adult Day Care Services	13.8%	+6.1%
Care at Home Services	16.6%	+0.5%
Care Home Service for Adults	19.2%	+0.0%
Housing Support Services	15.8%	+0.8%
Care Inspector	3.8%	-3.7%
Social Worker	5.6%	+1.7%
Social Work Student	11.9%	+1.9%

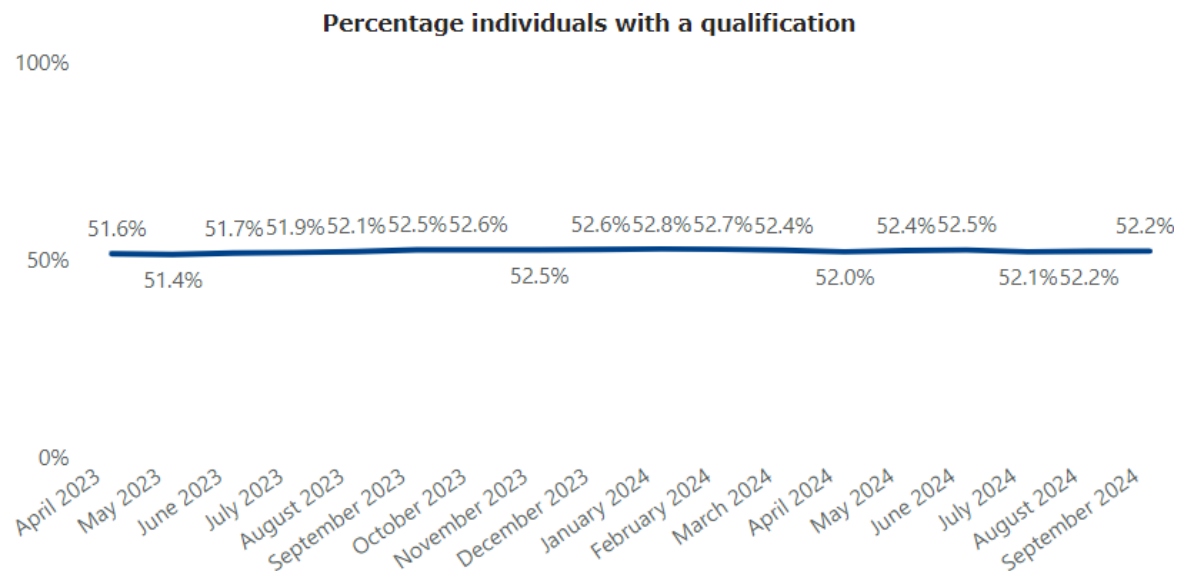
We can see that the highest turnover of staff leaving the sector and not returning is within private service types. This movement does not consider when an individual moves from one employer to another but leaving the register.

Rolling 12 month turnover % by service type



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

Overall, the numbers of individuals with the correct qualification in September 2024 was 52.2%. We also looked at register part groupings to see which groupings had the largest numbers of individuals qualified. Below is a graph showing overall qualification percentage for individuals as well as two tables showing this for job groupings and registration part groups.



Job Grouping	Percentage Qualified	Vs 2023
Managers	54.9%	+1.7%
Practitioners	74.1%	-0.4%
Supervisors	46.1%	+1.1%
Support Workers	39.4%	-0.1%
Primary Authorised Officer	59.9%	+8.7%
Secondary Authorised Officer	66.1%	+1.4%

Register Part Grouping	Percentage Qualified	Vs 2023
Children and Young People's Worker	68.3%	-0.2%
Day Care of Children Services	72.6%	+0.1%
Residential Child Care Services	46.7%	-1.5%
Residential School Care Accommodation Service	44.4%	-1.6%
Care Inspector	56.5%	+8.3%
Social Care Worker	39.8%	-0.2%
Adult Day Care Services	63.9%	-0.4%
Care at Home Services	39.8%	+0.6%
Care Home Service for Adults	38.4%	-1.2%
Housing Support Services	44.9%	+2.0%
Care Inspector	55.1%	+7.7%

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

September 2024 SSSC STRATEGIC RISK REGISTER						
Strategic Risk Description	Outcome	Gross	Residual	V(+/-)	Owner	Actions & Comments
We fail to ensure that our system of regulation meets the needs of people who use services and workers.	1	20	12	➡	DoR	
We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.	2, 3	16	12	➡	DoWES	
We fail to meet corporate governance, external scrutiny and legal obligations.	1	16	9	➡	DoFR	
We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	9	➡	DoSP	
We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.	1, 2, 3	20	12	➡	DoFR	
The SSSC fail to secure sufficient budget required to deliver the strategic plan.	1	20	16	➡	DoFR	
We fail to have the appropriate measures in place to protect against cyber security attacks.	1, 2, 3, 4	20	12	➡	DoSP	

New,

Emerging, and Changed Strategic/Directorate Risks identified.

Decision required by Council about the NOD (notice of decision) error that occurred due to changes with the public facing register. EMT to consider the impact on reputation and legal risks. This issue is reflected in the October strategic risk register with recommended changes to Risk 3 and Risk 4 scores.

We are currently consulting on registration fees; this has a potential to increase our risk 4 and cause upset in the sector due to increase in fee costs. However, at the time of this report only one stage 1 complaint had been received and the consultation has been live for three weeks.

All public bodies that use the new Oracle/Fusion centralised finance system ran by Scottish Government (SG) were advised last week that they will be charged for use of the system. This is the first time any costs have been discussed with public bodies and nobody was aware that there would be a requirement to pay for the system. The cost is expected to be £5m divided by external users and we have no indication how many users this might be. We, along with all other bodies have raised an urgent concern with SG Sponsor teams to deal with this issue.

By exception.

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

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><u>system changes cause errors in registration. Workers advised in error they are no longer registered.</u></p> <p>Consequence:</p> <p>A worker's fitness to practise is not assessed as they do not comply with registration requirements, or our registration process is too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p> <p>FPP</p> <p>Workers and employers do not understand the reduced timescale to register. Our systems are not ready to deliver the changes to registration and renewal processes on time. 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>FPP Mitigations</p> <p>Close monitoring of development costs and potential repurposes of digital development costs in 2024/25 to ensure funding capacity remains available.</p> <p>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> <p>Detailed communications plan targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key</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?		
							changes and what stakeholders need to know.							
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p>Cause:</p> <p>Failure to ensure the sector understand the changing qualification, CPL and Return to Practice (RTP) requirements. Failure to engage and communicate the changes to the code of practice with the sector Our contribution to developing resources does not meet the needs of registrants and employers. Our standards (i.e 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. Failure to share supply and demand data and intelligence with key partners to ensure adequate levels of training and funding</p> <p>Consequence:</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. Reduced confidence of public protection. Existing qualifications and standards do not support new models of care. Workers are unable to adhere to the SSSC Codes of Practice. Risk to our reputation with external partners when we cannot provide the information or data requested Workers do not understand the new CPL and RTP requirements and fail to maintain their registration. Workers do not adhere to the new codes because they do not know about them or understand them</p>	Director of Workforce, Education and Standards	4	4	16 (High)	<p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>We are supporting a Joint Social Services Taskforce workstream aiming to produce information for employers and workers about funding for training and qualifications.</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 an induction passport. 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. We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to</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>inform how we target and promote our resources to different registrant groups.</p> <p>The new model of CPL, flexibility of qualifications we accept for registration and return to practice standards for social workers have been implemented.</p> <p>Working in partnership with Skills Development Scotland, SG and NES 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 highlighting all key changes and what stakeholders need to know.</p> <p>Workforce Skills Report to be written and published in 2024/25.</p> <p>SSSC data triage and delivery group established between WES and P&I to prioritise and respond to data requests.</p> <p>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</p>							
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council Members and Officers. Poor assurance mapping.</p>	Director of Regulation	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p>	34	34	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>FPP</p> <p>Failure to follow PMO methodology Failure to escalate project issues accordingly</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit.</p> <p>Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</p> <p>FPP</p> <p>The project is delayed, and we cannot support the delivery of the project milestones and meet legislative requirements. Workforce becomes confused about their responsibilities to register, CPL and RTP requirements.</p> <p>Legal action due to errors in workers understanding their registration. Claims for compensation due to not being able to work.</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>Planned actions</p> <p>Contract in place with Henderson Loggie to 31 March 2025.</p> <p>Two external Scottish Government Assurance exercises undertaken for project controls and digital development. Both audits highlighted clear strengths in project management and no major weaknesses.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events during 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Complaints re NOD issue being managed by Registration directly. Legal advice being sought re impact.</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>Cause:</p> <p>People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p>Existing mitigation and controls</p> <p>Regular review of business plan objectives in line with budget monitoring (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders</p>	34	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>Limited resource to communicate the role of SSSC and our key programmes including the Future Proofing Programme. Unable to respond timeously to requests for internal data due to lack of resource.</p> <p>FPP – System changes errors causing workers resulted in us advising workers, and updating the PFR to wrongly show, that they were not registered.</p> <p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in design and delivery of strategic outcomes. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees. Insufficient communication and engagement of the Future Proofing Programme with low awareness of the changes affecting registrants and employers.</p>					<p>to determine the perception of the work of the SSSC</p> <p>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p>New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy & Performance)</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with relating to Registration changes.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit during 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Complaints re NOD issue being managed by Registration directly. Issue has been rectified and all workers notified. Legal advice being obtained.</p> <p>Data and intelligence delivery plan in place which demonstrates how we influence national policy and decision making.</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?		
5	People and culture: Organisational development	Averse (25)	<p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce</p> <p>Cause:</p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level. Lack of effective monitoring of workload and capacity. Managers are unaware of their duties in relation to supporting staff. No consistent approach to leadership and management development. Insufficient staff to support business as usual which impacts on other members of staff. Large number of fixed term contracts supporting delivery. Business critical posts not recruited to. Single points of failure in several areas. Implications of delays of the NCS and Independent review Implications of unsettled 2022/23 pay award Unsuccessful recruitment Poor project management of future grading structure</p> <p>Consequence:</p> <p>High turnover of staff - staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences. Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended. Industrial action due to pay claim/ outcomes from rewards review.</p>	Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback e.g. Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on particular issues, annual staff event.</p> <p>Internal Audit completed- no recommendations</p> <p>Planned actions</p> <p>Delivery of People Strategy action plan (Director of WES - deadline September 2024)</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan. (Chief Executive – March 2024)</p>	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?
					4	5	20 (High)		4	4	16(High)			
6	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</p> <p>Cause:</p> <ul style="list-style-type: none"> Scottish Government do not increase permanent funding, and we continue to run with a deficit budget Single year funding settlements to support a three-year strategic plan. Fee income is not in line with projections. Late notification of Scottish Government budget allocations. Removal of ability to hold reserves. Ineffective financial planning, not aligned to strategic and business plans. Any agreed increase in fees is offset by a reduction in grant in aid. No compulsory redundancy policy affects ability to realise savings from staffing efficiencies Scottish Government struggle to fund spend-to-save initiatives <p>Consequence:</p> <ul style="list-style-type: none"> We are unable to fund the organisation to deliver our statutory public protection functions We have a reliance on temporary funded post to delivery core statutory functions We cannot implement improved process due to lack of investment 	Acting CEO)	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March 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>Additional GIA received in August 2024</p> <p>Planned actions</p> <p>Budget planning for 2025/24 underway November 2024 Director of S&P</p> <p>Fees proposal consultation – October 2024 CEO</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?
7	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p>Cause:</p> <p>Insufficient funds allocated to manage core IT infrastructure. Insufficient development investment to upgrade security and systems. Lack of staff, skills and knowledge. Insufficient horizon scanning of future threats. Lack of understanding and awareness by staff. Successful cyber-attack.</p> <p>Consequence:</p> <p>Complete loss of use of core business systems. Loss of data and sensitive information. Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties.</p>	Director of Strategy and Performance	4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place.</p> <p>Regular pen testing carried out twice yearly.</p> <p>Regular cycle of phishing exercises carried out for all staff and reported to Council yearly.</p> <p>Planned actions</p> <p>Planned Digital Development Programme for 2024/25</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
Impact on the safety of, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of stakeholders
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications if unresolved Reduced performance rating if unresolved	Service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of service Gross failure of findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/Governance/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Qualified audit	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including losses and claims	Loss or compensation of under £1,000	Loss of up to £25k of budget Loss or compensation less than £10,000	Loss of £25k+ to £100k of budget Loss or compensation between £10,000 and £50,000	Uncertain delivery of key objective/Loss of £100k+ to £500k of budget Loss or compensation between £50,000 and £1150,000 Purchasers failing to pay on time	Non-delivery of key objective/Loss of >£500k of budget Failure to meet specification/slippage Loss of contract / payment by results Loss or compensation >£150,000
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Breaches of confidentiality involving person identifiable data (PID), including data loss	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage Damage to an organisation's reputation/ local media coverage	Damage to SSSC reputation/ National media coverage. Serious breach with potential for ID theft or over 1000 people affected
	Minor breach of confidentiality. Only a single individual affected	Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted.	Serious potential breach & risk assessed high, e.g. unencrypted file lost. Up to 20 people affected.	Serious breach of confidentiality, e.g. up to 100 people affected	

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

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

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

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

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

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

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

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

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

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

Instructions for use

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

Scoring system in the trend column of the summary tables

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

SSSC

Assurance Map 2024-2025

STEP 1– Identify Sources of Assurance

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

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

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

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 2025-28 is now underway. Identification of draft objectives will be followed by a determination of costings/budget required to complete these and for EMT to review, refine and approve.

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	Acting CE	Financial Strategy Financial Regulations Debt Management Policy Delegated authority (Scheme of Delegation) Financial Planning Business cases Budget management training	Directorate Assurance Report Assurance Report (EMT) EMT oversight of budget setting Finance team compliance checks and reconciliations Monthly meetings between finance staff and budget managers	Oversight by A & A and Council (Assurance Report & Financial Strategy) Certificates of Assurance Budget monitoring and approval Annual report and accounts	Budgetary Control 21/22 Procurement & Creditors 22/23 Payroll 22/23 Financial Sustainability 23/24 Debtors/Income 23/24	External audit Monthly budget monitoring report to Sponsor Dept NFI process Committed to Excellence – EFQM accreditation	High	Yes	

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	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 commences October 2024

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	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	Records Management Policy approved at August 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	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.
Business Continuity Planning	DoSP	Business Impact Analyses Strategic Risk register Business planning strategy and plans Business continuity policy Business continuity procedure SSSC Incident Management Plan	Report to EMT S&P Risk Register	Oversight by A & A and Council Certificates of Assurance		Committed to Excellence – EFQM accreditation	High		BCMS developed and full suite of documentation now in place. Exercise/walkthrough of SSSC Incident Management Plan was carried out on 22 nd May 24. Improvement actions identified. A further exercise is to be planned for and scheduled in Q3/Q4. The SSSC Incident Management Plan and Business Continuity Planning Procedure were formally reviewed and approved by EMT in August 2024. Moved to GREEN in June 2024.

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	Draft Cyber Incident Response Plan under development.	
Shared Services	DoSP	Governance arrangements - Strategy, Management Agreement, Performance Measures, Risk Register Customer satisfaction survey	Shared Services Review Board Shared Services Oversight Group	Certificates of Assurance Annual report to Council	Shared Services 22/23 Shared Services governance arrangements 21/22 (phase 1 and 2) Shared Services 24/25	High	Yes	Shared Services agreement and specification to be signed off September 2024.	

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

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

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

Title of Report	Qualified status of the workforce
Public/Confidential	Public
Summary/purpose of report	This report provides the Council with an overview of the qualified status of the registered workforce. It provides an analysis of the data regarding demand for qualifications and compliance with qualification conditions. The report also identifies factors which are impacting on increasing the numbers of qualified workers and details actions that the SSSC are leading, influencing or collaborating with partners on to support the workforce to get qualified.
Recommendations	The Council is asked to endorse the actions the SSSC is taking to support the workforce to get qualified.
Author	Laura Lamb, Acting Director, Workforce Education and Standards
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p>

Link to Risk Register	Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1- Qualifying the workforce- summary of actions
Background papers	Link to Background papers

EXECUTIVE SUMMARY

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

BACKGROUND

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

INFORMATION

Current performance

4. The percentage of the registered workforce who are qualified is a Key Operational Indicator (KOI) and is reported in the assurance report. The percentage of the registered workforce who were qualified at the end of October 2024 was 52.2%
5. It is important to note that the number of individuals on our register continues to increase and is trending upwards. The number of new registrants joining the register without a qualification is impacting on the overall percentage qualified.
6. Considering attrition rates and what we currently know about the profile of the registered workforce the maximum possible percentage of the

workforce we could expect to be qualified at any moment in time is between 60-70%. We are continuing to undertake detailed analysis to refine this figure and projection to inform what an appropriate target would be.

Profile of the Register

7. The chart below shows how qualified each of the register groups currently are. The most qualified group are practitioners, particularly those in the children and young people's workforce and the least qualified group are support workers in the social care workforce, especially those working on Care Home Services for Adults. The table shows most register groups have increased in qualified status since 2023. While there has been a reduction in adult day care, residential childcare and residential school care accommodation, the change in numbers of individuals qualified is minimal due to the small size of these workforces. Care Home Services for Adults is one of the biggest register part groupings and also the least qualified grouping therefore the reduction in the percentage of those qualified is of greatest concern.

Register Part Grouping	Percentage Qualified	Vs 2023
Children and Young People's Worker	68.3%	-0.2%
Day Care of Children Services	72.6%	+0.1%
Residential Child Care Services	46.7%	-1.5%
Residential School Care Accommodation Service	44.4%	-1.6%
Care Inspector	56.5%	+8.3%
Social Care Worker	39.8%	-0.2%
Adult Day Care Services	63.9%	-0.4%
Care at Home Services	39.8%	+0.6%
Care Home Service for Adults	38.4%	-1.2%
Housing Support Services	44.9%	+2.0%
Care Inspector	55.1%	+7.7%

Job Grouping	Percentage Qualified	Vs 2023
Managers	54.9%	+1.7%
Practitioners	74.1%	-0.4%
Supervisors	46.1%	+1.1%
Support Workers	39.4%	-0.1%
Primary Authorised Officer	59.9%	+8.7%
Secondary Authorised Officer	66.1%	+1.4%

8. The number of qualification conditions due over the next five years has reduced in the last six months to 79, 994 from 82,559. After attrition the

number reduces to 44,806 (previously 50,248). Of those, 34,647 are workers registered within the social care register part.

9. This is not unexpected given the social care register part includes both the largest and newest groups to join the register. The two largest groups are support workers in care at home and housing support services. Registration became mandatory for these groups in September 2020 therefore a number of individuals registered around that date who have remained on the register will not have met the five-year deadline to meet their qualification condition at this stage.
10. In addition the adult social care groups (housing support, care and home and care home services for adults) have the highest turnover rates of our register groups, particularly at support worker level, therefore there are many individuals on the register in these groups who are still within their five years to gain the required qualification. Our registration does however show turnover rates are improving.



Register Part	Number of Individuals at a point in time	Number of individuals with qualification due	Number of individuals with qualification due with attrition
social care worker	113,580	64,432	34,647
manager	3,088	1,432	743
practitioner	6,762	2,976	1,311
primary authorised officer	294	104	59
secondary authorised officer	61	13	7
supervisor	9,287	4,875	2,470
support worker	98,232	56,239	30,569
Total			

11. The biggest demand for qualifications over the next five years continues to be from support worker roles within adult social care. The qualification requirement for these roles is set at SCQF level 6 qualifications.
12. There have been two further meetings of the multi-agency adult social care skills response group. The group have identified a range of actions in relation to the themes of funding, system capacity and approaches to learning. These are detailed in Appendix 1. The group continues to meet and are scoping further potential solutions to support the workforce to get qualified and will present these to the Joint Ministerial Social Services Taskforce (JSST) in January 2025.

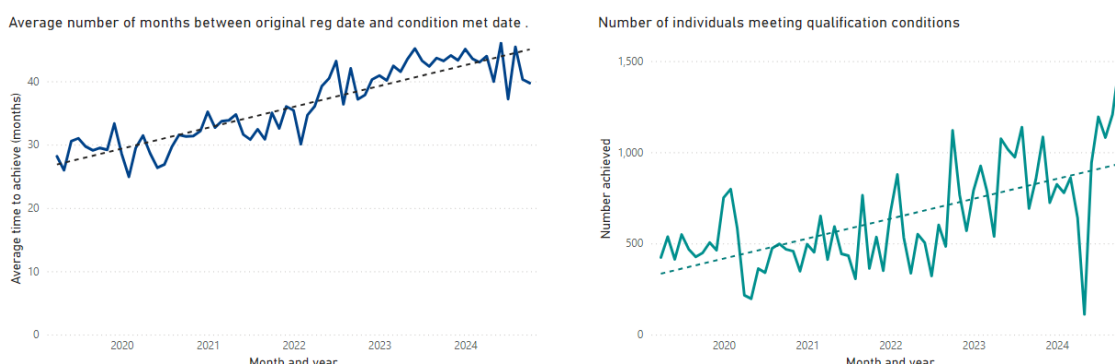
Compliance with qualification conditions

13. There are 6,090 individuals, currently on the Register (as of 31 October 2024), who have had their qualification condition reapplied. The number of individuals with an extension to their qualification conditions represents 4.1% of registrants. This is an increase from the previous report and is being driven by extensions of those working in social care (4.7% registered with a previous condition).
14. Other than covid, our data shows the three main reasons given for extensions were personal sickness/bereavement, difficulties securing training provision, or other - which in many cases has been documented as caring responsibilities.
15. In May 2024 we reported on the number of managers and supervisors who have had their qualification condition extended highlighting a particular concern regarding the number of supervisors, particularly within adult social care settings, who were yet to qualify. Further analysis has taken place to understand if the extensions were for both the practice qualification and the supervisory credits or if only for the supervisory requirement. Analysis of these extensions shows that of the 227 supervisors currently in social care who had had an extension to their

qualification conditions, 161 individuals have gained their practice qualification therefore it is only the supervisory additional credits they are still working towards. 64 registered supervisors with an extension hold neither the practice or supervisory requirement.

16. In response to the number of supervisors who have had an extension to their qualification requirement we extended the eligibility criteria for this year's Voluntary Sector Development Funding (VSDF) to support supervisors without a practice qualification as well unqualified practitioners and support workers working in adult social care. Applications have now closed and 86 organisations have been allocated funding from this year's fund to support getting their workforce qualified.
17. We are also leading work with Leading2Change, CCPS and Scottish Care to deliver a combination of four face to face and four online sessions for those newly recruited into a supervisory role and / or those who are in a supervisory role and working toward their formal qualifications. (Face to face sessions will be hosted in Glasgow, Perth, Aberdeen and Dumfries and Galloway). Participants will have the opportunity to record their reflection on learning and its application in practice to support their qualification achievement and evidence of Continuous Professional Learning (CPL). These events are taking place from December through to March 2025.

Rate the workforce is gaining qualifications.



18. The current average timescale it takes individuals to gain their qualification has increased slightly from 36.90 months to 37.57 months. This average has seen an increase as a result of the covid extensions. Although the average timescale is increasing the rate and number of individuals meeting their qualification condition each month continues to increase and is above pre-covid rates. The average timescale for the social care workforce is currently 39.3 months compared to an average timescale of 31.79 months for the children and young people's workforce.

The groups taking the longest to qualifying are Care Inspectorate (CI) authorised officers and managers.

19. As part of Future Proofing changes we are now gathering data from the annual declarations on what progress individuals are making towards their qualification requirements. We are currently analysing this data to understand where individuals are within their qualification timescale versus the progress they have made. This will be valuable intelligence to understand supply and demand and likelihood of individuals meeting the requirements within the specified timescales. It will take a full year of data to accurately understand the qualified profile of the full registered workforce to this level of detail. We having been collecting the data since June 2024.
20. Future proofing also brought in changes to the flexibility of qualifications we will accept for registration. Since June 2024, 1308 registrants (610 the children and young people's workforce and 698 in the social care workforce) have benefitted from the change in our approach and no longer required to gain additional qualifications.

Impact of qualifications

21. We are continuing to explore if there is any correlation between the qualified status of the workforce in services and their CI service grades. Initial findings show there is a weak but positive statistical correlation, and this correlation increases when we look at the qualified status of managers and supervisors. Further analysis is required, and an update will be reported to Council in future reports.

ACTIONS

22. Setting the qualification requirements, timescale to gain qualifications and ensuring registrants meet the requirements for registration, including the qualification requirements, are the only factors directly within the SSSC's control. We are able to influence and work in collaboration with key partners to address the influencing factors but they are not directly within our control. A full list of actions and progress is available at Appendix 1.

RISKS

23. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions.

IMPLICATIONS

Resourcing

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

Compliance

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

IMPACT ASSESSMENT

26. An impact assessment was not required.

CONCLUSION

27. The Council is asked to endorse the actions the SSSC is taking to support the workforce to get qualified.

Appendix 1- Qualifying the workforce - summary of actions

Action	Lead Agency	SSSC Role- Lead (L), Contribute (C) Influence (I)	Progress
Wider acceptance of qualifications	SSSC	L	In effect from 3 June 2024
Reduce timescale for qualifications	SSSC	L	In effect from 3 June 2024 with the exception of ASC groups – changes to timescales postponed to June 2025
Annual declaration information on progress towards qualifications	SSSC	L	In effect from 3 June 2024
Determine maximum possible % qualified (taking into account turnover rates etc) and revise current KOI target	SSSC	L	In progress-current projections estimate between 60-70%
D365 system changes to improve recording of reasons for extensions	SSSC	L	Scoping in progress
Introduction of leavers survey for everyone who comes off the register	SSSC	L	Live from 30 Sept 2024
Target VSDF funding	SSSC	L	2024/5 funding allocated to 86 providers to support workers in ASC (supervisors, practitioners and support workers) to get qualified
Promote funding for qualifications	JSST workstream SG ASC - lead	C	Resource developed and

and host SG resource for funding			will be live on SSSC Careers Website later this month.
Develop new qualification pathways including graduate apprenticeship route into social work ; and SVQ Integrated Award	OCSWA SSSC	C- SW graduate apprenticeship L	In progress Award approved by SQA, ready for delivery from end of the year
Review of National Occupational Standards (NOS)	SSSC	L	In progress
Develop career pathway resource for adult and children social care to promote diverse range career opportunities and support recruitment campaigns	SSSC/NES (JSST workstream)	L	In progress
CEOs to Write to Minister for Higher and Further Education highlighting qualification challenges in social care based for consideration in letter of priorities to Scottish Funding Council	SSSC/NES	C/I	Complete
International Recruitment social care pilot	NES	C	In progress
Workforce Skills Report	SSSC	L	In progress
Develop resources to support employers when	SSSC (employability and career network)	L	In progress

recruiting 16/17 year olds			
Revise National Induction Framework for ASC and develop induction passport (learning mapped to NOS and transferrable as evidence towards Qualification and CPL)	SSSC/NES (JSST workstream)	L	In progress
CI service grades versus % workforce qualified to support targeted inspection and joint action	SSSC/CI	L	In progress
Supervisor learning events to support CPL/qualifications	SSSC/L2C/Scottish Care/CCPS	L	Scheduled December-March
Policy changes to address higher fees for qualifications for workers on Tier 2 visas	SFC/CDN	I	In progress
Briefing to Education and Skills Directorate in SG to seek changes to the contribution rates for over 25's undertaking health and social care and children and young people MAs (currently highest rate goes to under 25s)	SDS/SSSC/SG	C	In progress
Promotion of flexibility within current assessment strategy and comms to training	SQA/SSSC	C	In progress

providers to encourage use and innovation to capture learning in more naturalistic ways and for learners to provide evidence in easier ways			
Revise assessment strategy and guidance (for SVQs)	SQA	C	Assessment strategy will be revised with SVQs on completion of NOS review
Highlight eligibility barriers to funding providers	SFC/SSSC	I	In progress
Develop Comms- to highlight support available for employers to enable better use of apprenticeship levy	SDS/SSSC	C	Not started
Explore development of more micro qualifications which can count towards fuller qualification	CDN	C	Not started
Collect data on SVQ/MA dropout rates and reasons	SQA/SDS	I	Not started
Gather views from candidates, verifiers and assessors on their experience of qualifications	SQA/SSSC/SG	C	Not started
Scope possible models of practice education/assessor support including whether current models in health ie Care Home Education	NES	C	Not started

Facilitators (CHEFs) can be upscaled for social care			
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Title of Report	Proposed Registration of New Groups
Public/Confidential	Public
Summary/purpose of report	Scottish Government is considering expanding the SSSC's Register to include new groups of workers. This report seeks Council's approval to carry out a consultation on qualifications, fees and Continuous Professional Learning requirements for the potential new groups.
Recommendations	<p>The Council is asked to approve consulting on the registration of the following new groups:</p> <ul style="list-style-type: none"> • 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
Author	Cheryl Campbell, Acting Head of Education and Standards
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p>

	Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>
Impact Assessment	<p>An Impact Assessment (IA) was developed.</p> <p>We recognise that the qualification requirement of SSSC registration may put those with additional educational needs or learning disabilities at a slight disadvantage compared to colleagues that do not have such disabilities.</p> <p>From our Workforce Data Reports we can see that majority of staff working in the proposed new groups for registration are female. On this basis it can be assumed that any potential impact, positive or negative, that arises as a result of this proposal will be experienced by more female staff.</p> <p>We anticipate that the proposals highlighted in this document will have a positive impact on people living in island communities.</p> <p>We believe that requiring additional groups to register with the SSSC will have a positive impact in terms of economic and social sustainability through increased qualification and the living wage pledge</p> <p>We believe this project has potential to have a positive impact on care experienced children, young people and adults.</p>
Documents attached	Appendix 1 – Report to Scottish Government on the scoping of new register groups
Background papers	Link to impact assessment folder

EXECUTIVE SUMMARY

1. In 2023 Scottish Government commissioned the SSSC to complete a scoping exercise in relation to expanding the Register to potential new groups.
2. We completed this work as part of the Future Proofing Programme and provided a report (Appendix 1) to Scottish Government in January this year detailing our findings and recommending the definitions of workers which could be included for registration.
3. Scottish Government has confirmed that the Minister would like us to carry out a formal consultation in January 2025 on the qualification requirements, continuous professional learning (CPL) and fees for the proposed new groups.

BACKGROUND

4. The groups identified by Scottish Government were:
 - 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
 - Sexual (and Violent) Offender Liaison Officers (SAVOLO or SOLO)
5. The purpose of the scoping exercise was to:
 - determine the size of the workforce, level and type of roles in each group
 - develop a role descriptor setting out the core tasks and function of each role
 - establish the appropriate qualification requirement for each role
 - identify any legislative changes required
 - make a recommendation regarding the appropriateness of registration for each role

A summary of this scoping work is included in the Report (Appendix 1).

SUMMARY OF RECOMMENDATIONS

6. We recommended that the following groups should be included in a consultation to expand the Register.
- 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
7. We recommended that SAVOLOs/SOLOs be excluded from the consultation due to the very small number of individuals carrying out this role across Scotland and the limited contact they have with offenders. SAVOLOs is a role only being used in the Edinburgh and Lothian area and there are currently only three individuals employed in these roles who are all registered social workers. Each local authority has an identified SOLO. Of the local authorities who responded to our enquiries and through consultation with the Scottish Housing Network we identified that the majority of postholders have no direct contact with offenders and those who do rarely conduct work with offenders on their own.
8. The qualification requirements we propose to consult on for the new groups are:

Proposed new groups	Recommended qualification requirements	Estimated numbers in the workforce
Adult day care workers		4,500
<ul style="list-style-type: none"> • Supervisors 	HNC Social Services OR SVQ Social Services and Healthcare at SCQF Level 7 PLUS PDA Health and Social Care Supervision or equivalent	
<ul style="list-style-type: none"> • Practitioners • Support workers 	HNC Social Services OR SVQ Social Services and Healthcare at SCQF Level 7 SVQ Social Services and Healthcare at SCQF Level 6	

Offender accommodation service workers <ul style="list-style-type: none"> • Managers • Supervisors • Practitioners 	SVQ Social Services and Healthcare at SCQF Level 9 PLUS SVQ Care Services Leadership and Management at SCQF Level 9 or equivalent HNC Social Services OR SVQ Social Services and Healthcare at SCQF Level 7 PLUS PDA Health and Social Care Supervision or equivalent HNC Social Services OR SVQ at Social Services and Healthcare at SCQF level 7	85
Social work assistants	HNC Social Services OR an award of certificated knowledge with 96 academic credits at or above SCQF level 7 PLUS SVQ Social Services (Children and Young People) at SCQF level 7 OR SVQ Social Services and Healthcare at SCQF Level 7	2,800

9. The methodology used to determine the recommended qualification requirements included:
- Identification of potential roles and levels within each group
 - Analysis of a range of job descriptions from a wide range of employers and service types
 - Analysis of current employer qualification requirements for roles
 - Development of role descriptors setting out core tasks and functions for each role

- Mapping of job functions against the Scottish Credit Qualification Framework (SCQF) and the SSSC's principles and criteria for qualifications to identify the appropriate qualification level for each role
 - Mapping the job functions and qualifications against the existing register groups
10. The proposed fee levels for each group will be in line with the existing levels of the Register currently and will be amended to reflect any changes as a result of the current fees consultation. Current fee levels are:
- | | |
|-----------------|-----|
| Managers | £80 |
| Supervisors | £35 |
| Practitioners | £30 |
| Support Workers | £25 |
11. We would propose that social work assistants fee levels are set at £30 which is aligned to that of a practitioner.
12. We propose that CPL requirements are aligned to the existing levels of the Register. New requirements may need to be developed for social work assistants depending on the feedback from consultation.

CONSULTATION

13. Extensive and continuous engagement took place between March and November 2023. This took the form of face-to-face meetings, focus groups and written feedback. Stakeholders included:
- Local Authorities
 - Community Planning Partnerships and agencies
 - Chief Social Work Officers
 - Social Work Scotland Children and Families Standing Committee
 - Regional Justice Social Work
 - The Society of Personnel and Development Scotland's (SPDS) Local Authority Social Work HR group
 - Employer representative bodies including the Coalition of Care and Support Providers in Scotland's (CCPS) Employers Forum
 - Offender Accommodation Service Providers: Turning Point, SACRO, Crane Services (City of Edinburgh Council)
 - Unison
 - Social Work Scotland
 - The Scottish Association of Social Work
 - Representatives from the social work, social care and children and young people's workforce
 - The Care Inspectorate
 - The Social Work Education Partnership (SWEPE)

- Internal SSSC working group
- Scotland Housing Network

14. Stakeholders were consulted on the proposed role descriptions and qualification requirements to ensure they adequately reflect the requirements of each role.

RISKS

15. We have a cautious appetite to regulatory quality. There are risks to introducing new register groups including pressure on the sector to achieve additional qualifications, however, it is anticipated that this should be implemented through a phased approach to minimise this risk.
16. There is a risk that by expanding the register to new groups other workers in the workforce may feel more excluded.

IMPLICATIONS

Resourcing

17. If Council approves the recommendation to consult in January further work will be required to carry out the consultation and post consultation review, legal governance and implementation planning. Additional staffing resources have been identified and agreed with our Sponsor.
18. If new groups are added to the Register, additional resourcing may be required to support the increased effort to process new applications and the ongoing registration of these new groups. There will also be an increase in qualification assessments to determine if a worker holds a qualification equivalent to requirements. We do not anticipate that this work will be extensive due to the estimated numbers in each category being relatively small.

Compliance

19. New Regulations which define the types of workers eligible and required to register with the SSSC would be required.

IMPACT ASSESSMENT

20. An impact assessment has been carried out and is a background paper to this report.
 - a) We recognise that the qualification requirements of SSSC registration may put those with additional educational needs or learning disabilities

at a slight disadvantage compared to colleagues that do not have such disabilities. We believe that the qualifications required for registration are able to be delivered in such a way as to mitigate any potential negative impact felt on the basis of this characteristic. We also have processes in place to provide extensions of time for legitimate reasons when required.

- b) From our Workforce Data Reports we can see that majority of staff working in the proposed new groups for registration are female. On this basis it can be assumed that any potential impact, positive or negative, that arises as a result of this proposal will be experienced by more female staff. We do not believe though, that any potential impact, positive or negative, will be felt by female staff on the basis of their sex.
- c) We anticipate that the proposals highlighted in this document will have a positive impact on people living in island communities. The addition of new groups to our Register will ensure that people in island communities will enjoy social services that are delivered by a qualified, skilled and valued workforce who carry out their roles in accordance with the Codes of Practice.
- d) We believe that requiring additional groups to register with the SSSC will have a positive impact in terms of economic and social sustainability through increased qualification and the living wage pledge
- e) We believe this project has potential to have a positive impact on care experienced children, young people and adults. Registered workers are required to hold relevant qualifications, carry out continued professional learning and are subject to the SSSC codes of practice. The workers currently practising in the groups not yet regulated by the SSSC are not subject to these requirements. As such, bringing them under regulation will make sure these groups meet our standard

CONCLUSION

- 21. From our engagement work with the sector and previous enquiries regarding the proposed new groups we believe there is an appetite to expand the Register and we recommend that Council approves that we conduct a consultation in the New Year and report the outcome of the consultation back to Council in May 2025.



Title of report	Registration of new groups
Summary/purpose of report	The report summarises the key findings from the scoping activity for potential new register groups which took place from March 2023-December 2023.
Recommendations	<p>It is recommended that the following groups are registered with the SSSC.</p> <ul style="list-style-type: none"> • 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
Author	Malcolm Macmillan Learning and Development Adviser
Responsible Officer	Laura Lamb, Acting Director, Workforce, Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>

Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was developed. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	<ul style="list-style-type: none"> • Appendix 1: Stakeholder Engagement • Appendix 2: Job Roles and Functions – Adult Day Care Service • Appendix 3: Job Roles and Functions – Offender Accommodation Service • Appendix 4: Job Role and Functions – Social Work Assistant • Appendix 5: EIA
Background documents	<ul style="list-style-type: none"> • SCQF-Level Descriptors • SCQF-Tool • SSSC-Qualification principles and criteria • Regulation of Care (Scotland) Act 2001 (legislation.gov.uk)

EXECUTIVE SUMMARY

1. The Scottish Social Services Council (SSSC) is the regulator for the social work, social care and children and young people workforce in Scotland. We protect the public by registering this workforce, setting standards for their practice, conduct, training and education and by supporting their professional development.
2. Scottish Government commissioned the SSSC to complete a scoping exercise for potential new register groups.
3. The groups identified by Scottish Government were:
 - Adult Day Care Service – all other roles apart from managers
 - Offender Accommodation Service workers
 - Sexual (and Violent) Offender Liaison Officers (SAVOLO or SOLO)
 - Social Work Assistants
4. The purpose of the scoping exercise was to:
 - determine the size of the workforce, level and type of roles in each group
 - develop a role descriptor setting out the core tasks and function of each role
 - establish the appropriate qualification requirement for each role
 - identify any legislative changes required
 - make a recommendation regarding the appropriateness of registration for each role

BACKGROUND

5. The SSSC was established under the Regulation of Care (Scotland) Act 2001 (ROCA). Section 58 (1) of ROCA gives Scottish Ministers authority to delegate powers to the SSSC to register workers and set education and training requirements of the registered workforce.
6. The SSSC registers 172,000 workers of the estimated 220,000 workers in the sector.
7. Any expansion to the Register would require legislative change to include new groups.

SCOPING

8. The methodology used included:
 - Extensive internal and external stakeholder engagement (appendix 1)
 - Analysis of workforce data and registered care service data
 - Identification of potential roles and levels within each group
 - Analysis of a range of job descriptions from a wide range of employers and service types
 - Analysis of current employer qualification requirements for roles
 - Development of role descriptors setting out core tasks and functions for each role
 - Mapping of job functions against the Scottish Credit Qualification Framework (SCQF) and the SSSC's principles and criteria for qualifications to identify the appropriate qualification level for each role
9. There are significant variances in the job titles used by employers to describe similar roles. Extensive analysis and research into existing job titles used by employers and their job descriptions informed the SSSC's development of the role descriptors setting out the core tasks and functions for each level for each role. Key stakeholders were consulted on the proposed role descriptors to ensure they adequately reflected the requirements of each role and that they would be able to identify and map the job titles they use against the descriptors.
10. The SCQF level descriptor tool gives examples of the types of function that would be carried out by a worker, in addition to the level of knowledge required, the level of autonomy the worker would have and the level of responsibility in terms of supervising or undertaking delegated tasks. Mapping of the role descriptors against the SCQF levels ensures appropriate identification of the qualification requirement for each role and level, ensuring consistency with the benchmark qualification requirement for similar existing register groups and supports career pathways.

FINDINGS FOR EACH GROUP

Workers in Adult Day Care Services

11. Adult day care is a service registered with the Care Inspectorate as a support service without care at home. There are currently 321 registered adult day care services with a workforce of approximately 4,500 individuals. Managers of these services have been required to register with the SSSC since 2006.
12. Workers deliver direct care and support to individuals in these services which typically involves planned activities. Workers will support

individuals with aspects of social care, health care and daily living. The care provided enables individuals with care needs and/or who are at risk of social isolation to engage in social and organised activities.

13. Appendix 2 sets out the role, function level descriptors and qualifications recommended for each role for those working in adult day care services.
14. The majority of the adult day care service workforce are working at practitioner level. There is however evidence of demand and continued use of supervisor and support worker level roles within adult day care services.
15. The scoping also identified that a number of individuals working within adult day care services are also working in other care services such as housing support or care at home and may already be registered with the SSSC in existing social care register parts. Individuals working in those services who are already registered with a relevant qualification would not be required to do any additional qualifications.
16. It is recommended that the Register is expanded to include support workers, practitioners and supervisors working in Adult Day Care.

Offender Accommodation Services

17. Offender accommodation services are defined as a service which consists of giving advice, guidance or assistance to people who have been provided with accommodation under supervision and care due to release from prison, ex-offenders, or those on probation excluding individuals supported within their own accommodation.
18. There are currently 6 registered offender accommodation services with a workforce of approximately 85 individuals.
19. Workers in offender accommodation services have direct contact with and responsibility for individuals who may pose a risk to themselves or others. Workers have significant risk assessment responsibilities and are required to carry out complex tasks.
20. Given the complexity of tasks expected of these roles which would sit at SCQF level 7 there would be no requirement to have a register part for support workers which would be at level 6.
21. Appendix 3 sets out the role, function and level descriptors for those working in offender accommodation services and sets out the recommended qualification requirement for each role.
22. Although the size of the workforce is small it is recommended that the Register is expanded to include practitioners, supervisors and managers working in an offender accommodation service.

Sexual (and Violent) Offenders Liaison Officers (SAVOLO or SOLO)

23. Sexual and Violent Offender Liaison Officers (SAVOLOs) is a role only being used in the Edinburgh and Lothian area and there are currently only three individuals employed in such a role. The posts currently require individuals to be qualified social workers. The role they are carrying out is aligned to the responsibilities of local authority social work in accordance with Multi-Agency Public Protection Arrangements (MAPPA) and the relevant guidance. Those currently undertaking the role of SAVOLOs are already registered as social workers. Given the nature of the role and function they are undertaking it is not considered necessary or proportionate to establish a new register part for SAVOLOs.
24. The main role the Sexual Offender Liaison Officer (SOLO) is to be the initial point of contact for housing enquiries relating to registered sex offenders under MAPPA (Multi-Agency Public Protection Arrangements), and to be the link between the Responsible Authorities and Registered Social Landlords (RSLs) under a “Duty to co-operate”.
25. Each local authority has an identified SOLO. They are employed within local authority housing departments. Maximum workforce size of 32 individuals.
26. When considering SOLOs, the main tasks of the role include completing Environmental Risk Assessments (ERA), allocation of accommodation appropriate to the category of offence, identification of other support needs and liaising with other authorities and appropriate services. Normally, there is no direct communication between the SOLO and the individual. The National Accommodation Strategy for Sex Offenders in Scotland identifies the SOLO serves as a link between the Local Authority and Registered Social Landlord (RSL).
27. Criminal Justice Social Work leads advised that SOLOs in some local authorities are based in housing and negotiate suitable tenancies, provide a conduit role for sharing and analysing information within the MAPPA process and have a safeguarding role that may be required for the purposes of risk management.
28. Given the nature of the role and the function SOLOs are carrying out it is not a group recommended for registration with the SSSC.

Social Work Assistants

29. There are currently around 2,600 individuals working in local authorities carrying out the role and functions of a social work assistant (SWA). In

addition to this the scoping work identified SWAs are not only working in local authorities but do work in other organisations carrying statutory duties, for example in organisations who undertake fostering and adoption work. The numbers of SWAs employed out with a local authority are low and estimated to be less than 200.

30. SWAs support the co-ordination and management of cases and support social workers to carry out statutory responsibility within their role. SWAs may contribute to risk assessments and contribute to statutory work supporting individuals subjected to statutory orders and have a caseload, however the accountability for this work rests with the qualified social worker.
31. Appendix 4 sets out the role, functions and level descriptor of a SWA and the recommended qualification requirements which includes both certificated knowledge and a practice qualification.
32. It is recommended that the Register is expanded to include social work assistants.

NEXT STEPS

33. Should Scottish Government wish to take forward the recommendations in this report, formal consultation will be required to ensure that stakeholders have an opportunity to give their views on the proposed new register groups including the definitions and suggested qualification requirements.
34. Following consultation and analysis of findings a phased approach to registration of each group would be adopted. In line with the registration of all other groups of workers, the Register would be open for a period of time before it becomes mandatory for each group to be registered.
35. Changes to the legislation through Scottish Statutory Instruments will be required to include the new groups.

RISKS

36. We place public protection as our highest priority. We understand the importance of maintaining proportionate regulation that provides public assurance and protects and improves the experience of people using social care services.
37. Developing and setting the standards for practice, setting the qualification requirements, and quality assuring the education and training are part of our

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

38. We have a cautious appetite to regulatory quality. There are risks to introducing new register groups including pressure on the sector to achieve additional qualifications, however, this should be implemented through a phased approach.
39. There is a risk that by expanding the register to new groups other workers in the workforce may feel more excluded.

IMPLICATIONS

Resourcing

40. If the recommendations are approved further staffing resources will be required to carry out additional scoping, consultation and implementation planning.
41. Additional resourcing will be required to ensure the increased work for processing new registrants and qualification assessments are carried out to support workers with equivalent qualifications.

Compliance

42. New Regulations which define the types of workers eligible and required to register with the SSSC would be required.

IMPACT ASSESSMENTS

Equalities

43. A full Equalities Impact Assessment (EQIA) was carried out and can be found in appendix 5.
44. The SSSC believes that the main way the proposals laid out in this document will meet our equality duties is by advancing equality of opportunity across the social work, social care and early years sectors in Scotland, both for workers and those using services.
45. Setting the qualification requirements at a level that accurately reflects the roles they are required for will assist in demonstrating the complexity of the

roles, that the workforce is highly skilled and help to support the professional identity of the role. This may assist in national discussions regarding Fair Work.

46. The SSSC also believes that a regulated, qualified and empowered workforce is better placed to make sure the people of Scotland receive the highest quality of social care at every stage of their lives.

CONCLUSION

47. It is recommended that the following additional groups are required to register with the SSSC:

- 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

48. Expanding the register to other groups and setting qualification requirements support our overall aim of ensuring the people of Scotland can count on social work, social care and children and young people services being provided by a trusted, skilled, confident and valued workforce.

Engagement

Extensive and continuous engagement took place between March and November 2023. This took the form of face-to-face meetings, focus groups and written feedback. Stakeholders included:

- Local Authorities
- Community Planning Partnerships and agencies
- Chief Social Work Officers
- Social Work Scotland Children and Families Standing Committee
- Regional Justice Social Work
- The Society of Personnel and Development Scotland's (SPDS) Local Authority Social Work HR group
- Employer representative bodies including the Coalition of Care and Support Providers in Scotland's (CCPS) Employers Forum
- Offender Accommodation Service Providers: Turning Point, SACRO, Crane Services (City of Edinburgh Council)
- Unison
- Social Work Scotland
- The Scottish Association of Social Work
- Representatives from the social work, social care and children and young people's workforce
- The Care Inspectorate
- The Social Work Education Partnership (SWEP)
- Internal SSSC working group

Stakeholders were consulted on the proposed role descriptions and qualification requirements to ensure they adequately reflect the requirements of each role.

Job Roles, functions and proposed qualification requirements - Adult Day Care Service

Job role and functions - support worker

Support workers are likely to undertake a range of tasks which will vary depending on the setting. They will ensure delegated tasks are carried out according to set schedules. They are responsible for developing their practice for the best outcome for the service and the individuals they support. The support worker reports to their line manager/supervisor who has responsibility for delegating tasks. A support worker will have direct engagement with service users to carry out a range of tasks.

A support worker in an adult day care service is likely to:

- Support effective communication in day care services where adults are cared for or supported.
- Work with individuals to provide care and assist in activities to promote wellbeing and independence.
- Support individuals to communicate their food and drink choices and assist where necessary.
- Support individuals with their personal care needs including access and use of toilet facilities, maintain their personal hygiene and manage their personal appearance.
- Contribute to the implementation of care or support plan activities by carrying out specific activities, provide feedback and contribute to revisions e.g. how well activities meet individual preferences and help to achieve planned outcomes.
- Uphold the rights of individuals including the right to be in control of their lives, to be respected and to have personal information kept private.
- Relate to individuals and work in ways that support rights, inclusion and wellbeing of individuals.
- Keep self and individuals safe and secure including carrying out health and safety checks before you begin work activities, ensuring your actions support health and safety, and taking action to deal with emergencies.
- Develop practice including reflecting on your current skills and knowledge in the workplace, taking opportunities to improve your practice and applying learning in the workplace.
- Support the safeguarding of individuals e.g. clarify your own understanding about safeguarding and what you must do in cases of actual or potential harm or abuse.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
planning, monitoring delegated tasks practical tasks or duties contributing to evaluating and reviewing the service reflecting on own practise reporting to management budget recording	Level of knowledge: <ul style="list-style-type: none"> • Working knowledge Level of Autonomy: <ul style="list-style-type: none"> • Under direction Level of responsibility: <ul style="list-style-type: none"> • Support other workers to follow plans provided by supervisor 	SVQ Health and Social Care at SCQF level 6

Job role and functions - practitioner

Practitioners carry out a range of tasks whilst also supporting the planning for some of these tasks. They provide support to other workers. They apply their specific learning and knowledge when planning or carrying out their role. They will have direct practice duties with individuals using the service as well as delegating general duties to support workers.

A practitioner in an adult day care service is likely to:

- Monitor and maintain the health, safety and security of yourself and others for whom you are responsible and promote safe working practices.
- Contribute to the assessment of care or support needs and preferences of adults in a day care service.
- Support the development and implementation of care or support plans and contribute to the review of these plans.
- Develop and sustain effective relationships with staff in other agencies
- Participate in inter-disciplinary team working to support individuals and others to assess individuals' needs.
- Work together to plan, implement and evaluate personalised care or support packages.
- Work with individuals to identify development activities.
- Plan, implement and evaluate the activities through working in partnership

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
setting schedules for tasks and target setting for workers supporting workers to carry out practical tasks and leading on more complex tasks review project from specialist perspective reflecting on your own practice and supporting the development of workers coordinating projects under limited management supervision contribute to resource planning environmental scanning and reporting to management	Level of knowledge: <ul style="list-style-type: none"> • Range of knowledge Level of Autonomy: <ul style="list-style-type: none"> • Under guidance Level of responsibility: <ul style="list-style-type: none"> • Plan work for self and others with guidance 	HNC Social Services OR SVQ at SCQF level 7 Social Services and Healthcare

Job Role and functions - supervisor

Supervisors support services through the prioritising of service tasks and delegating these to relevant worker or practitioner. They have a responsibility to develop the service capabilities of the team in a way that best serves individuals. They also support the quality assurance of the service through supervision of workers, monitoring, overseeing and implementing care plans and outcomes.

A supervisor in an adult day care service is likely to:

- Be responsible for the supervision of other workers, such as support workers and practitioners e.g. supervising their practice and monitoring compliance in relation to policies, procedures and best practice relevant to the assessment of risk, safe working practices and safeguarding.
- Promote effective communication within the service.
- Promote the health, safety and security of self and others for whom they are responsible within the service e.g. monitoring and maintaining health, safety and security; promoting working practices that are safe, healthy and secure; minimising risks arising from emergencies.
- Develop their practice within the service setting e.g. reflect on their own practice in the workplace and take action to enhance their practice by using opportunities for development.
- Promote the safeguarding of individuals e.g. establish understanding about safeguarding and what must be done in cases of actual or potential harm or abuse.
- Be responsible for assessment of care needs and the development and implementation of care plans.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
operational prioritising, scheduling and allocating tasks support the development of team practice and knowledge in line with national occupational standards quality assure service activities / projects negotiating with internal and external suppliers preparing reports to inform decision-making proposing and implementing improvements	Level of knowledge: <ul style="list-style-type: none"> • Specialist Knowledge Level of Autonomy: <ul style="list-style-type: none"> • Under guidance Level of responsibility: <ul style="list-style-type: none"> • Work independently with professionals with limited guidance of some tasks 	It is recommended there will be a practice and supervisory requirement A qualification with at least 15 credits at SCQF level 7 of Supervision or Management theory and practice of a care service

Job Roles, functions and proposed qualification requirements – Offender Accommodation Service

Job role and functions - practitioner

Practitioners carry out their role and supporting the planning for a range of tasks. They provide support to other workers. They apply their specific learning and knowledge when planning or carrying out their role. They will have direct practice duties with individuals using the service as well as undertaking tasks as directed by more senior workers.

A practitioner in an offender accommodation service is likely to:

- Monitor and maintain the health, safety and security of yourself and others for whom you are responsible and promote safe working practices.
- Contribute to the assessment of care or support needs and preferences of individuals in offender accommodation services.
- Support the development and implementation of care or support plans and contribute to the review of these plans.
- Develop and sustain effective relationships with staff in other agencies.
- Participate in inter-disciplinary team working to support individuals and others to assess individuals' needs.
- Work together to plan, implement and evaluate personalised care or support packages.
- Assist with initial and ongoing risk assessments of supported individuals.
- Support and assist individuals in crisis situations, and/or manage physical risk or behaviour likely to cause incidents, in accordance with the support plan or service protocol.
- Administer or prompt medication and ensure that medication protocols are adhered to.
- Liaise with landlords and similar others on behalf of supported individuals. Maintain confidentiality with shared information.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
<p>setting schedules for tasks and target setting for workers</p> <p>supporting workers to carry out practical tasks and leading on more complex tasks</p> <p>review project from a specialist perspective reflecting on your own practice and supporting the development of workers</p> <p>coordinating projects under limited management supervision</p> <p>contribute to resource planning</p> <p>environmental scanning and reporting to management</p>	<p>Level of knowledge:</p> <ul style="list-style-type: none"> • Range of knowledge <p>Level of Autonomy:</p> <ul style="list-style-type: none"> • Under guidance <p>Level of responsibility:</p> <ul style="list-style-type: none"> • Plan work for self and others with guidance 	<p>HNC Social Services OR SVQ at SCQF level 7 Social Services and Healthcare</p>

Job Role and functions - supervisor

Supervisors support services through the prioritising of a range of tasks and delegating these to relevant workers. They have a responsibility to develop the service capabilities of the team in a way that best serves the individuals they work with. They also support quality assurance of the service through supervision of staff and reviewing of outcomes.

A supervisor in an offender accommodation service is likely to:

- Promote effective communication within the service.
- Promote the health, safety and security of self and others for whom they are responsible within the service e.g. monitoring and maintaining health, safety and security; promoting working practices that are safe, healthy and secure; minimising risks arising from emergencies.
- Develop their practice within the service setting e.g. reflect on their own practice in the workplace and take action to enhance their practice by using opportunities for development.

- Promote the safeguarding of individuals e.g. establish understanding about safeguarding and what must be done in cases of actual or potential harm or abuse.
- Be responsible for the supervision of other workers, such as support workers e.g. supervising their practice and monitoring compliance in relation to policies, procedures and best practice relevant to the assessment of risk, safe working practices and safeguarding.
- Ensure the needs of individuals are prioritised and that they are provided with safety and care that promotes social inclusion and enables them to reach their potential whilst maintaining public protection.
- Assess risks and needs to develop individualised risk management and integration plans that allow individuals to move safely and successfully to independent living.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
operational prioritising, scheduling and allocating tasks support the development of team practice and knowledge in line with national occupational standards quality assure service activities / projects negotiating with internal and external suppliers preparing reports to inform decision-making proposing and implementing improvements	Level of knowledge: <ul style="list-style-type: none"> • Specialist Knowledge Level of Autonomy: <ul style="list-style-type: none"> • Under guidance Level of responsibility: <ul style="list-style-type: none"> • Work independently with professionals with limited guidance of some tasks 	It is recommended there will be a practice and supervisory requirement HNC Social Services OR SVQ Social Services and Healthcare at SCQF Level 7 PLUS PDA Health and Social Care Supervision OR A qualification with at least 15 credits at SCQF level 7 of Supervision or Management theory and practice of a care service

Job Role and functions – Manager

Managers in will hold responsibilities for the overall management, development and quality assurance of care and support provided in the service, including the

supervision of staff and the management of resources. They contribute to community safety and the reduction of offending behaviour.

A manager in an offender accommodation service is likely to:

- Lead the planning and processes for care and support plans ensuring effective outcomes that meet the needs of the individuals.
- Comply with organisational procedures and any legal requirements.
- Ensure a high-quality service is provided in line with legal, regulatory requirements and operational standards.
- Provide leadership, management, support and motivate workers.
- Build and maintain relationships with funders and stakeholders to ensure that service improvements are made.
- Deliver outcomes which meet the needs of individuals and is proportional to any risks presented.
- Be registered with the Care Inspectorate as manager of the service.
- Lead and maintain effective communication systems and practice.
- Be responsible for the continuing professional learning of yourself and others through staff development and performance development review systems.
- Lead practice around safeguarding and know what action to take in cases of actual or potential harm or abuse.
- Lead practice to reduce and prevent the risk of danger, harm and abuse.
- Have overall responsibility for health and safety in the service.
- Be the first point of contact for complaint handling.
- Hold overall responsibility for budgets and oversee management and deployment of workers and resources for the service.
- Have overall responsibility for completing quality assurance processes for the service e.g. Care Inspectorate Annual Returns.
- Manage multi-agency working arrangements and joint working agreements.
- Lead and manage provision of care services that promotes the wellbeing of individuals.
- Monitor and manage the quality of the provision of the service.
- Comply with legal, regulatory, ethical and social requirements.
- lead practice that promotes the rights, responsibilities, equality and diversity of individuals.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
Exercise autonomy and initiative in some	Level of knowledge:	It is recommended there will be a practice and

<p>activities at a professional level in practice or in a subject/discipline/sector.</p> <p>Exercise managerial responsibility for the work of others and for a range of resources.</p> <p>Practise in ways that show awareness of own and others' roles and responsibilities.</p> <p>Work, under guidance, with specialist practitioners.</p> <p>Seek guidance where appropriate, manage ethical and professional issues in accordance with current professional and/or ethical codes or practices.</p>	<ul style="list-style-type: none"> Specialist in a range of professional skills, techniques and practices associated with the subject/discipline/sector <p>Level of Autonomy:</p> <ul style="list-style-type: none"> Exercise autonomy and initiative in some activities at a professional level in practice <p>Level of responsibility:</p> <ul style="list-style-type: none"> Managerial responsibility for the work of others and a range of resources 	<p>management requirement</p> <p>SVQ Social Services and Healthcare at SCQF Level 9</p> <p>PLUS</p> <p>SVQ Care Services Leadership and Management at SCQF Level 9</p> <p>OR</p> <p>Any award that is certificated at or above SCQF level 8 (min 60 credits) and mapped against the National Occupational Standards: Leadership and Management for Care Services at SCQF Level 10</p>
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Job role, functions and proposed qualification requirements – Social Work Assistant (SWA)

SWAs support the co-ordination and management of cases and support social workers to carry out statutory responsibility within their role. SWAs may contribute to risk assessments and contribute to statutory work supporting individuals subjected to statutory orders and have a caseload, however the accountability for this work rests with the qualified social worker.

A social work assistant is likely to:

- Always work under the direct guidance and support of a qualified social worker and supervising manager.
- Participate in partnership working.
- Assist in contributing to assessment of needs and risks as required.
- Support needs and risk assessment outcomes to reduce levels of risk to individuals.
- Contributing to the development of care/action plans.
- Maintain service user/carer contact as required.
- Engage with families and carers.
- Ensure risk assessment and risk management procedures are followed to promote safe working practices.
- Develop and sustain effective relationships with individuals ensuring to work towards improved outcomes.

The table below sets out the SCQF levels and functions described above and have been mapped to the SCQF level tool which has been used to determine the proposed benchmark qualification.

SCQF level functions	SCQF level tool	Recommended benchmark qualification
Preparing reports to inform decision-making Proposing and implementing improvements operational prioritising, scheduling and allocating tasks coordinating projects	Level of knowledge: <ul style="list-style-type: none"> • Specialist Knowledge Level of Autonomy: <ul style="list-style-type: none"> • Under guidance Level of responsibility: <ul style="list-style-type: none"> • Work independently with professionals with limited 	It is recommended there will be an academic and practice requirement for SWAs Certificated Knowledge - An award of certificated knowledge with 96 academic credits at or above SCQF level 7 OR HNC Social Services

<p>contribute to resource planning</p> <p>review project from specialist perspective</p> <p>environmental scanning and reporting to management</p>	<p>guidance of some tasks</p>	<p>AND SVQ Social Services (Children and Young People) at SCQF level 7</p> <p>OR HNC Social Services</p> <p>AND SVQ Social Services and Healthcare at SCQF Level 7</p>
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Title of Report	Appointment of Internal Auditors
Summary/purpose of report	The contract for the provision of internal audit services expires 31 March 2025. We reviewed the options for the re-let of this contract and completed a procurement strategy business case. This report advises the Council of the outcome of this review and seeks approval to appoint internal auditors.
Recommendations	The Council is asked to approve 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.
Author	Gillian Berry, Finance & Procurement Manager (Care Inspectorate)
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.

Impact Assessment	<p>An Impact Assessment (IA) was developed.</p> <p>This procurement will have a positive impact on sustainability as it will deliver community benefits.</p>
Documents attached	Appendix 1 - Procurement Strategy Business Case Internal Audit May 24.
Background papers	Link to Impact Assessment Folder

INTRODUCTION

1. The SSSC is required to have independent, objective assessment as to whether systems and internal controls are working effectively. This is delivered through the provision of outsourced internal audit services.
2. The current contract awarded to Henderson Loggie LLP expires on 31 March 2025. There is therefore a requirement to carry out a procurement exercise for the re-let of this contract to ensure continuation of Internal Audit Services from 1 April 2025 onwards.

PROCUREMENT STRATEGY BUSINESS CASE

3. A procurement strategy business case was completed to identify and explore all possible procurement routes to market for the provision of internal audit services. This identified six possible routes to market including the new framework awarded by the Advanced Procurement for Universities and Colleges (APUC).
4. The procurement strategy business case is attached as Appendix 1 for information.

PROPOSED ROUTE TO MARKET

5. Each of the six options were evaluated. The outcome is a recommendation to award to the first ranked supplier within the APUC framework.
6. This framework is put together by Scottish Government, with all bidders being invited to submit a response to the tender. Bids are evaluated on cost and quality and then suppliers are ranked in order by the centralised procurement team at Scottish Government. There are significant resource savings using this approach as all suppliers on this framework have already demonstrated their capability to deliver the services to be accepted on the framework and using this competed framework will deliver best value. This is noted in the route to market options in the Procurement Strategy Business Case.
7. As a pre-competed, compliant route to market, the procurement risk is minimised. This route also meets our procurement priority of using collaborative frameworks where these exist.
8. The use of these Scottish Government frameworks ensures we receive the set rates that are agreed as part of the tender contract and are better value than if we were to procure in the open market.

CONTRACT DURATION

9. We propose to award a contract for a period of three years from 1 April 2025, with a further two optional 12-month extensions.

CONSULTATION

10. This report has been considered by Executive Management Team (EMT) and the Audit and Assurance Committee as part of the approval process. Audit and Assurance Committee recommended approving the appointment, subject to additional information being provided to demonstrate that the procurement process achieved best value; this is detailed at paragraphs 6-8 and Appendix 1.

RISKS

11. Risk 3, that we fail to meet governance, external scrutiny applies to this procurement, with the risk appetite being averse. This risk is mitigated with the completion of the Procurement Strategy Business case considering options to market and best value, with the recommendation being compliant with procurement legislation and our own internal governance arrangements.

IMPLICATIONS

Resourcing

12. It is anticipated that the economies of scale offered by using the APUC the framework will deliver better overall value for money than a separate joint procurement exercise.
13. Market rates for internal audit services have increased, the use of the framework and set rates within this framework that are agreed with centralised Scottish Government Procurement and it is estimated to bring savings of 28% compared to openly competing for the service. There will be no additional impact on our staffing resource.
14. The award of the contract supports our strategic objective to deliver sustainable procurement including securing community benefits.

COMPLIANCE

15. Our Procurement Strategy is informed by the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations 2016. This procurement is compliant with the requirements of this framework.

IMPACT ASSESSMENT

16. An impact assessment has been completed with the sustainability assessment being relevant to this procurement of internal audit services. This procurement will have a positive impact on sustainability as it will deliver community benefits.

CONCLUSION

17. As noted in the procurement strategy business case, a direct award to the first ranked supplier in the APUC framework appears to be the recommended option.

INTERNAL AUDIT SERVICES PROCUREMENT STRATEGY BUSINESS CASE

EXECUTIVE SUMMARY	
Title of Purchase:	Internal Audit Services
Lead Procurement Officer:	Gillian Berry
Organisation:	SSSC and Care Inspectorate
Contract Duration:	The contract will commence on 1 April 2025 until 31 March 2028, or until it is terminated on the expiration of notice given by the Care Inspectorate as contract lead, in accordance with the terms and conditions of the contract. The contract may be extended, subject to satisfactory performance under the contract, for up to a further two (2) 12-month periods at the sole discretion of the purchaser.
Estimated Contract Value:	The total contract value is estimated to be £350k to £400k excluding VAT. This is the total cost for SSSC and the Care Inspectorate with the SSSC's internal audit service estimated to be £95k (43%) of the internal audit cost. This leaves approximately £130k to £180k for the provision of non audit services to SSSC and the Care Inspectorate over the 5-year period. This is based on the delivery of internal audit services for 38 days annually to the SSSC and 50 days annually to the Care Inspectorate, with the delivery of additional services as required.
Budget Approved:	Yes
Current Contract Status (if applicable):	The current contract expires 31 March 2025 with no further extension options.
Key Risks:	In accordance with the Public Finance and Accountability (Scotland) Act 2000, the SSSC's Accountable Officer is required to put in place Internal Audit arrangements.
Recommendation:	Option 3a – Other National Framework Call off.

Purpose

This procurement strategy business case considers the procurement processes available for the provision of Internal Audit Services. It details the background and overview of the requirement, reviews the available routes to market, and recommends a preferred option to proceed. Several other aspects of the requirement are also considered in the business case such as sustainability, community benefits, TUPE and supported businesses.

Background

In accordance with the Public Finance and Accountability (Scotland) Act 2000, the SSSC's Accountable Officers are required to put in place Internal Audit arrangements. The internal audit service has been provided by Henderson Loggie LLP for the last five years, with the contract due for re-let.

Summary of Requirement

We have a requirement to procure internal audit services which will include, but not necessarily be limited to:

- Preparing and delivering a detailed three-year audit plan for each organisation, based on an assessment of audit needs for consideration by the Audit and Assurance Committee.
- The internal audit plan will be based on a risk model focusing audit activity around the organisational and strategic risk areas.
- Considering the adequacy of controls necessary to secure propriety, economy, efficiency and effectiveness and seeking to confirm that SSSC has taken the necessary steps to achieve these objectives.
- Providing advice on all matters concerning internal control.
- Providing additional audit specialist reviews and non-audit services as required, and as agreed with SSSC.

Current Contract Status & Spend Analysis

Internal Audit services were procured by conducting a mini competition in an Advanced Procurement for Universities and Colleges (APUC) framework. The contract was awarded to Henderson Loggie LLP for a period of five years ending 31 March 2025.

The combined spend for the SSSC and the Care Inspectorate over this period is estimated to be £205k, including the provision of some non-audit services.

Supplier Base

Many suppliers can meet this requirement, however the benefits realised from using a framework where the selection process has already been completed outweigh the cost of competing separately.

APPENDIX 1

ROUTE TO MARKET OPTIONS

Option Number	Option	Benefits	Risks	Recommendation
1	Do nothing.	No resource requirement to re-let the service requirement.	<p>By doing nothing, SSSC is at risk of failing in their requirement to have internal audit arrangements in place and the statutory requirement to complete a procurement exercise.</p> <p>There is also a risk we pay more for the service than current market rates dictate and that we operate on the supplier's terms and conditions given there is no formal contract in place.</p>	Option 1 is not recommended
2	<p><u>Scottish Government framework Call Off</u> There is no existing Scottish Government Framework for the requirement and so cannot be considered further.</p>	N/A	N/A	There is no option to this approach
3a	<p>Other national framework call-off i.e. Crown Commercial Services, Scotland Excel, APUC, YPO, ESPO, etc.</p>	This Framework reduces the procurement risk as it provides a pre-competed and compliant route to market and meets our procurement priority of using	There are no risks identified using this route to market.	Option 3a is recommended

APPENDIX 1

Option Number	Option	Benefits	Risks	Recommendation
	<p>Advanced Procurement for Universities and Colleges (APUC) PFB1040AP, Lot 2 for internal audit services, led by APUC is available for consideration.</p>	<p>collaborative arrangements where these exist.</p> <p>Value for money has already been determined in the selection process.</p> <p>This Framework allows for a direct award using the 1st ranked supplier or a mini competition inviting all suppliers on the framework.</p> <p>Selection criteria have already been determined.</p> <p>The incumbent supplier (Henderson Loggie LLP) is listed on this framework.</p> <p>This is a Scottish centre of expertise.</p> <p>Pre-defined and agreed Terms and Conditions.</p> <p>Shared risk and management of Contractor.</p> <p>Estimated cash savings of 28% when compared to competing</p>		

APPENDIX 1

Option Number	Option	Benefits	Risks	Recommendation
		<p>openly are delivered through the life of the contract.</p> <p>Non-cash savings through not competing using Public Contracts Scotland.</p>		
3b	<p>Other national framework call-off i.e. Crown Commercial Services, Scotland Excel, APUC, YPO, ESPO, etc.</p> <p>There is a Crown Commercial Services (CCS) framework available to use.</p>	<p>This CCS Framework reduces the procurement risk as it provides a pre-competed and compliant route to market and meets our procurement priority of using collaborative arrangements where these exist.</p> <p>Non-cash savings through not competing using Public Contracts Scotland.</p> <p>Value for money has already been determined in the selection process.</p>	<p>Our previous experience of using this framework was that a very low number of suppliers competed for this service. We suspect due to the relatively small size of SSSC and the Care Inspectorate.</p> <p>There may be no Scottish suppliers on the framework.</p> <p>Cost savings of 28% may not be achievable.</p>	Option 3b is not recommended
4	<p>Competitive tender using open procedure.</p> <p>This would meet all regulatory requirements and achieve value for money via a competitive process. This process is a</p>	<p>This process is a single stage procurement process which would allow the incumbent supplier to tender for the requirement.</p>	<p>This is a high value procurement therefore a Single Procurement Document (SPD) would need to be issued.</p> <p>There is no control over the number of responses received.</p>	Option 4 is not recommended

APPENDIX 1

Option Number	Option	Benefits	Risks	Recommendation
	single stage procurement process.	Allows competitive quotations in line with latest market prices.	<p>All bids need to be evaluated for capability, which can be resource intensive if a high volume of bids are received.</p> <p>Greater risk of challenge due to high value.</p>	
5	<p>Competitive tender using restricted procedure. This would meet all regulatory requirements and achieve value for money via a competitive process. This is a two-stage procurement process.</p>	<p>This process is a two-stage procurement process which would allow the incumbent supplier to tender for the requirement. Allows competitive quotations in line with latest market prices.</p> <p>This is a high value procurement therefore a Single Procurement Document (SPD) would need to be issued. All SPD responses would need evaluated for selection and it is likely that all responses would meet the capability requirements, meaning it's possible a large number of bids would need to be evaluated.</p>	<p>This is a high value procurement therefore a Single Procurement Document (SPD) would need to be issued.</p> <p>There is no control over the number of responses received.</p> <p>All bids need to be evaluated for capability following which a restricted pool need evaluated to determine best value. This can be resource intensive for the evaluation panel.</p> <p>Greater risk of challenge due to high value.</p>	Option 5 is not recommended

APPENDIX 1

Option Number	Option	Benefits	Risks	Recommendation
6	Non-competitive Action There are no grounds within the public procurement regulations that allow for this.	N/A	N/A	Option 6 is not recommended.

CONSIDERATIONS IN THE PROCUREMENT PROCESS

Lotting

For contracts >£70,778 consideration must be given to the suitability to divide the requirement into Lots as per legislation.

The requirement is considered unsuitable to be lotted as there is a single element of service required.

Sustainability (Please use links for further external support regarding these elements and the sustainability folder on the intranet)

The requirement seeks to assess potential sustainable impacts as in the table below:

Sustainability Test	
Are <u>Community Benefits</u> achievable as a result of this procurement? (e.g. local training, employment, investment)	This will be assessed as part of the call-off from the framework.
Is this procurement suitable as a <u>reserved contract</u> ? i.e. delivery by a supported business?	No
Are there any diversity issues that need to be considered? E.g. accessibility needs, religious needs, differing diets etc.	No
Is there any legislation that could affect the specification of this procurement? E.g. Health and Safety legislation.	No
The <u>Scottish Government Environment & Climate</u> change policies require us to consider the purchase of goods and services with regard to their environmental impact. Is this applicable in the context of this requirement?	This will be assessed as part of the call-off from the framework.
Does this requirement support the transition to <u>circular procurement</u> ?	No, this isn't applicable for this service.
Can <u>Fair Work First</u> be included in this procurement?	Yes

TUPE

TUPE will not apply.

Digital Assets (support regarding this should be obtained from the ICT department)

The requirement to adhere to any specific Data Security, Digital Delivery or Accessibility standards does not apply to this requirement.

Data Processing Impact Assessment (DPIA) (support regarding this should be obtained from Information Governance)

1. A DPIA has not been completed.

PROCUREMENT RISK MANAGEMENT

A risk management exercise has been carried out, using the following scoring key:

Key				Grade Key	
Likelihood Score		Impact Score		Total Score	Rating
1	Highly Unlikely	1	Insignificant	>20	Very High
2	Unlikely	2	Minor	15-20	High
3	Possible	3	Moderate	8-12	Medium
4	Likely	4	Major	1-6	Low
5	Almost Certain	5	Catastrophic		

Results are as follows:

Risk Owner	Risk Description	Likelihood	Impact	L x I	Date of assessment	Mitigating actions	Review date
Lead Officer	Lack of resources means that the contract may not be awarded within required timescales	3	4	12	25/04/24	Ensure lean but realistic timetable for procurement. Ensure sufficient resources are in place to undertake procurement within timeframe.	31/10/24
Lead Officer	Specification unclear or lacking detail	2	3	6	25/04/24	Ensure specification is clear, detailed (not prescriptive) & unambiguous.	31/10/24

APPENDIX 1

Risk Owner	Risk Description	Likelihood	Impact	L x I	Date of assessment	Mitigating actions	Review date
						<i>Consider all aspects affecting the decision on the route to procurement.</i>	
<i>Lead Officer</i>	<i>Other than using the recommended option or to do nothing, a high volume of bids may be received. Evaluation of these bids will be resource intensive.</i>	<i>5</i>	<i>3</i>	<i>15</i>	<i>25/04/24</i>		<i>31/10/24</i>

PROCUREMENT PROCESS

Evaluation

This is not applicable if the proposed route to market is agreed.

Proposed Timetable

The timetable will be prepared depending on the route to market agreed by the Audit and Assurance Committee.

ANTICIPATED OUTCOMES / BENEFITS

Terms & Conditions of the Contract

The relevant call off terms and conditions of the Framework will be used.

Standstill Period

A standstill period is not required for the recommended route to market.

Community Benefits

There is potential for a community benefit to be generated from this requirement. This will be assessed as part of the call-off from the framework.

Environmental Benefits

There is potential for environmental benefits to be generated from this requirement. This will be assessed as part of the call-off from the framework.

Socio Benefits (i.e. Fair Work, equality, employment)

There is potential for socio economic benefits to be generated from this requirement. This will be assessed as part of the call-off from the framework.

Economic Benefits (savings)

The proposed route to market is estimated to provide savings of 28% compared to market rates.

CONTRACT & SUPPLIER MANAGEMENT

Contract Management

The Contract will be managed by the Head of Finance and Corporate Governance. Meetings will be scheduled with the supplier on at least a quarterly basis. This may increase depending on the annual audit plan.

Lessons Learned

Lessons Learned will be gathered through the life of the contract, to identify areas of improvement for any re-let exercise or for the purchase of a similar commodity.

Exit Strategy

The successful Contractor will be required to provide an appropriate contract exit strategy agreed with the Head of Finance and Corporate Governance within an agreed timeframe after contract award.

Contract Risk Management

Managing risks associated with supplier failure will be carried out with the support of the Procurement Team. Credit report checks being carried out based on the contract being deemed as Strategic.

MANAGEMENT APPROVAL

Please ensure that the decision is made by the relevant designated authority with delegated contract approval authority for the value of the life of the contract and the relevant cost centre to which the contract costs will be charged.

Decision	Approved
Signature	
Print Name	
Date	

Title of Report	Digital Strategy 2024-2027
Public/Confidential	Public
Summary/purpose of report	The digital strategy for SSSC has been refreshed for period 2024-2027.
Recommendations	The Council is asked to approve 1. the refreshed Digital Strategy 2024-2027
Author	Jeff Miller, Head of Digital Services
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.
Link to Risk Register	Select at least one of the following statements and delete the remainder: Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.

	Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Apx 1 Digital Strategy 2024-2027
Background papers	

EXECUTIVE SUMMARY

1. Our ongoing digital strategy builds upon the significant and highly successful digital transformation journey we have embarked on since opening the Register in 2003.
2. Key developments since this have included an online registration portal and a comprehensive suite of digital learning products for social service workers.
3. In 2018, we launched an ambitious digital transformation programme aimed at delivering new digital capabilities, increasing automation, and leveraging modern and emerging technologies. By February 2019, the digital transformation programme was fully delivered, resulting in tangible improvements in customer service support and laying the groundwork for further digital advancements.
4. We developed and published our first Digital Strategy in 2021 and structure our digital programme of works under the following themes
 - User experience
 - Data informed
 - Intelligent automation
 - Technology architecture
 - Security and compliance
 - Digital inclusion
 - Digital workforce.

INFORMATION

5. This revised Digital Strategy 2024 - 2027 (Appendix 1) has been amended to reflect the work previously delivered and to outline the future key themes. The strategy has been further amended to reflect an increased focus on artificial intelligence and cyber security, resilience and recovery.
6. We monitor the delivery of the strategy through the Digital Programme Board (DPB) and report annually to Council on the work carried out under the themes identified above.

CONSULTATION

7. We have consulted with the Operational Management Team, Executive Management Team, and held a development session with Council Members on 3 October 2024.

RISKS

8. 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. These appetites are reflected in our approach in the strategy.
9. No risks were identified during the refresh of this strategy and any risks identified during the delivery of the themes within it will be documented and reported to the DPB.

IMPLICATIONS

Resourcing

10. Each digital project delivered under this strategy will have its own resourcing implication built into the business cases.

Compliance

11. Any compliance issues identified during the delivery of this strategy will be covered in any business case and project initiation documents and will be reported via the DPB.

IMPACT ASSESSMENT

12. Any impact assessments required during the delivery of this strategy will be covered during the delivery projects and reported to the DPB.

CONCLUSION

13. Council is asked to approve the refreshed strategy at Appendix 1.

Digital Strategy 2024 - 2027

Contents

1. Introduction
2. Background
3. Policy
4. Research with people using our services
5. Vision
6. Principles and themes
 - Principles
 - Themes
7. Delivering and resourcing
8. Evaluation and measuring impact

1. Introduction

Digital and information technologies have transformed lives on an unprecedented scale and will continue to do so at an increasingly accelerated pace. The effect has been to revolutionise travel, shopping, banking and social interactions. Although playing ‘catch up’, there is now a greater prominence of how technology is used to modernise the delivery of public services.

The availability and development of digital services and information technologies that are easy to access, anytime, anywhere and using different kinds of devices from smartphones to smartwatches has changed the way we use services from shopping to paying bills and, increasingly how we access public services. We are used to doing things online and the expectation that we can manage the services we use online will only continue to grow.

We want to make sure the Scottish Social Services Council (SSSC) builds on the rapid progress we have made so far and that we design our services and the technology behind them to meet the fast pace of development and the growing need for simple, user focused digital services.

Our digital strategy has been developed to support the delivery of our [Strategic Plan](#) and is focused on how we want to do things to support customer and business requirements. Our strategy is not about delivering digital technologies, it is about delivering user-led and centred services in the digital age.

Our digital strategy is based on research with our customers and our digital strategy is aligned to the [Digital Strategy for Scotland](#), A changing nation: how Scotland will thrive in a digital world. It is also guided by the Scottish Government’s [Digital Scotland Service Standard](#).

Our digital strategy supports Scotland’s Digital Health and Care Strategy and the SSSC will be a key partner in ensuring the potential for technology to transform health and social care services is realised. We will continue to align to this strategy when it is refreshed later this year. Our digital strategy will also be flexible to help drive opportunities and integration with the National Care Service, helping to define and shape the role digital plays across this new service model.



2. Background

This strategy comes on the back of a significant and highly successful digital transformation journey. Since opening the Register in 2003, there was an initial gradual move towards digital processes, providing huge opportunities and achieving benefits both within the organisation and for our service users. This included developing an online registration portal and the development of a significant number of digital learning products for people working in social services to help them develop their skills using mobile technology so that learning is more flexible, effective and at a lower cost than traditional methods.

This was then followed in 2017 by an ambitious digital transformation programme to deliver new digital capabilities, supporting increased automation and realising opportunities and benefits from modern and emerging technologies to transform not only how we deliver services but enhance the user experience for both our staff and service users.

- We migrated to Microsoft Dynamics 365 bringing together our online portal and main website into a single platform.
- We implemented a dedicated legal case management solution to streamline our fitness to practise processes.
- We implemented Microsoft Office 365 to provide a modern email/calendaring solution and provide a technology platform for further digital innovation.
- We delivered a modern device (laptop) and associated peripherals to enhance the digital experience for all staff and support flexible and agile working.
- We hosted our core digital infrastructure with an external supplier to provide a reliable and highly available technology infrastructure platform.
- We formed a dedicated Digital Services department within the SSSC to support the organisation to provide a proactive IT support service and digital development capacity.



The digital transformation programme, which was fully delivered in February 2019, not only provided tangible improvements to support the services we provide to our customers, but also afforded a basis for further digital development.

A new digital programme was created in April 2019 to further develop our digital capabilities and services, in particular, to build upon the systems and services delivered in February 2019.

- We migrated our main telephony system and contact centre software to a cloud hosted platform providing additional functionality and, vitally, location independent access supporting off-site working.
- We updated the main corporate website to deliver an improved user experience.
- We further developed our online portal (MySSSC) to deliver process improvement, additional functionality and an improved customer experience.
- We upgraded our legal case management system (MatterSphere) to improve productivity and to digitise the process of sharing information.
- We scoped out our data and reporting requirements to inform the deliverables for a new intelligence and insights system.
- We implemented digital technologies to support paperless hearings, delivering process improvements and enhanced service provision.
- We migrated our core data files from traditional file servers to Teams SharePoint, delivering new functionality to improve communication and collaboration.

As well as using digital technologies to transform how we deliver our services, there has been a considerable impact made on workforce development. A large number of high quality resources have been designed and developed to support the training needs of the social service workforce.

Our previous digital transformation programme in 2017 and subsequent digital programme has had a profound impact on the workforce both in terms of rethinking and reskilling and supporting flexible and agile working. Investment in digital skills and upskilling was crucial to supporting staff to successfully deliver services differently.

In March 2020, the digital transformation and developments previously implemented allowed the organisation to respond positively to the global COVID-19 pandemic. Staff were able to work from home using mobile and cloud technologies, securely accessing systems and data, providing a seamless service to our customers. We were also able to support the social service sector by further developing our systems and by developing additional resources. It is important we learn from the COVID-19 pandemic experience, in particular the importance of modern, fully supported and secure digital technologies and having the flexibility to adapt to change.

‘Our previous digital transformation programme in 2017 and subsequent digital programme has had a profound impact on the workforce both in terms of rethinking and reskilling and supporting flexible and agile working.’

3. Policy



We align our own digital strategy with Scottish Government's drive to forge a future in a digital world. The principle of our digital ambition is taken from the Scottish Government's digital strategy – **A changing nation: how Scotland will thrive in a digital world**. Basic digital skills are required for nearly every job and in supporting the social service sector, our own strategy must support the digital capability of our own staff and that of the social work, social care and early years workforce.

Our digital strategy has been developed at a time of considerable change within the policy landscape of the social service sector. Both The Promise Scotland and the Independent Review of Adult Social Care have implications for the way we will develop our digital strategy.

The Independent Review of Adult Social Care highlights the need to embed digital technology and process improvements in adult social care but reiterates that the services provided need to remain person-centred. We will support the social care workforce to increase their digital capacity and capability to allow them to deliver technology enabled care as set out in **Scotland's Digital Health and Care Strategy: enabling, connecting and empowering**.

4. Research with people using our services

In October 2020, we undertook quantitative and qualitative user research to help inform this digital strategy. The research was extensive and provided valuable insights into our current digital offering, any barriers and future opportunities. The research highlighted four main contextual points:

- the audience of social service workers in Scotland is hugely diverse
- there are issues with digital literacy that need to be overcome
- for many registrants, there are real practical barriers to connecting with the SSSC's digital interfaces
- there is a very cluttered learning and development landscape in the sector.

In summary, the research highlighted two main considerations for this digital strategy:

- customers want an enhanced inclusive digital offering and desire a one stop shop for all their interactions with SSSC
- customers desire a single hub that presents access to all learning and development resources within the social service sector.

This strategy is based on both the research and existing knowledge. It builds on the firm foundation achieved in the last few years and outlines how digital can further enhance our services and ultimately improve the experience for those using our services.

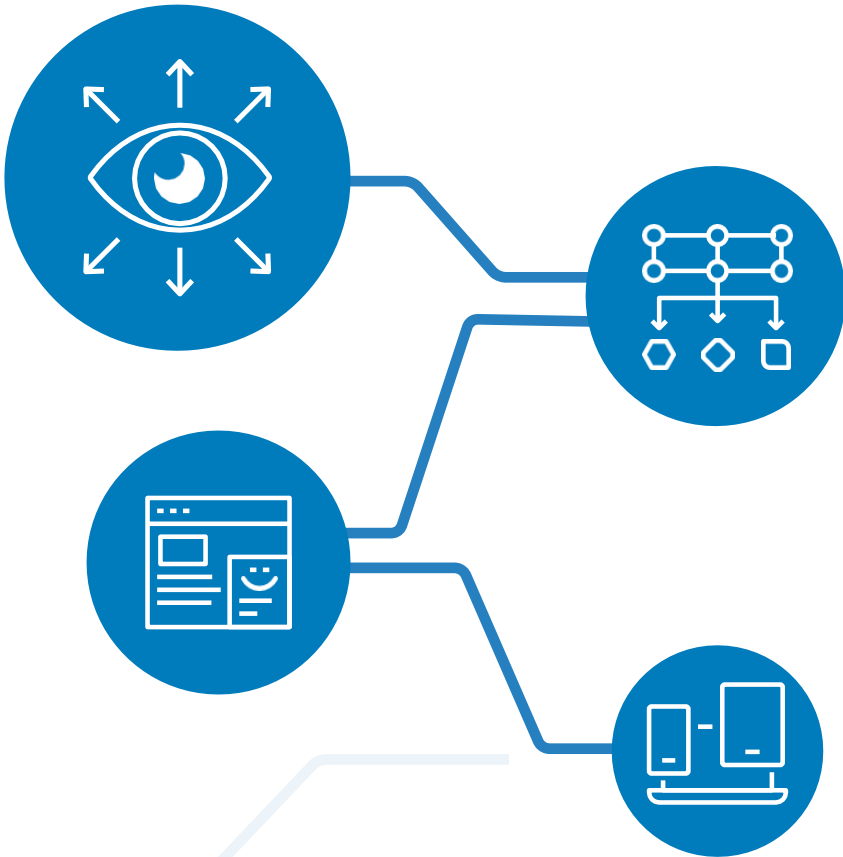
When designing our services, we will also be mindful of [The Scottish Approach to Service Design \(SAatSD\)](#) to help ensure our services are designed both for and with the user.



5. Vision

Our vision is for digital and information technology to have a transformational impact for both the staff who deliver our services and for the users of our services.

A key aim of the digital strategy is to ensure the organisation is truly enhanced by the use of digital and information technology, with developments aligned with organisational objectives and operational need.



6. Principles and themes

It is important the strategy is flexible, agile and can be adapted to further internally and externally driven change. The strategy is based around the following key principles and themes.

Principles



1. Right access, right time

Design and deliver inclusive and accessible services using the right technology.



3. Effective governance

Ensure all activities associated with digital and information technology are aligned with overall business objectives.



2. Customer service focus

Understand our customers challenges and opportunities to provide user-centric services.



4. Continual service improvement

To be future-focused, to listen to user feedback and continually find opportunities for service improvement.

Themes



1. User experience

To ensure all digital systems and resources are effective, integrated and aligned to the needs of our users

We know our users want to interact with us digitally and want to use our services 24/7, with an increased desire to use mobile devices. We know our users want a single place to access our services and for there to be a more joined up experience between the different services we offer.

Our focus will be to deliver an enhanced digital journey, ensuring finding and using our services is simplified and personalised.

What this means

- Perform a comprehensive review of our registration portal and main website to inform further developments.
- Create a one stop shop for all our services.
- Ensure all services are fully accessible on mobile devices.
- Deliver a mobile phone app for our core services.
- Develop better integration between registration and learning and development services and resources.
- Improved signposting for external services and improved collaboration to deliver joined up public services.
- Develop further personalisation of our services.
- Design and develop a consistent branding across all digital services.
- Investigate a single authentication mechanism, delivering a single username/password to access our services.
- Redesign our business processes by developing end to end digital services.
- Ensure all our services are fully supported including providing an assisted digital service.



2. Data informed

To collect, store, manage, share and use data and information, supporting the organisation to make the best business decisions

The SSSC collects datasets from our many business systems and from external organisations. It is more important than ever that we produce evidence and intelligence that helps us, and others, make the right decisions.

Our focus will be to identify, store, provision, process, share and govern our data and information to support decision making and improve reporting.

What this means

- Design and deliver a data warehouse to pull all data together into one location from our various systems.
- Design and configure an analytical environment or Extract, Transform and Load tool (ETL) to combine multiple data sources.
- Deploy visualisation and reporting tools to provide managers and others with self-service dashboards and access to real time information.
- Safely store external workforce data with the ability to integrate with internally held data.
- Create processes to share data securely and appropriately with external organisations.
- Evaluate open data and the role it can play in supporting the public sector provide more joined up and collaborative services.
- Training and support for staff on how to use tools and technology to make more informed decisions.



3. Intelligent automation

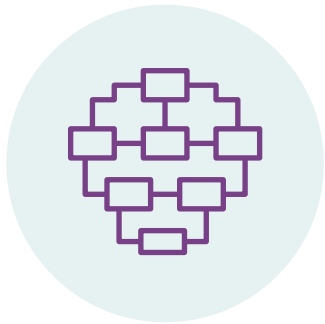
To examine and adopt emerging technologies to support further process automation.

Technological breakthroughs in areas from artificial intelligence and robotics to Internet of Things (IoT) are now heralding a fourth Industrial Revolution. Emerging technologies have the power to reshape every aspect of how we deliver our services.

Our focus will be to analyse our existing business processes and identify areas where emerging technology can improve and optimise performance.

What this means

- Undertake a comprehensive review of existing business processes to identify areas for process improvement and enhanced user experience.
- Evaluate Robotic Process Automation (RPA) to further automate business processes.
- Investigate how Artificial Intelligence (AI) can provide efficiencies and an improved customer experience.
- Explore natural language processing and integrate chatbot technologies into both internal and external services.



4. Technology architecture

To develop and maintain a flexible and sustainable design for the physical and logical IT systems and follow a robust set of guidelines for new systems and future developments.

Our technology architecture needs to allow services and information to be available 24/7 and staff need to securely access our technology platforms from any location. A simplified technology architecture and the integration of information technologies will be a fundamental building block in delivering an enhanced digital offering to our customers.

Our focus will be to design, develop and maintain a technology infrastructure to support the current and future digital needs of the organisation with an emphasis on leveraging cloud technologies and managed services.

What this means

- Continue to use public cloud technologies to deliver flexible and sustainable services allowing the organisation to be agile and respond to further internally and externally driven change.
- Continue to focus on using managed services to deliver and support our critical information technology architecture.
- Rationalise and consolidate our web architecture.
- Work more closely with strategic partners to design, develop and support our learning and development resources.
- Collaborate with partner organisations with a focus on service delivery and not being constrained by organisational boundaries.
- Ensure the underlying technology architecture supports the delivery of location independent and device agnostic access to services.
- Ensure all technology infrastructure and services are fully supported, either internally or through support agreements with external suppliers.
- Provide more joined up and collaborative services.
- Training and support for staff on how to use tools and technology to make more informed decisions.



5. Security and compliance

To meet our moral and legal obligations in securing, storing and sharing information and resources.

With the increased dependence on IT systems, organisations are becoming more vulnerable to IT security threats. The growth of cloud computing and mobile devices are providing new opportunities for unauthorised access to IT systems. IT security threats are generally expected to become more widespread and increasingly sophisticated.

Our focus will be to take a risk-based approach, aligning people, process and technology to ensure our information and resources are secure from unauthorised access.

What this means

- Implement appropriate technical controls to mitigate against cyber threats, including network and device security and access control and authentication.
- Ensure technical controls adhere to National Cyber Security Centre (NCSC) best practice guidance.
- Continually evaluate cyber threats and ensure technology controls and processes are evolving and effective in managing cyber risk.
- Work closely with external suppliers to ensure cyber threats are appropriately controlled for our externally managed services.
- Deliver appropriate cyber security awareness training to staff.
- Deliver simulated cyber attacks to support staff awareness of the common threats.
- Provide external assurance through audits and maintain the Cyber Essentials Plus accreditation, a Government backed scheme to help protect against the most common cyber attacks.
- Join the Cyber Security Information Sharing Partnership (CiSP) to better understand and share cyber threat information.
- Create, maintain and test comprehensive disaster recovery and business continuity plans to minimise the impact of cyber threats.
- Training and support for staff on how to use tools and technology to make more informed decisions.



6. Digital inclusion

To ensure systems and services are easy to use and accessible and to provide opportunities to increase the digital capability of our service users.

While we live in a digital age, we also know, from our research, that not all users have either the confidence or skills and many have challenges with connectivity and access to devices. Our research has also highlighted the importance of digital technologies being accessible and easy to use.

Our focus will be to design and develop easy to navigate and accessible systems with an emphasis on user experience. The SSSC will also play an active role in increasing the digital capabilities of the social service workforce, supplemented by an assisted digital support model.

What this means

- Simplify the main customer portal and website to create a one stop shop for all digital services.
- Enhance the customer portal and website to improve the user experience and help users find what they need.
- Design our services with accessibility at the core, meeting our obligations under The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.
- The SSSC to have a lead role in increasing the digital capabilities of the social service workforce through the development of additional resources.
- All digital services and resources will be designed and developed to be mobile responsive..
- Develop an assisted digital model to support users who lack confidence, capability or have challenges with connectivity or access to suitable devices.



7. Digital workforce

To ensure our staff have the right skills and capabilities to live and work in a digital world.

Digital and information technologies have become integral to personal and professional life and almost all roles require staff to interact with technology. New technologies are only as effective as the staff trained to use them and it is essential staff have the required digital capabilities to adapt and thrive.

Our focus will be to understand the digital capability of staff and ensure there is a comprehensive training programme to achieve a skills transformation in an ever-changing digital age.

What this means

- Undertake a digital skills assessment to identify gaps and help form a training needs analysis.
- Ensure digital training is incorporated into development discussions and personal development plans.
- Provide training on new and existing technologies ensuring staff are skilled and motivated to deliver services in the digital age.
- Invest in existing staff to create a long term digital talent pipeline.
- Ensure Digital Services staff have the capability to support and maintain core digital infrastructure.

7. Delivering and resourcing

For each theme, the key deliverables will be detailed in the annual operational plan to ensure there is budget and resources allocated as required and other elements will be based on business cases and evidence. As such, resources for these elements will be considered on a case by case basis.

The SSSC will pursue national funding opportunities where available to supplement business cases for any additional requirements that come up during the year, with a focus on return on investment and robust procurement and financial management.

Delivering the key initiatives alongside staff's day-to-day roles will require flexible, cross-departmental working, supported by the Programme Management Office, and governed by the Digital Programme Board.



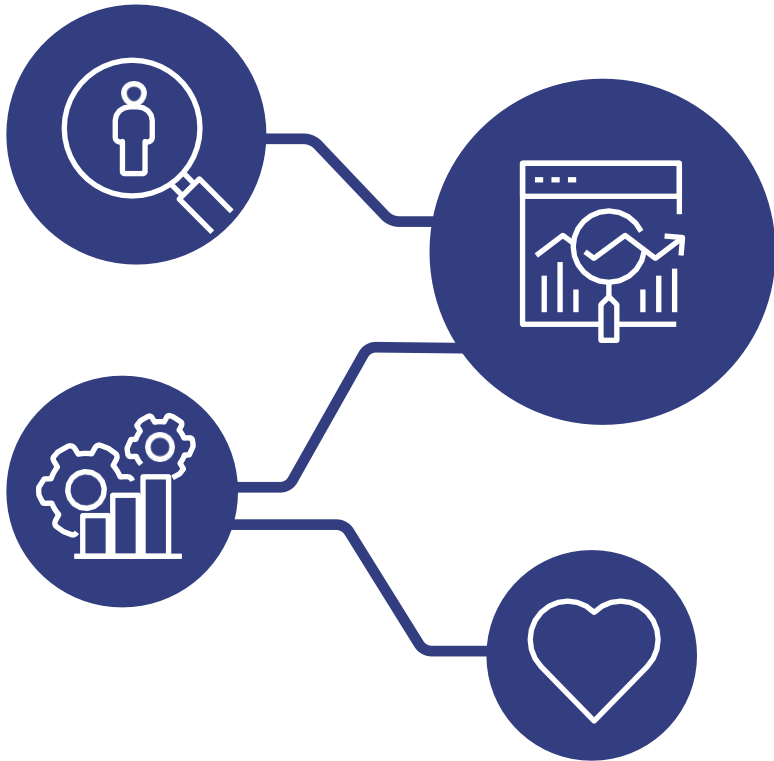
8. Evaluation and measuring impact

How will we know if our digital strategy is working?

We will measure success using a combination of regular analysis of stakeholder feedback, asking people if what we are doing is working and by measuring against the outputs from each theme.

Where digital improvements and developments are being implemented, benefits realisation plans will be created and regularly reported to our Digital Programme Board, Digital Sponsor and Audit and Assurance Committee.

SSSC Council are responsible for approving this strategy and they will receive annual reports on the implementation and effectiveness of our digital strategy.



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

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

Title of Report	Interim Communications Strategy 2024-2026
Public/Confidential	Public
Summary/purpose of report	This report sets out the planned Communication and Engagement Strategy for 2024-2026.
Recommendations	The Council is asked to approve the draft strategy.
Author	Nicola Gilray Head of Strategic Communications and Policy
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>

	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p>
Impact Assessment	<p>An Impact Assessment (IA) was developed.</p> <p>There are no specific actions following the assessment.</p>
Documents attached	<p>Apx 1: Draft Communications Strategy 2024-2026</p>
Background papers	<p>Link to Impact Assessment Folder</p>

EXECUTIVE SUMMARY

1. This draft Communication and Engagement Strategy 2024-2026 supports the priorities in the Strategic Plan for this period. It was agreed with Council and the Executive Management Team (EMT) to produce an interim strategy for the rest of the life of the current strategic plan and to design a new one in line with the timescale for the next strategic plan. The draft strategy is attached as the Appendix 1.
2. The strategy sets out the focus for the next 18 months as agreed with Council Members at their development session in June 2024. It is also designed to be flexible and broad enough to accommodate any emerging opportunities and challenges.
3. The strategy is a corporate, organisational strategy and approach which all staff have responsibility for delivering.
4. The Council is asked to approve the strategy.

THE STRATEGY

5. The strategy sets out the environmental and policy context, the challenges and the opportunities and continues the following themes from the plan 2021-2024 strategy as the focus for our communication and engagement to support the direction of the Strategic Plan:
 - influence
 - involvement
 - value
 - connection.
6. The strategy includes the principles, objectives, broad messaging and examples of the range of activities we will use.
7. The strategy sets the corporate priorities and direction and applies across all directorates.
8. The Communications Team will coordinate corporate activities and advise and support colleagues to deliver their communication and engagement objectives. The corporate activities and timescales will be set out and monitored in each annual business plan.
9. All relevant projects must have a communication and engagement plan and progress against the aims of the strategy must be reported on via the assurance reports as well as the consultation section in Council reports where relevant.
10. Stakeholder engagement and evidence of impact remains a priority. Key stakeholders are identified in this strategy and the lead officers will define the stakeholders for each of their workstreams or projects using the corporate stakeholder analysis toolkit.

CONSULTATION

11. As this is an interim strategy, we haven't carried out large scale external research and we will do this in 2025/26 to prepare for the Strategic Plan. However, the strategy is based on results from our stakeholder and registrant surveys and on behavioural and marketing insights.
12. Council Members, the EMT and the Operational Management Team have all been consulted.

RISKS

13. There are no specific risks identified as part of this report.
14. 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.
15. 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.
16. We have an open approach to ensuring the mechanisms are in place to hear the views and voices of our stakeholders.

IMPLICATIONS

Resourcing

17. Costs for corporate communications activities identified in the 2024/25 business plan are included in the 2024/25 budget.

Compliance

18. There are no compliance issues identified as part of the report.

IMPACT ASSESSMENT

19. We completed an Impact Assessment. There are no specific actions following the assessment.

CONCLUSION

20. The Council is asked to approve the strategy.

Communications Strategy 2024-2026



Contents

1. Introduction
2. Overview and impact
3. Context and policy landscape
4. How well are we doing?
5. What do we want to achieve by 2026?
6. Audience and message
7. Approach
8. Timeline
9. Resources
10. Governance and reporting
11. Evaluation and measuring impact

1. Introduction

Our strategy will build on the growing awareness and knowledge of the Scottish Social Services Council (SSSC), maximising awareness of our roles beyond regulation and expanding the impact of our full range of services and products. Making sure that our audiences know about our services and products will allow us to support the social work, social care and children and young people workforce now and for the future.

The strategy is based on evidence through stakeholder research, analysis and behavioural insights from our campaigns as well as our policy and environmental context.

This strategy is the framework for all communication, marketing and engagement activity for the SSSC and can be adapted to use across all projects, making sure that our activity meets the outcomes and activities outlined in the Strategic Plan 2023-2026.

We will review the strategy in line with the development of the next strategic plan.



2. Overview and impact

In the last three years, we focused our external communication and engagement activities on a range of activities and campaigns. Our particular focus has been the Future Proofing Programme, our major service reform and redesign programme that began in December 2021 and launched with a series of improvements on 3 June 2024.

The programme streamlines our processes both within the SSSC and for our stakeholders, as well as bringing increased flexibility for people to work across a range of social service careers. The outcome will, overall, make being registered simple and easy to understand.

Our communications and engagement over the last three years have:

- increased engagement and involvement of our stakeholders and customers in our work, giving people more opportunities to get to know us and influence our work and for us to get to know them better
- delivered effective communications campaigns, sharing personal stories from our registrants of their careers, championing and promoting the value of the workforce
- made sure that employers and people on our Register have the information they need to make the most of their registration and our products and services
- involved working closely with our partners including Scottish Government to support and develop the workforce.

A few of the highlights

- Contributing to and influencing national policy development is essential in our role and we responded to 64 consultations across a range of topics including the Independent Review of Inspection, Scrutiny and Regulation and the National Care Service.
- Involving people, listening to them and acting on their feedback is central to the way we work. We launched the Future Proofing Programme, our major service reform and redesign programme, with 6,533 people responding to the first consultation, the highest consultation response we have ever had. We asked people to give their views on the changes we wanted to make. Alongside the consultation, we ran 13 online events. Their involvement and feedback led to changes in the final proposals that were better informed because of it.
- Engagement in the programme continued throughout, leading to sell out workshops ahead of the changes coming in on 3 June 2024 and over 700 people joining online to meet our staff, find out more and ask questions.
- 208 people and 12 stakeholder groups were directly involved in redesigning the SSSC Codes of Practice along with views and feedback from members of the public which resulted in changes to the language we use, as well as a review of the Codes themselves. Their views on the ways we can develop and promote the Codes will inform future activity.
- We issued 56 news releases and features across national and specialist trade press and published 195 articles and features on our website.
- We email SSSC News to over 182k people each month with news and information for their registration, news about regulation and about their learning and development. SSSC News is a trusted source of information for the sector. We consistently engaged over 56% of registrants and employers in the content including essential information that resulted in 7 in 10 people surveyed telling us that they were aware of and regularly using our email newsletter.
- Our focus on sharing real life stories and experiences in our social media campaigns to promote modern apprenticeships and careers in care with school leavers resulted in our highest engagement across all the platforms we use.

3. Context and policy landscape

This strategy takes account of the considerable change taking place within the cultural and policy landscape for the social work, social care and children and young people workforce, as well as for the SSSC.

The evolution of the sector means there are several developments underway that relate to our work. This includes the journey towards a National Care Service and how this provides us with an opportunity to improve our reach into those policy areas that bring social care and health together. And we are working with Scottish Government on the development of the new National Social Work Agency which will bring increasing opportunities for social work in the wider context of health and social care.

- Demonstrating our value and how we are contributing to public sector reform is critical and we are confident that our ongoing focus on improvement demonstrates our commitment. Our Future Proofing Programme has modernised and streamlined our registration processes, taking account of changes in the sector and the way people work. We will continue to monitor, evaluate and share the impact and benefits of the changes we have made and work with our sector to continue this journey.
- In 2023 the Independent Review of Inspection, Scrutiny and Regulation published



- its findings and one of the key areas for the SSSC is increasing the involvement of people with experience of care services in our work, making sure that we are more visible and learning more from our sector. We are launching a new payment procedure to support more people with experience of care to get involved in our work.
- Another key development is expanding the Register to include more groups of people working in this sector. While many will be aware of the SSSC and registration, they won't have had direct experience of us, so we will design an engagement plan to make sure that the people who may need to register with us and their employers have the information they need when they need it.
- We are committed to Keeping The Promise and the Plan 2024-30 is at the heart of what we do, reflecting our part in improving opportunities for care experienced children and young people. This includes work to develop resources to support them to understand and use the SSSC Codes of Practice for Social Service Workers and their Employers.
- As artificial intelligence (AI) becomes an even greater part of our lives, it will have an impact on the way we communicate and engage with our customers and stakeholders. Exploring and adapting to emerging technologies is essential if we are to provide innovative and effective services. We will make sure that we are open and transparent about how we use AI in our products and services.
- As an official statistics provider we publish reports each year on the workforce and other key data. In 2023 we brought out two new reports – data and snapshots of both our registration and fitness to practise data. These reports aim to give a more detailed look at the workforce and provide insights that can

influence and drive change in this sector. The reports were well received and we

aim to publish these each year along with more of the unique data we hold. (Con't...)



- Working with our key partners, including Scottish Government, local authorities, COSLA, SOLACE, the private and voluntary care sectors, education, the health sector and others, we will build on the increasing public awareness of the value of the social service workforce, how this connects with health and wellbeing more generally and a wider understanding of their essential role in our communities.
- With the increased awareness of our role, a flexible approach and our work with key partners, we have an increasing demand for our skills and the learning and workforce development resources we provide, which gives us opportunities to reach more people.
- The pace of change in our communities and for the workforce we register continues to require a robust, flexible approach which needs strategic and proactive communication and engagement with our key stakeholders and audiences, so they are involved, informed, consulted, engaged, supported and receiving the information they need from us in a timely manner and accessible formats.
- Now more than ever, effective and integrated communication and engagement, championed by all our staff, is central to achieving our objectives and securing the trust and buy in of our audiences and key stakeholders.



4. How well are we doing?

We carry out regular surveys with our registrants and stakeholders which provide valuable insights into how people view and feel about the SSSC and how well they recognise us and what we do.

What the research tells us.

- Our key audiences know who we are with our brand recognition and our visual identity well recognised.
- Most registrants and employers continue to have positive perceptions of the role of the SSSC with 71.7% believing that our work helps to improve their practice, an increase of 6.8% on the previous year. And 75.6% think that registration with the SSSC is beneficial, an increase of 6.8%.
- Our sector is diverse, covering people working in different kinds of services and at all levels so their communication and engagement needs are wide and varied. 75.4% of people told us that our work promotes equality, diversity and inclusion, an increase of 4.6%.
- Most people we engage with see us as professional, approachable, trustworthy, authoritative and helpful and view our staff very positively.



5. What do we want to achieve by 2026?

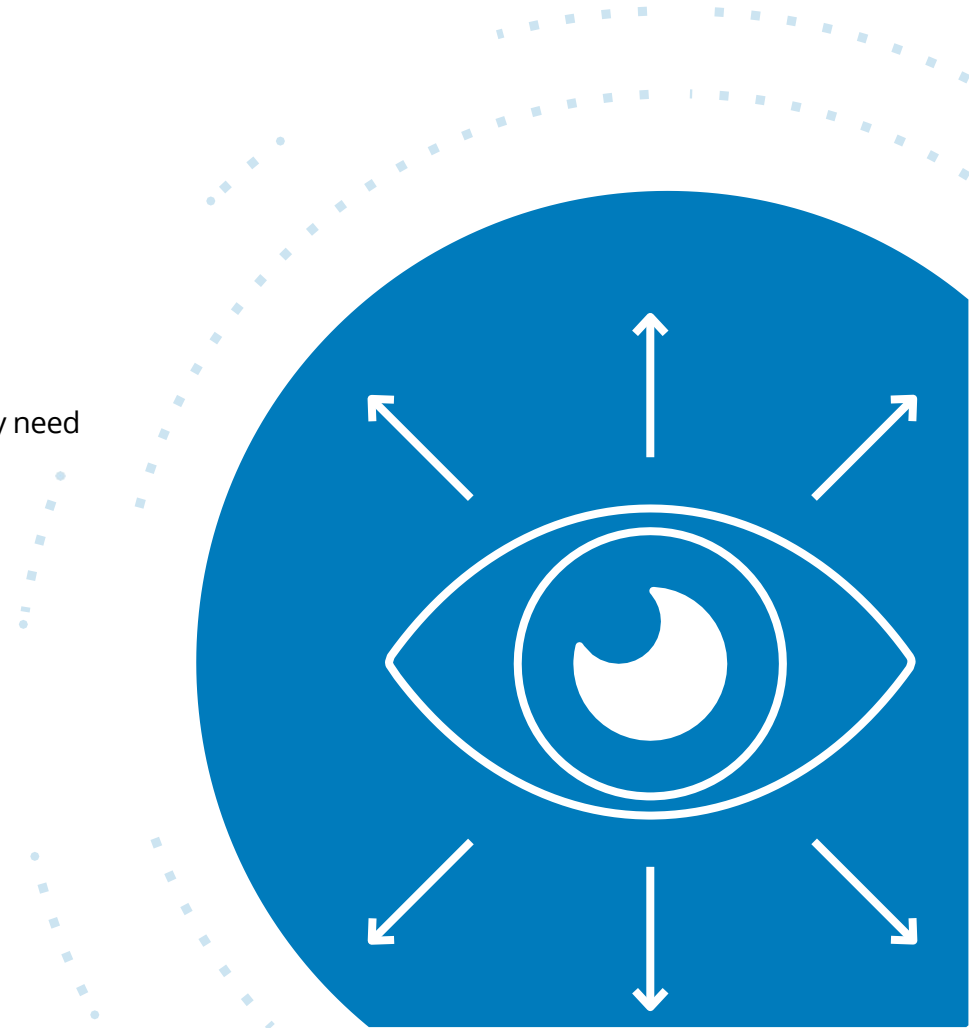
Vision

To increase awareness of our unique role as an effective regulator and go to organisation for workforce development, workforce planning, intelligence and best practice for the social work, social care and children and young people workforce, strengthening our influence in the future direction of this sector in Scotland.

Aims

We have five communication and engagement aims. Our activity must fulfil one or more of these aims so that it fits with the strategic plan and is both relevant and necessary.

1. To increase brand awareness among our key audience groups through planned and coordinated initiatives so more of our key stakeholders know who we are and what we do and tell us they value our role.
2. To reach the right audiences with accessible information, services and products they need for their registration, their learning and development and for workforce planning.
3. To demonstrate the value of the SSSC with key stakeholders through planned and coordinated communication and engagement activity.
4. To promote the role and value of the social work, social care and children and young people workforce with key audiences.
5. To involve, codesign and collaborate with colleagues on the development of our services and products and promote their benefits so that more people are aware of, accessing and using our resources.



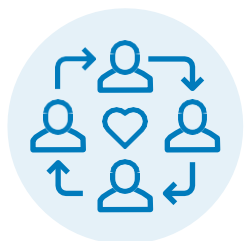
Our themes and delivery 2024-2026



1. Influence

What this means

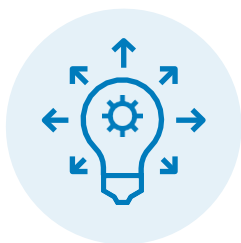
- Demonstrate the work we are doing to develop and support the social work, social care and children and young people workforce.
- Demonstrate, promote and share the impact and benefit of our services and resources for registrants, social service providers, our partners and policy makers.
- Publish and share the intelligence, evidence and data we gather through our unique role in ways that are accessible and usable and that will drive and influence change and improvement. This includes new snapshot data reports looking at key areas of our work.
- Raise our profile with key audiences and increase our reach into relevant sectors including health.
- Craft effective position statements and consultation responses and demonstrate the way we are influencing national policy development.
- Effective and positive media relationships and management.



2. Involvement

What this means

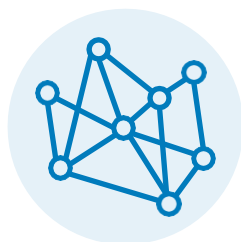
- Involve relevant stakeholders in our work and involve the SSSC in key national and strategic initiatives.
- Establish an SSSC National Stakeholder Advisory Forum to bring their voice into our work and business development.
- Introduce a payment procedure to support more people, particularly those with experience of care, to get involved in our work.
- Using the Scottish Approach to Service Design, we will codesign more of our services and products with people who use them and for whom they may have an impact.



3. Value

What this means

- Promote the value and benefits of being registered with the SSSC and of our services (such as the new continuous professional learning website), shaping a positive attitude to our role including regulation, learning and development, workforce planning and intelligence to our audiences.
- Demonstrate how we contribute to the wider value view of the sector.
- Identify opportunities to promote the value, both social and economic, of this workforce, the standards they work to, their skills, wellbeing and the positive impact on our communities.
- Promote careers in social work, social care and children and young people services and contribute to the national drive to improve perceptions of careers in care.
- Develop innovative and effective resources to promote the SSSC Codes of Practice for Social Service Workers and their Employers and the impact and benefits they have for this sector.



4. Connection

What this means

- Build on the current understanding of our role to connect to our wider roles and responsibilities.
- Provide the right information in the right way through designing and providing accessible products and campaigns.
- Continue our outreach programme with our Convener and Council Members and our staff visits to services across Scotland to meet our registrants and their employers and the individuals using their services.
- Connect with more of our registrants and employers through our annual online engagement events programme along with our speaking engagements and pop ups at stakeholder events and conferences.
- Design a new, accessible website that will be simple to use and provide trusted, reliable information and services.
- Design a compelling narrative about the role of regulation and workforce development that people can easily understand.
- Work closely with all SSSC departments to make sure we have planned and carefully coordinated communication and engagement for all key workstreams in the operational plan to deliver maximum impact.

Our communication and engagement principles



Clear

- Our audiences will understand how they should use and act on the information we provide.
- Our tone is clear, professional and concise across all of communication and engagement activity.
- We are honest and open in our communication with our stakeholders.



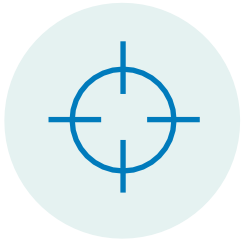
Innovative

- We identify and keep up to date with changing and emerging social and communication trends, adapting and responding to reach our audiences quickly and effectively.
- We are flexible in our campaign planning and development so we can respond and adapt to changing priorities.



Consistent

- We continue to coordinate activity with partners to ensure a joined-up approach and consistent messaging.
- People recognise and value our services and products through our clear, consistent brand.



Audience focused

- We use accessible, effective communication channels and methods to meet the needs of our different internal SSSC and external stakeholder and customer groups, that are appropriate for their role, skills and experience.
- We provide real time, up to date and reliable sources of essential information.



Digital First

- We make it easy to access information through our digital channels.



Evidence and insight based

- Our activity is based on sound evidence and audience insight.
- We make sure there is two-way communication, providing our audiences with opportunities to provide feedback that influences our work.



Tested and evaluated

- We evaluate our activity throughout, to test impact, adapt and adjust and continue to improve.
- We measure the impact of our communication and engagement activity and build on results.



Values based

- Our communication and engagement activity always demonstrates our values.

6. Audience and message

Audience

We will define our main audiences and use this to describe the audiences and messages for each workstream in the annual operational plan as required.

Identifying and prioritising audiences makes sure our activities deliver the right message and information in the right way and at the right time and makes the most of our resources.

Our stakeholders include key policy makers/influencers at UK and national level, strategic partnerships with organisations, people who use social services, the local and national media, social work, social care and children and young people employers, the wider public and a workforce of over 200,000 people working in different services across the public, voluntary and private sectors, most of whom are on our Register.

This is underpinned by our Involving People Framework which will be reviewed in line with the next strategic plan review.



Main messages

These are the key messages which underpin our corporate communications. Each main workstream in the annual operational plan must reflect these messages and include specific messages for its purpose and audiences.

The SSSC and our role

- We protect the public by supporting the social work, social care and children and young people workforce to deliver high quality services and we do this by registering this workforce, setting the standards they must meet and maintain for their practice, conduct, training and education and by supporting their professional development.
- We are unique because we both regulate and develop the workforce to be the best it can be, making life better for people using social services in Scotland.
- We are connected to around 206,000 people in this workforce plus their employers, training providers, representative bodies and other partners across social work, social care and children and young people services and reach over 182,000 people each month via SSSC News. And we also reach those social care staff who are not required to register with us through our workforce development and planning role.
- We can and do take action where a registrant's practice falls below the standards set out in the SSSC Code of Practice which is improving the quality of the workforce and safeguarding people who use social services.
- We lead on increasing workforce capacity in the sector, regulating education and learning and designing resources to enhance and develop core skills in the workforce.
- Our unique role provides essential information and data on the social work, social care and children and young people workforce which informs national and local workforce planning.
- We work with our partners to strengthen the professionalism and skill of the workforce.

The SSSC and the social work, social care and children and young people workforce

- We are here for you throughout your career in social work, social care and children and young people services.
- Getting registered is just the start – we will continue to support you not only by setting standards for practice and training but also through developing qualifications, practice guidance and free, easy to use learning and practice support resources.
- Working in partnership we are committed to improving fair work practices for people working in social work, social care and children and young people settings and we are working with stakeholders to embed fair work principles and achieve better terms and conditions for you.

7. Approach

Successful communication and engagement will require a mix of channels and content depending on the audiences we want to reach, their needs, influences and interests. Here are some examples.



Expert opinion

We will identify opportunities for the SSSC to lead conversations on the role of the social service workforce and the value of the workforce and the role of the SSSC. This can include briefings, traditional or social media, speaking opportunities, professional groups, statements and digital engagement.



Providing trusted information

In a time when multiple channels are available for people to find information, we will provide trusted, real time, accessible and reliable sources of essential information for service providers and registrants including our reports, publications and products, our website and social media channels, direct email news and our customer contact centre.



Media – mainstream and digital

We will continue to build positive momentum that is shifting the perception of the social work, social care and children and young people workforce.

This will include access to SSSC experts, case studies, key data and information for local and national media, key policy makers and influencers to use to illustrate the role and impact of this workforce.





Storytelling

Sharing and promoting stories from people working in social work, social care and children and young people services and stories from people using these services to demonstrate the value of the workforce and raise understanding of what they do and the impact it has. We will work with our Workforce, Education and Standards and Regulation colleagues as well as existing and new networks to draw on their experiences.

These case studies and stories will be used in different ways:

- campaign content for social media
- for our Workforce, Education and Standards colleagues to develop video and other resources
- to provide traditional local, national or broadcast media access to positive stories
- to promote a network of spokespeople who work in the sector and are prepared to talk about their work.



Social media campaigns, for example, careers in care and #SSSCregistered

This will include refreshing the successful 'I'm registered' social media campaign and building on our effective campaign designed to encourage people of all ages to find out more about a career or modern apprenticeship in this sector.



Direct mail

Reaching our key stakeholders and customers via our direct email marketing and effective email newsletter so they are aware of our resources and national initiatives with partners and have the information they need at the right time and in the right way.

8. Timeline

This strategy will be in place until 31 March 2026 and will remain flexible so we can respond to rapidly changing circumstances during this time. Each main workstream will reflect one or more of the five aims and four themes.

9. Resources

This strategy applies across all business areas.

Corporate communications costs are contained within the existing Communications and Policy Department's annual budget and are based on the annual operational plan.

Each directorate is responsible for the communication and engagement budgets for their activities in the annual operational plan where required.

Effective communication and engagement are a priority for the SSSC. We carry out our activities through collaboration and the commitment of all staff and provide a range of corporate tools to support staff in planning and delivering their communications and engagement.



10. Governance and reporting

The Communications Team is a strategic corporate function that delivers integrated communications, marketing, multimedia design and digital engagement.

The team sits within the Communications and Policy Department within the Strategy and Performance Directorate which has lead responsibility for coordinating the delivery of the strategy and for overseeing communication with the public and key stakeholders.

The strategy is sponsored by the Director of Strategy and Performance.

The Head of Strategic Communications and Policy is responsible for designing and implementing the strategy and managing associated risks.

The lead officers for each strategic outcome in the Strategic Plan 2023-2026 will report on their engagement and communication activities in their assurance reports.

11. Evaluation and measuring impact

We will report progress through the assurance report on the measures in the Strategic Plan and annual operational plans. Each workstream communication plan must include measures to demonstrate the return on investment and assess progress using a combination of:

- evaluation and analysis of engagement activity and analytics
- regular analysis of stakeholder perception insights and behavioural analytics that tell us if what we are doing is reaching our audience
- feedback, case studies and survey results
- review of the overall operational plan to make sure we are on target and within budget where there are defined costs for activities.

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

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

Title of Report	Data Protection Policy report
Public	Public
Summary/purpose of report	This report presents the Data Protection Policy for approval.
Recommendations	The Council is asked to approve the Data Protection Policy.
Author	Anne Stewart, Head of Legal and Corporate Governance
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was developed. There are no significant impacts.
Documents attached	Appendix 1: draft Data Protection Policy 2024

	Appendix 2: Data Protection Policy 2021
Background papers	Link to Impact Assessment Folder

EXECUTIVE SUMMARY

1. We have reviewed the SSSC Data Protection Policy (Appendix 1). The policy provides a high level statement of our compliance with data protection legislation and is the cornerstone of our information governance framework.
2. Council is asked to approve the revised Data Protection Policy.

SUMMARY OF CHANGES

3. The policy sets out the arrangements we have in place to comply with data protection legislation, the underlying principles and guidance issued by the Information Commissioners Office. We have not made any significant change to the current policy which Council approved in November 2021.
4. There are only a number of minor changes so we have not used track changes. We have included the current policy at Appendix 2 for information. We have: -
 - reordered the contents of the policy so that the detail of the policy comes first, which should make the policy more accessible and easier to follow
 - removed some repetitive statements and reordered wording within some sections
 - included detail of the Information Governance Oversight Group which we set up last November
 - included a glossary of terms which forms the appendix to the policy.

CONSULTATION

5. We did not carry out any external stakeholder engagement in the preparation of this report. The Operational Management Team and Executive Management Team have reviewed the policy.

RISKS

6. We have an averse risk appetite towards risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. The Information Commissioners Office (ICO) can impose sanctions for failure to meet data protection statutory obligations. There are also risks of criminal or civil proceedings and reputational risks for failure. This policy mitigates these risks by establishing clear principles and procedures and is a key component of our information governance framework within which we operate.

IMPLICATIONS

Resourcing

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

Compliance

8. There are no compliance implications arising from the recommendations in this report. This policy sets out how we meet our data protection legislative requirements.

IMPACT ASSESSMENT

9. We have prepared an Impact Assessment and concluded that there are no significant impacts arising from implementation of the policy.

CONCLUSION

10. We ask Council to approve the Data Protection Policy.

Data Protection Policy

November 2024

Introduction

The SSSC is committed to ensuring that we treat Personal data lawfully and correctly. Data protection law contains certain safeguards which we must follow when we process Personal data. This policy sets out how we intend to comply with Data protection legislation and guidance issued by the Information Commissioner's Office (ICO) and how we will handle Personal data in a way which allows us to fulfil our statutory functions, uphold public confidence as an effective regulator and make sure we are a fair and effective employer.

This policy:

- states our commitment to compliance with Data protection legislation and the underlying principles
- sets out how we will comply with the Data protection legislation using technical and organisational measures, and in particular, the principles of data protection by design and default
- demonstrates that we have relevant data protection policies in place as required by the Data protection legislation
- provides a general appropriate policy document and an overarching appropriate policy document for processing of special category Personal data and criminal offence data
- states the responsibility of everyone working for and on our behalf to comply with the principles of the Data protection legislation
- sets out some of the circumstances that we are exempt from certain general principles in exercising our statutory functions as a regulator.

We must collect and use Personal data about individuals to fulfil our statutory functions under the Regulation of Care (Scotland) Act 2001 and other related functions. This includes special category data and criminal data as detailed in section 1.2.

This policy applies to all processing of Personal data carried out by the SSSC.

It applies to temporary and permanent SSSC workers (employees, agency staff, contractors and student placements), Council and Panel Members and anyone else carrying out processing of Personal data on our behalf.

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1. Policy

1.1 Data protection principles

The SSSC complies with Data protection legislation guided by the six data protection principles.

Lawfulness, fairness and transparency

We:

- identify an appropriate lawful basis (or bases) for processing Personal data, including if special category Personal data or when processing criminal offence data and record this
- will not do anything unlawful with personal data
- consider how the processing of personal data may affect the people concerned and will justify any adverse impact
- only handle people's data in ways they would reasonably expect, or be able to explain why any unexpected processing is justified
- are open and honest and comply with the transparency obligations of the right to be informed
- provide information on processing of Personal data in our [privacy notice](#) and other communications.

Purpose limitation

We:

- identify and document our purpose or purposes for processing data
- include details of our purposes in our privacy notice
- regularly review our processing and, where necessary, update documentation and privacy notice
- make sure that any plans to use Personal data for a new purpose is compatible with the original purpose and, if not, have a lawful basis for the new purpose and we tell the Data subject.

Data minimisation

We:

- only collect personal data that is adequate, relevant and limited to what is necessary for our purposes
- have sufficient Personal data to fulfill those purposes
- regularly review the data we hold and delete anything no longer needed
- monitor the use of data to make sure SSSC workers, Council Members and Panel Members and anyone else only process Personal data to carry out their role or for SSSC purposes.

Accuracy

We:

- ensure, where possible, the accuracy of any Personal data we create
- have processes in place to check, where possible, the accuracy of the Personal data we hold and record the source of that data
- have a process in place to identify when we need to keep the Personal data updated to properly fulfill our purpose, and update it as necessary
- keep a record of any mistakes and make these clearly identifiable
- comply with the individual's right to rectification and carefully consider any challenges to the accuracy of the Personal data
- as a matter of good practice, keep a note of any challenges to the accuracy of the Personal data.

In some circumstances we may need to hold factually inaccurate information or an opinion that someone disagrees with as part of our statutory functions.

Storage limitation

We:

- know what personal data we hold and why it's needed
- carefully consider and can justify how long we keep Personal data for
- have a policy with standard retention periods where possible, in line with our statutory functions
- regularly review our information and erase or anonymise Personal data when it is no longer needed
- have appropriate processes in place to comply with individuals' requests for erasure under 'the right to be forgotten'

- identify any personal data we need to keep for public interest archiving, scientific or historical research, or statistical purposes.

As a regulator, we may need to keep some Personal data for long periods of time. For example, fitness to practise case files are kept for a significant period after the case has concluded. We do this as we may need to refer to the earlier file if a new issue is raised about a worker or we are challenged about our decision making.

Information about our retention periods is available in our [retention and disposal schedule](#).

Integrity and confidentiality (security)

We:

- develop, implement, and maintain appropriate data security systems to protect Personal data against accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored, or otherwise processed
- regularly review, evaluate, and test the effectiveness of our data security systems
- have robust processes in place to manage data security incidents

Accountability

We:

- have appropriate measures and records in place to demonstrate compliance, such as:
 - adopting and implementing data protection policies, where appropriate
 - taking a 'data protection by design and default' approach - putting appropriate data protection measures in place throughout the entire lifecycle of our processing operations
 - putting written contracts in place with organisations that process Personal data on our behalf
 - maintaining documentation of our processing activities
 - implementing appropriate security measures
 - recording and, where necessary, reporting Personal data security incidents
 - carrying out data protection impact assessments for uses of Personal data that are likely to result in high risk to individuals' interests
 - appointing a data protection officer
 - adhering to relevant codes of conduct and signing up to certification schemes, where possible
 - review and update our accountability measures at appropriate intervals.

We maintain a general record of processing which sets out how we process data in accordance with data protection laws. This is our [Information Asset Register](#).

The accountability principle requires the SSSC (as Data controller) to demonstrate our compliance with the above principles and make sure we do not put individuals at risk because of processing their Personal data. The SSSC is committed to the accountability principle and regularly reviews its processes and procedures against the Information Commissioner's Office self assessment model.

1.2 Special category data and Criminal offence data

We process certain special category Personal data and criminal offence data in connection with our role as an employer and to fulfil our statutory functions as a regulator.

In most cases, the lawful bases for processing these types of special category data and criminal offence data are that it is necessary:

- for us to carry out our obligations and rights as an employer eg processing staff sickness absences, carrying out pre employment checks
- to fulfil our statutory functions and is in the substantial public interest eg as part of the Fitness to Practice investigations we process allegations relating to the health of a registrant or data relating to criminal offences or convictions
- to promote or maintain the equality of opportunity or treatment between groups of people
- for the prevention or detection of an unlawful act and we must carry it out without the consent of the data subject to prevent prejudice to those purposes and is necessary for reasons of substantial public interest
- to protect the public against dishonesty, malpractice, unfitness or incompetence and we must carry it out without the consent of the data subject and is necessary for reasons of substantial public interest
- to comply with or assist others to comply with a regulatory requirement to decide if someone has committed an unlawful act or been involved in dishonesty, malpractice, unfitness or incompetence, we cannot reasonably obtain consent and it is necessary for reasons of substantial public interest.

1.3 Individual rights

We make sure that people can exercise their information rights. These include the right to be informed, the right of access, the right to rectification, the right to erasure, the right to restrict processing , the right to data portability, the right to object and the rights in relation to automated decision making and profiling.

1.4 Personal data security incidents

We make sure all staff can recognise a potential or actual security incident and immediately report any loss or suspected loss of Personal data to their manager, head of department and to the Information Governance Team. We may take disciplinary action for failure to report any such loss or suspected loss.

1.5 Data Protection by Design and Default

We have processes in place to ensure compliance and privacy by design is integral to processing of Personal data and carry out data protection impact assessments (DPIAs) when necessary. The DPO and Information Asset Owner sign off the DPIAs.

DPIA guidance is available for staff on the [intranet](#).

We may complete a [data processing checklist](#) for processing where this is no or minimal risk to the Data subject.

1.6 Automated processing and decision making

Our [privacy notice](#) tells people about our automated processing and decision making.

1.7 Data processors

We may instruct other organisations to process Personal data on our behalf. In such cases, we carry out checks to make sure the data processor has appropriate technical and organisational measures in place to meet the requirements of the Data protection legislation. The Legal and Corporate Governance department can advise on contractual arrangements with Data processors.

1.8 Data sharing

We make sure sharing of data with third parties complies with relevant data protection policies and Information Commissioner's Office guidance such as the [Data Sharing Code of Practice](#).

We keep a register of our data sharing agreements.

1.9 International transfers

We make sure we only transfer outside of the United Kingdom in compliance with the conditions for transfer set out in UK GDPR.

1.10 Monitoring

We make sure we:

- carry out regular reviews of our processing
- regularly assess and evaluate performance in handling Personal data
- regularly report on our compliance with Data protection legislation.

2. Roles and responsibilities

2.1 Council

Responsible for:

- approving this policy
- making sure the Chief Executive, EMT (which includes the SIRO) and the DPO have in place appropriate and up to date policies and procedures to comply with Data protection legislation.

2.2 Executive Management Team (EMT)

Responsible for:

- making sure that all collection and processing of Personal data within their respective areas of responsibility complies with this policy
- making sure that personal data processed by third parties within their respective areas of responsibility complies with this policy
- approving data sharing agreements within their respective areas of responsibility, in consultation with the DPO.

2.3 Senior Information Risk Owner (SIRO)

The Director of Regulation is the SSSC's SIRO. The SIRO has strategic responsibility for governance in relation to data protection risks and responsible for:

- making sure the SSSC has the appropriate policies and processes in place to comply with Data protection legislation
- overseeing the reporting and management of security incidents
- providing assurance to the EMT that information governance standards and performance are maintained
- appointing and line managing the SSSC's DPO who provides advice and assurances to the SIRO and carries out the duties of a DPO as detailed at 2.4.

2.4 Data Protection Officer (DPO)

The SSSC's DPO is the Head of Legal and Corporate Governance.

Responsible for:

- informing and advising about our obligations to comply with Data protection legislation
- monitoring compliance with Data protection legislation including the assignment of responsibilities, awareness raising, and training of staff
- making sure that we implement and keep up to date this policy and related procedures, controls, guidance, and templates
- providing advice and sign off data protection impact assessments
- providing guidance and advice on specific data protection issues and compliance requirements
- acting as the contact for the Information Commissioner's Office on issues related to the processing of Personal data.

The DPO also has the responsibilities set out in the Data protection legislation.

2.5 Information Governance Team (IGT)

The IGT will support the DPO in maintaining compliance with the Data protection legislation through development and implementation of this policy and related procedures, controls, guidance, and templates.

The IGT deal with requests to exercise data subjects' individual rights in terms of Data protection legislation, in consultation with the head of department, where

appropriate.

The IGT trains and supports the Data Champions.

2.6 Operational Management Team (OMT) & Information Governance Oversight Group

The Information Governance Oversight Group is made up of the OMT and is responsible for:

- considering data protection topics
- supporting and complementing the DPO role
- working with the DPO in escalating significant issues and risks to EMT and Council
- supporting their Data Champions

The OMT are also Information Asset Owners and responsible for:

- making sure that their staff are aware of this policy and related procedures, controls, guidance, and templates
- implementing and ensuring compliance with data security procedures within their respective areas, taking advice from the DPO where required. This includes the requirement to take all reasonable steps to ensure compliance by third parties. This also includes approving the audit of departmental data security procedures, in consultation with the DPO.
- assisting with the maintenance and revision of the retention and disposal schedule at operational level
- assisting with development, maintenance, and revision of the Information Asset Register for their information assets
- ensuring implementation of relevant actions and recommendations identified through the security incident risk assessment process
- approving data protection impact assessments for their respective area, in consultation with the DPO
- designating appropriate staff members as Data Champions.

2.7 Data Champions

Responsible for:

- developing and delivering bespoke data protection training for their departments
- providing general advice and assistance to the departments about their obligations under Data protection legislation

- seeking advice from or escalating matters to the IGT where necessary

The IGT provides training to the Data Champions.

The Data Champions meet quarterly with the IGT to discuss issues and concerns.

2.8 Line Managers

Responsible for making sure that their staff complete training for their role to help them understand how to process Personal data in line with this policy.

2.9 All who process Personal data on our behalf

Anyone who processes Personal data must comply with this policy (and associated policies and procedures) when carrying out SSSC data processing activities. Specifically, they must make sure that:

- they have sufficient knowledge and understanding of data protection, and that they undertake appropriate training on this subject as and when required to do so
- they process personal data only as necessary in the course of their duties or job role
- they seek advice from their Data Champion, manager or from the IGT where there is uncertainty about the appropriate action to take when processing personal data
- they can recognise a potential or actual security incident, and understand the internal reporting requirements relating to such an incident
- they can recognise a request from a Data subject to exercise their rights under UK GDPR and can deal with any such request in a timely manner
- they cooperate with any actions required to mitigate or investigate a security incident, or to fulfil a request by a data subject to exercise their rights.

3. Further Information

3.1 Learning and Development

Data protection training is a fundamental aspect of our data protection compliance. Staff must receive training, appropriate to their role, to help them understand how to process personal data in line with this policy (and other associated policies, procedures, and guidance). Data protection guidance is also available to staff on the [intranet](#), from Data Champions and the IGT.

3.2 Data protection procedures and documents

Links to the following data protection procedures and documents are found [here](#).

- Data processing checklist
- Data Protection Impact Assessment
- Information Asset Register
- Privacy Notice
- Records Management Policy
- Retention and Disposal Schedule
- Departmental security procedures

4. Document governance and management

Document owner/author/lead	Acting Director of Regulation
Version number	3.0
Current version referred for approval to	Council
Date of next review	November 2027
Date of impact assessment (if required)	November 2024

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

Appendix

Glossary

Criminal offence data – personal data relating to the alleged commission of offences or proceedings for an offence committed or alleged to have been committed, including sentencing.

Data controller – a natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of processing of personal data.

Data processor – any person (other than data controller employee) who processes data on behalf of a data controller.

Data protection legislation – UK General Data Protection Regulation 2016/679 (UK GDPR), Data Protection Act 2018 and the Privacy and Electronic Communications Regulations 2003 which together govern the processing of personal data.

Data subject – any living individual who is the subject of personal data.

Information Asset Owner – the individual who has information management responsibilities for each SSSC information asset

Information Asset Register – a general record of processing which sets how we process personal data in line with data protection legislation.

Personal data – information which relates to an identifiable living individual, who can be directly or indirectly identified from the information. This includes identification number, location data, online identifier or one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. It also includes any expression of opinion about the individual and indication of intention towards the individual.

Processing – any operation or set of operations performed on personal data or sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction.

Special category personal data – personal data which is more sensitive and afforded more protection. This is information related to racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health, or data concerning a natural person's sex life or sexual orientation.



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Data Protection Policy

21 November 2021

Document governance and management

Document owner/author/lead	Director of Regulation
Version number	2.1
Current version referred for approval to	
Date of next review	November 2024
Date of equality impact assessment (mandatory)	No EIA required. The change does not propose a course of action that will have an impact on people with protected characteristics.
Date of privacy impact assessment (if required)	N/A
Date of environmental impact assessment (if required)	N/A

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

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

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1. Introduction

This is the Data Protection Policy adopted by the Scottish Social Services Council (SSSC).

For the purposes of data protection legislation, we are a data controller and a public authority.

The SSSC is committed to ensuring that we treat personal information lawfully and correctly. Data protection law contains certain safeguards which we must follow when we process personal data. This policy sets out how we intend to comply with data protection legislation and how we will handle personal data in a way which allows us to fulfil our statutory functions, uphold public confidence as an effective regulator and make sure we are a fair and effective employer.

'Personal data' is information which relates to an identifiable living individual, who can be directly or indirectly identified from the information.

We must collect and use personal data about individuals to fulfil our statutory functions under the Regulation of Care (Scotland) Act 2001 and other related functions. We collect and use personal data about:

- people who are applying to be registered or who are registered
- people who have not registered or applying to register but we have told them we process information about them
- people who use services
- employers and universities of social service workers and those who support them
- people who are applying for a postgraduate student bursary and their parents/spouse/civil partner/co-habitee
- Fitness to Practise hearing witnesses
- people who have complained about someone who may be a social service worker
- people who have complained about the SSSC
- prospective employees and Panel Member applicants
- current and former employees and current and former Panel Members
- Council Members
- people or organisations that we procure goods and services from people or organisations that we contract with
- event attendees
- people who make general or information governance enquiries
- employees of higher education institutions delivering approved courses
- people who have completed an Expression of Interest Form for the Health & Social Care COVID-19 Accelerated Recruitment portal website
- others we might communicate with.

We may be legally required to collect and use personal data to comply with the requirements of other public bodies, government departments or legislation.

2. Statement of intent

We process all personal data in compliance with the principles and safeguards set out in the data protection legislation. The data protection legislation includes:

- The UK General Data Protection Regulation (UK GDPR)
- The Data Protection Act 2018 (the Act)
- The Privacy and Electronic Communications Regulations 2003.

Anyone who processes personal data on behalf of the SSSC must comply with this policy and the data protection legislation.

The SSSC is committed to adopting a culture of 'data protection by design and default'. This includes:

- considering data protection issues and risks as part of the design and implementation of systems, services, and business practices
- making sure we have adequate technical and organisational measures in place to ensure the security of data
- making sure that our systems and technologies are capable of adequately protecting personal data
- having robust security incident reporting and management processes in place
- embedding data protection impact assessments (DPIAs) into relevant processes where appropriate (or required)
- documenting data sharing and making sure we have agreements in place, when required.

The SSSC is committed to upholding the rights of individuals in relation to their personal data and will comply with individuals' requests in relation to their personal data where legally required to do so (see section 9 below).

Data protection training is a fundamental aspect of our data protection compliance. Staff must receive training, appropriate to their role, to help them understand how to process personal data in line with this policy (and other associated policies, procedures, and guidance). Data protection guidance is also available to staff on the [intranet](#).

3. Aims

This policy aims to:

- state our commitment to compliance with data protection legislation and the principles of the data protection legislation

- set out how we will comply with the data protection legislation using technical and organisational measures, and in particular, the principles of data protection by design and default
- demonstrate that we have relevant data protection policies in place as required by the data protection legislation
- provide a general appropriate policy document and an overarching appropriate policy document for processing of special categories of personal data
- state the responsibility of everyone working for and on our behalf so that we comply with the principles of the data protection legislation
- set out some of the circumstances that we are exempt from certain general principles in exercising our statutory functions as a regulator.

4. Roles and responsibilities

4.1 Council

The Council is accountable for:

- approving this policy
- making sure this policy complies with data protection legislation and does not breach any other statutory requirement placed upon the SSSC
- making sure the structure of the organisation is fit for purpose to deliver our objectives
- making sure the Chief Executive, Executive Management Team (which includes the Senior Information Risk Owner) and the Data Protection Officer have in place appropriate and up to date policies and procedures to comply with data protection legislation.

4.2 Executive Management Team

The Executive Management Team is responsible for:

- making sure that all collection and processing of personal data within their respective areas of responsibility complies with this policy
- making sure that personal data processed by third parties within their respective areas of responsibility complies with this policy
- approving Data Sharing Agreements within their respective areas of responsibility, in consultation with the DPO.

4.3 Senior Information Risk Owner

The Director of Regulation is the SSSC's Senior Information Risk Owner (SIRO). The SIRO has strategic responsibility for governance in relation to data protection risks, with specific responsibility for:

- making sure the SSSC has the appropriate policies and processes in place to comply with data protection legislation
- overseeing the reporting and management of information incidents
- providing assurance to the Executive Management Team that information governance standards and performance are maintained
- appointing and line managing the SSSC's Data Protection Officer (DPO) who provides advice and assurances to the SIRO and carries out the duties of a DPO as detailed at 4.4

4.4 Data Protection Officer (DPO)

The SSSC's DPO is the Head of Legal and Corporate Governance.

The role of the DPO is to:

- inform and advise Council and staff about their obligations to comply with the UK General Data Protection Regulation (UK GDPR) and other data protection laws
- monitor compliance with the UK GDPR and other data protection laws, including the assignment of responsibilities, awareness raising, and training of staff involved in the processing operations
- make sure that we implement and keep up to date the Data Protection Policy and related procedures, controls, guidance, and templates
- provide advice on data protection impact assessments
- provide guidance and advice on specific data protection issues and compliance requirements
- act as the contact point for the Information Commissioner's Office on issues related to the processing of personal data.

The DPO also has the responsibilities set out in the data protection legislation for the role.

4.5 Information Governance Team

The Information Governance Team will support the DPO in maintaining compliance with the data protection legislation through development and implementation of this policy and related procedures, controls, guidance, and templates.

The Information Governance Team deal with requests to exercise data subjects' individual rights in terms of data protection legislation, in consultation with the Head of Department, where appropriate.

4.6 Operational Management Team

The Operational Management Team is responsible for:

- making sure that their staff are aware of this policy and related procedures, controls, guidance, and templates.
- implementing and ensuring compliance with data security procedures within their respective areas, taking advice from the DPO where required. This includes the requirement to take all reasonable steps to ensure compliance by third parties.
- assisting with the maintenance and revision of the retention and disposal schedule at operational level
- assisting with development, maintenance, and revision of the Information Asset Register
- ensuring implementation of relevant actions and recommendations identified through the security incident risk assessment process
- approving data protection impact assessments for their respective area, in consultation with the DPO
- designating appropriate staff members as Data Champions.

4.7 Data Champions

The role of a data champion is to:

- assist the development of bespoke data protection training for their departments
- provide general advice and assistance to the departments about their obligations under the data protection legislation
- seek advice from or escalate matters to the Information Governance Team where necessary
- .

The Information Governance Team provides training to the Data Champions.

4.8 Line Managers

Line managers are responsible for making sure that their staff complete training for their role, to help them understand how to process personal data in line with this policy.

4.9 Staff

All SSSC staff must comply with this policy (and associated policies and procedures) when carrying out data processing activities. Specifically, staff must make sure that:

- they have sufficient knowledge and understanding of data protection, and that they undertake appropriate training on this subject as and when required to do so
- they process personal data only as necessary in the course of their duties or job role
- they seek advice from their Data Champion, manager or from the Information Governance Team where there is uncertainty about the appropriate action to take when processing personal data
- they can recognise a potential or actual security incident, and understand the internal reporting requirements relating to such an incident
- they can recognise a request from a data subject to exercise their rights under data protection legislation and can deal with any such request in a timely manner
- they cooperate with any actions required to mitigate or investigate a security incident, or to fulfil a request by a data subject to exercise their rights.

There may be other situations relating to the processing or use of personal data that are not on the above list. Members of staff should contact the Information Governance Team if they have any queries about the use or processing of personal data.

Staff must always contact the Information Governance Team if they:

- are unsure about what security or other measures they need to implement to protect personal data
- are unsure of the lawful basis that they are relying on to process personal data
- need to rely on consent for processing personal data
- need to prepare or update a privacy notice or other transparency information
- are unsure about the retention period

- are carrying out any activity that is likely to need a data protection impact assessment
- plan to use personal data for a different purpose than that for which it was originally collected
- plan to carry out activities involving automated processing such as profiling or decision making
- are entering into a contract with a third party that involves the processing or sharing of personal data.

5. Data protection principles

Article 5 of the GDPR sets out six data protection principles and we will comply with these principles when we process personal data. The principles are that data will be:

- processed lawfully, fairly and in a transparent way in relation to individuals ('lawfulness, fairness and transparency')
- collected for specified, explicit and legitimate purposes and not further processed in a way that is incompatible with those purposes ('purpose limitation')
- adequate, relevant and limited to what is necessary in relation to the purposes for which it is processed ('data minimisation')
- accurate and, where necessary, kept up to date ('accuracy')
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed ('storage limitation')
- processed securely, including using appropriate technical or organisational measures to protect against unauthorised or unlawful processing and against accidental loss, destruction, or damage ('integrity and confidentiality').

In accordance with Article 5(2), SSSC (as data controller) is responsible for demonstrating, and must be able to demonstrate, compliance with the above principles ('accountability').

6. Processing and use of personal data

We maintain a general record of processing which sets out how we process data in accordance with data protection legislation.

We mostly collect data about those listed under section one of this policy.

- All personal data processing must have a lawful basis for processing. Article 6(1) of the GDPR provides the lawful bases for the processing of personal data.

Our processing activities are carried out under the lawful basis set out in Article 6(e) of the GDPR unless stated otherwise. This means we process data “to perform a specific task in the public interest that is set out in law or in the exercise of official authority vested in the controller”. This is because most of the processing of personal data that we do relates to carrying out our functions under the Regulation of Care (Sc) Act 2010.

Sometimes, we may rely on the consent of the data subject eg communications with the data subject for marketing, surveys or information purposes.

Our [privacy notice](#) details where the lawful basis is not a public task.

7. Special category data and data relating to criminal offences or convictions

We process certain special category personal data in connection with our role as an employer and to fulfil our statutory functions as a regulator. For example, we may:

- process personal data that reveals the racial or ethnic origin of an individual
- investigate allegations relating to the health of an individual
- process data relating to criminal offences or convictions.

In most cases, the lawful bases for processing these types of special category data are that it is necessary:

- for us to carry out the obligations and specific rights as an employer
- for us to pursue or defend any legal claims or court actions
- to fulfil our statutory functions and is in the substantial public interest
- for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes, provided we put in place suitable safeguards to protect the fundamental rights and freedoms of the data subject
- to promote or maintain the equality of opportunity or treatment between groups of people
- for the prevention or detection of an unlawful act and we must carry it out without the consent of the data subject to prevent prejudice to those purposes and is necessary for reasons of substantial public interest
- to protect the public against dishonesty, malpractice, serious improper conduct, unfitness, incompetence or mismanagement in administration and we must

carry it out without the consent of the data subject and is necessary for reasons of substantial public interest

- to comply with or assist others to comply with a regulatory requirement to decide if someone has committed an unlawful act or been involved in dishonesty, malpractice or seriously improper conduct, we cannot reasonably obtain consent and it is necessary for reasons of substantial public interest.

We will record the legal basis for any data processed which does not fall within any of the above.

8. Implementation

This section aims to set out how we process data in accordance with the data protection principles.

Lawfulness, fairness and transparency

We:

- identify an appropriate lawful basis (or bases) for processing personal data, including if special category personal data or when processing criminal offence data
- will not do anything unlawful with personal data
- consider how the processing of personal data may affect the people concerned and will justify any adverse impact
- only handle people's data in ways they would reasonably expect, or be able to explain why any unexpected processing is justified
- do not deceive or mislead people when we collect their personal data
- are open and honest and comply with the transparency obligations of the right to be informed.

As a regulator, we are exempt from certain obligations to provide fair processing information and other data subject rights if the exercise of those rights would prejudice the work we do. We may not make information available if we process personal data to give legal advice, for the purpose of legal proceedings and prospective legal proceedings or to share information with the police or other relevant bodies.

Purpose limitation

We:

- clearly identify and document our purpose or purposes for processing data
- include details of our purposes in our privacy information for individuals

- regularly review our processing and, where necessary, update documentation and privacy information for individuals
- make sure that any plans to use personal data for a new purpose is compatible with the original purpose and, if not, get consent or have a clear lawful basis for the new purpose.

Data minimisation

We:

- only collect personal data needed for our specified purposes
- have sufficient personal data to properly fulfill those purposes
- periodically review the data we hold and delete anything no longer needed
- handle personal data through appropriate corporate systems only
- monitor the use of data to make sure staff and contractors only process personal data to carry out their role.

Accuracy

We:

- ensure, where possible, the accuracy of any personal data we create
- have appropriate processes in place to check, where possible, the accuracy of the data we hold and record the source of that data
- have a process in place to identify when we need to keep the data updated to properly fulfill our purpose, and update it as necessary
- keep a record of any mistakes and make these clearly identifiable
- comply with the individual's right to rectification and carefully consider any challenges to the accuracy of the personal data
- as a matter of good practice, keep a note of any challenges to the accuracy of the personal data.

In some circumstances we may need to hold factually inaccurate information or an opinion that someone disagrees with as part of our statutory functions.

Storage limitation

We:

- know what personal data we hold and why it's needed
- carefully consider and can justify how long we keep personal data for
- have a policy with standard retention periods where possible, in line with our statutory functions

- regularly review our information and erase or anonymise personal data when it's no longer needed
- have appropriate processes in place to comply with individuals' requests for erasure under 'the right to be forgotten'
- clearly identify any personal data we need to keep for public interest archiving, scientific or historical research, or statistical purposes.

As a regulator, we may need to keep some personal data for long periods of time. For example, fitness to practise case files are kept for a significant period after the case has concluded. We do this as we may need to refer to the earlier file if a new issue is raised about a worker or we're challenged about our decision making.

Information about our retention periods is available in our [retention schedule](#) .

Integrity and confidentiality (security)

We:

- have appropriate security measures in place to protect the personal data we hold
- develop, implement, and maintain appropriate data security systems to protect personal data against accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored, or otherwise processed
- regularly review, evaluate, and test the effectiveness of our data security systems.

Accountability

We:

- take responsibility for what we do with personal data and how we comply with the other principles
- have appropriate measures and records in place to demonstrate compliance, such as:
 - adopting and implementing data protection policies, where appropriate
 - taking a 'data protection by design and default' approach - putting appropriate data protection measures in place throughout the entire lifecycle of our processing operations
 - putting written contracts in place with organisations that process personal data on our behalf
 - maintaining documentation of our processing activities
 - implementing appropriate security measures
 - recording and, where necessary, reporting personal data security incidents

- carrying out data protection impact assessments for uses of personal data that are likely to result in high risk to individuals' interests
- appointing a data protection officer
- adhering to relevant codes of conduct and signing up to certification schemes, where possible
- review and update our accountability measures at appropriate intervals.

9. Individual rights

We make sure that people that we hold information on can fully exercise their rights under the Act, subject to exemptions under the data protection legislation. These include the right to be informed, the right of access, the right to rectification, the right to erasure, the right to restrict processing, the right to data portability, the right to object and rights in relation to automated decision making and profiling.

10. Personal data security incidents

We make sure all staff can recognise a potential or actual security incident and immediately report any loss or suspected loss of personal data to their manager, head of department and to the Head of Legal and Corporate Governance, who is also the DPO. We may take disciplinary action for failure to report any such loss or suspected loss.

11. International transfers

We make sure we only transfer personal data outside of the United Kingdom in compliance with the conditions for transfer set out in chapter five of the GDPR.

12. Monitoring

We make sure:

- there is an individual with specific responsibility for data protection in the organisation
- all staff managing and handling personal information understand that they are responsible for following good data protection practice
- we train all staff managing and handling personal information

- we appropriately supervise all staff managing and handling personal information
- individuals who wish to make enquiries about handling personal information know who to contact and that we deal with such queries promptly, fairly, and courteously
- we clearly describe methods of handling personal information
- we regularly assess and evaluate performance in handling personal data.

13. Data Protection Impact Assessments

We consider the need for and, if necessary, carry out data protection impact assessments (DPIAs). We always consult the DPO when completing a DPIA and keep an appropriate record.

We carry out a DPIA:

- when a new processing activity is likely to result in a high risk to the rights and freedoms of the data subject
- for major system programmes, or a review of such programmes which involve:
 - the use of new or changing technologies
 - the systematic and extensive profiling or automated decision making to make significant decisions about people
 - large scale processing of special category or other sensitive personal data
 - the monitoring of a publicly accessible place on a large scale
 - the use of profiling, automated decision making or special category data to help make decisions on someone's access to a service, opportunity or benefit
 - profiling on a large scale.

We may carry out a DPIA from time to time even if it is not necessary to do so. We are mindful of our obligations under the data protection legislation when deciding whether to carry out a DPIA.

If a DPIA is completed, we will store a record with the DPO.

DPIA guidance is available for staff on the [intranet](#).

Automated processing and decision making

We tell the data subject the reasons for the decision making or profiling and any consequences of this. We give the data subject the right to request human intervention or to challenge the decision.

Data processors

We may instruct other organisations to process personal data on our behalf. In such cases, we carry out checks to make sure the data processor has appropriate technical and organisational measures in place to meet the requirements of the data

protection legislation. The Legal and Corporate Governance department can advise on contractual arrangements with data processors.

Data sharing

We make sure sharing of data with third parties complies with relevant data protection policies and Information Commissioner's Office guidance such as the Data Sharing Code of Practice.

Complaints procedure

Anyone who feels that we have not followed this policy can make a complaint through our complaints procedure and we will report the complaint to the Data Protection Officer who will advise on the response.



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Title of Report	Health and Safety Annual report 2023/24
Public/Confidential	Public
Summary/purpose of report	Summary of health and safety performance during 2023/24.
Recommendations	The Council is asked to endorse the performance in the health and safety annual report.
Author	Laura Shepherd, Director, Strategy and Performance
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was not required.

Documents attached	Appendix 1: H&S Annual report
Background papers	None

EXECUTIVE SUMMARY

1. This report presents Council with the Annual Report on Health and Safety (H&S) for 2023/24 at Appendix 1.

INFORMATION

2. The H&S performance in 2023/24 was satisfactory. We have seen an increase in the uptake of risk assessments for specific needs and a good completion rate for our mandatory e-learning. We will have a particular focus on DSE assessment for staff working in an agile environment.
3. We will be looking at raising awareness of reporting accidents and near misses across the organisation.

CONSULTATION

4. We consult with the Executive Management Team and Operational Management Team on all policies, procedures and guidance that are in place to support health, safety and wellbeing of our people and the management of our buildings. The Annual report was recommended for approval at Council by the SSSC Health, Safety and Wellbeing Committee.

RISKS

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

IMPLICATIONS

Resourcing

7. There are no resourcing implications arising from this report.

Compliance

8. The organisation must comply with the obligations under the Health and Safety at Work etc Act 1974, management of health and safety at work regulations, and other supporting regulations such as display screen equipment regulations and Reporting of Injuries, Diseases and Dangerous

Occurrences Regulations (RIDDOR). This report provides assurance that the organisation has sufficiently met those obligations during this reporting period.

IMPACT ASSESSMENT

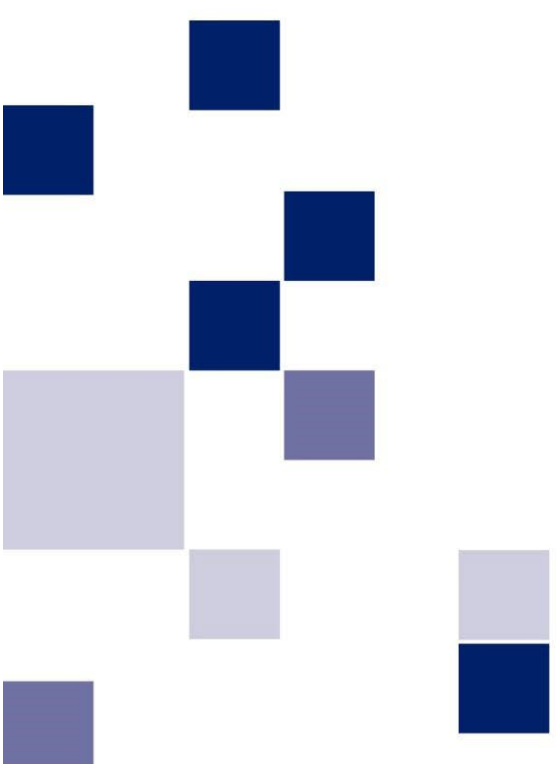
9. An Impact Assessment (IA) was carried out on the Corporate Health and Safety Policy in 2023. There was no action required as there were no concerns across any of the protected characteristics. We would undertake an impact assessment on new or revised health and safety procedures or guidance as necessary.

CONCLUSION

10. Council is asked to endorse the annual H&S performance.

Annual Health and Safety Report 2023 - 2024

September 2024



Introduction

1. In 2017, the organisation commissioned a review of our health and safety arrangements. The SSSC entered a shared service arrangement with the Care Inspectorate, providing the Estates, Health and Safety Manager as the Competent Person required under the Health and Safety at Work Act 1974.
2. There were three meetings of the Health, Safety and Wellbeing Committee in 2023-24.

Measuring Performance

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

Incident Category	Total in 2022/23
Verbal Aggression	2
Machinery / Equipment	
Trap/Crush	
Burns/Scalds	
Vehicles/Cars/Road/Traffic	
Moving / Falling Object	
Slips, Trips and Falls	1
Cuts	
Other	1
Near Misses	
Total	4

4. The organisation has a very low risk profile and good health and safety provisions are in place. This is reflected in the low number of incidents, none of which were RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Regulations) reportable.
5. We will work with Communications colleagues to develop messaging for staff to remind them the importance of reporting near misses and slips, trips and falls.

Risk Assessments

Risk Assessment Category	2023/24
Fire Risk Assessment	1
Young Persons	2
Specific – ill health	22
Stress / Mental Health	4
New or Expectant Mothers	8
DSE (1-2-1)	18
Manual Handling	1
Posturite Referrals	2
Total	58

6. The completion rate of relevant risk assessments remained high, indicating a good health and safety culture within the SSSC. The reasons for absence are monitored through HR and reported through the assurance report. We continue to monitor the need for DSE risk assessments in relation to our agile working.

Fire Safety

7. Fire and evacuation procedure remains unchanged but with the increase in the number of tenants from 2024 onwards, it is anticipated that these will be reviewed in 2024-25.

Health and Safety Training

8. We require new managers to attend bespoke training on Managing Health and Safety. We run this training on a quarterly basis where numbers allow.
9. The Health and Safety team reviewed mandatory training needs in consultation with the Organisational Development (OD) team.
10. E-Learning is the primary delivery method for initial health and safety essentials, including Basic Occupational Health and Safety, Basic Fire Safety, Display Screen Equipment (DSE) training, Manual Handling and Stress Awareness. We are working with OD colleagues to ensure we streamline the e-learning modules to make the most effective use of learning.

SSSC	Percentage Compliance
H&S Course	88%
Intro to managing H&S	80%
Fire safety and evacuation	90%
Driver safety awareness	89%
Handling workplace stress	91%
Staying safe with DSE	83%
Managing safely – health and safety for managers	84%

Monitoring and reporting

11. The SSSC Health, Safety and Wellbeing Committee meets quarterly and monitors health and safety performance. Any issues are reported in year to EMT and will be escalated to Council if necessary.
12. The work of the Committee compliments the work going on to deliver the SSSC People Strategy. We will support the implementation of key activity across the People Strategy like trauma informed practice and wellbeing for our staff.



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Title of report	Fitness to Practise Committee report
Public/Confidential	Public
Summary/purpose of report	To report to Council the meeting of the Fitness to Practise Committee on 10 September 2024.
Recommendations	The Council is asked to note the contents of the report.
Author	Peter Murray, Chair of Fitness to Practise Committee
Responsible Officer	Peter Murray, Chair of Fitness to Practise Committee
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 4: We fail to provide value to stakeholders and demonstrate our impact.
Impact assessment	An Impact Assessment (IA) was not required
Documents attached	Appendix 1: Unconfirmed minutes of the Fitness to Practise Committee meeting of 10 September 2024. Appendix 2: Bundle of papers presented to the Fitness to Practise Committee on 10 September 2024

Background papers	None
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INTRODUCTION

1. The Fitness to Practise Committee (the Committee) has delegated responsibility to make decisions in terms of the Fitness to Practise Rules 2016 and Registration Rules 2016 (No 2) both as amended. Fitness to Practise Panels are drawn from the membership of the Committee in accordance with the Code of Corporate Governance.
2. In accordance with its terms of reference, members of the Fitness to Practise Committee are invited to a meeting of the full committee every three years. This report details the presentations made to the Committee meeting of 10 September 2024. Fifteen members of the Committee and the Chair were in attendance.

OUTCOMES AND DISPOSALS OF FITNESS TO PRACTISE PANELS

3. Hannah Coleman presented report 01/2024 detailing the number and outcome of each type of hearing concluded between 1 April 2021 and 31 March 2024. The report is included in Appendix 2 to this report.

TRAINING RECEIVED BY FITNESS TO PRACTISE COMMITTEE MEMBERS

4. Hannah Coleman presented report 02/2024 which set out the training provided to panel members during the period 2021 to 2024, this included induction training given to three cohorts of members appointed following three recruitment exercises.
5. The report also provided the draft plan for future training including carrying out a training needs analysis to better target training requirements. The report is included in Appendix 2 to this report.

QUALITY ASSURANCE SUB-COMMITTEE

6. Hannah Coleman presented report 03/20204 which provided members with an overview of the work carried out by the Quality Assurance Sub-committee since 2022 when it started reviewing the Notices of Decision. In 2023 the Quality Assurance Sub Committee started observing hearings. Feedback is provided and can lead to training, and learning points are shared via the newsletter to all members.

CONSULTATION

7. This report relates to matters of governance and therefore no consultation has been carried out in the writing of this report.

RISKS

8. There are no risks identified as a result of this report as it relates to matters discussed at the Fitness to Practise Committee meeting on 10 September 2024.

IMPLICATIONS

Resourcing

9. There are no specific resource implications arising from this report.

Compliance

10. There are no specific compliance implications arising from this report.

IMPACT ASSESSMENT

11. An Impact Assessment was not required.

CONCLUSION

12. The Fitness to Practise Committee is assured that it was presented with a fair view of the outcomes and disposals of all hearings concluded in the previous three financial years, the training provided to members over the same period and the valuable work of the Quality Assurance Subcommittee.

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the Fitness to Practise Committee held by Teams video conference Tuesday 10 September 2024 at 10 am.

Present: Peter Murray, Council Member, Chair
John Anderson
Liz Burnley
David Cobb
Andrew Fairlie
Janet Gillan
Richard Heard
Yvonne Hobson
Dale Hughes
Denzil Johnson
Donellen MacKenzie
Arlene Napier
Audrey Roy
Michael Sneddon
Audrey Watson
Morag Wilson

In attendance: Hannah Coleman, Acting Director of Regulation
David Kydd, Team Leader, Regulatory Improvement and Hearings
Audrey Wallace, Corporate Governance Coordinator

1. Welcome

1.1 Peter Murray introduced himself as the Chair of the Committee. He welcomed all members to the meeting and thanked them for their attendance.

2. Apologies

2.1 Apologies for absence were noted from Committee members who were unable to attend. Hannah Coleman confirmed that the meeting was quorate.

3. Declarations of Interest

3.1 It was accepted that any social service workers in attendance had an interest as registered workers.

4. Minutes of the previous meeting – 23 September 2021

4.1 The minutes of the meeting held on 23 September 2021 were noted. It was agreed that these should be shared with members who had attended the meeting. It was also agreed that the process be changed to sharing minutes

with attending members in early course after the meeting, in order to have the content approved.

4.2 There were no matters arising from the minutes of previous meeting.

5. Fitness to Practise Panel outcomes and disposals

5.1 Hannah Coleman presented report 01/2024 which contained statistics on hearing outcomes including Temporary Order Hearings, Temporary Order Review Hearings, Impairment Hearings, Application Hearings and Restoration Hearings. The report also provided information on appeals raised and the outcomes or stage of appeal.

5.2 Referring to Appendix 2, Hannah Coleman drew members' attention to one case where the SSSC withdrew its case against a worker and the Temporary Suspension Order (TSO) was revoked. She also advised on the differences between the terms used where temporary orders could be continued, extended or varied. A temporary order which is continued is where the review meeting decides to leave an order in place to run to the end of the original order. An extended order is where additional time is added to the original order.

5.3 Hannah Coleman confirmed that Panel members have been updated previously on the appeals mentioned, except one which is ongoing. She advised that there is another in train, but it falls outwith this reporting period and members will be updated on this in due course.

5.4 Following a question on whether there are statistics on how many panel decisions followed or didn't follow the recommendation of the SSSC, it was noted that this information has only recently started to be gathered. David Kydd confirmed that he would pull together the information available which can then be shared.

5.5 The Committee noted

1. the outcomes and disposals of the Fitness to Practise Panel hearings concluded between 1 April 2021 and 31 March 2024
2. that the information in the report will be presented to the next meeting of the Council
3. that information to date on the numbers of panel decisions made that do not follow the recommendation of the SSSC will be shared within the next few weeks and that this will be reported at future meetings of this Committee.

6. Training of Fitness to Practise Committee members

6.1 Hannah Coleman presented report 02/2024 which listed the training provided to members over the years 2021, 2022, 2023 and to date in 2024. The report also included the details of the induction training provided to Lay and Social Services Workers in 2022 and 2024 and induction training to Legally Qualified Chairs in January 2024. Hannah Coleman also provided information on training topics planned for the remainder of 2024 and advised that a training needs analysis would be carried out later in the year to help determine the training programme for the following years. Hannah Coleman mentioned that feedback

forms and information gathered from former members would also help inform future training. She planned to include sessions giving members the opportunity to break into groups for discussion sessions with each other, as has been previously requested, and has successfully taken place on several occasions.

6.2 It was clarified that there is a session planned for 28 January 2025, this is for unconscious bias training for the newest cohort of lay and social service members. This forms part of their induction.

6.3 There was some general discussion focused on unconscious bias training, which was found to be particularly useful for members who had been in post for some months to help understand and reflect on their practices with the SSSC to date.

6.4 The Committee noted
1. the training provided between 2021 and 2024 as detailed in the report
2. the outline plans for future training.

7. Quality Assurance Sub-committee

7.1 Hannah Coleman presented report 3/2024 which provided an overview of the work carried out by the Quality Assurance Sub-committee, the members of which review the Notices of Decision, observe hearings and provide feedback from their reviews and observations. This assists in planning of training and development needs.

7.2 The Committee
1. noted the output from the Quality Assurance Sub-committee between 2022 and 2024.

The Chair thanked the members for their attendance and input.

Fitness to Practise Committee: 10 September 2024

Start time: 10.00am

Finish time: 10:35am

Signed:
Peter Murray, Chair, Fitness to Practise Committee

Date:

Date issued: 3 September 2024

SCOTTISH SOCIAL SERVICES COUNCIL
FITNESS TO PRACTISE COMMITTEE

A meeting of the Fitness to Practise Committee will be held at 10.00am on Tuesday 10 September 2024 by Teams meeting.

AGENDA

1. Welcome
2. Apologies for absence
3. Declaration of interests
4. Minutes of previous meeting – 23 September 2021
5. Fitness to Practise Panel outcomes and disposals - report no: 1/2024
6. Training of Fitness to Practise Panel Members - report no: 2/2024
7. Quality Assurance Sub-committee – report no: 3/2024

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the Fitness to Practise Committee held by Teams video conference Thursday 23 September 2021 at 10 am.

Present: Peter Murray, Council Member, Chair
Linda Lennie, Council Member, Vice-chair
Safaa Baxter
Mike Bell
Anna Bowman
Alan Campbell
Isla Davie
Douglas Cochrane
Susan Dumbleton
Alasdair MacMillan
Ian McDonough
David McLean
Anne McMillan
Janice Palmer
Graham Ross
John Service
Susanne Tanner
David Tierney
Lorraine Turnbull
Ian Turner
Andrew Webster

In attendance: Hannah Coleman, Head of Regulatory Improvement and Hearings
Caitlin Kinloch, Solicitor, Regulatory Improvement and Hearings
David Kydd, Team Leader, Regulatory Improvement and Hearings
Audrey Wallace, Corporate Governance Coordinator

1. Welcome

1.1 Peter Murray introduced himself and Linda Lennie as the Chair and Vice Chair of the Committee. He welcomed all Members and officers to the meeting and thanked them for their attendance.

2. Apologies

2.1 Apologies for absence were noted from Committee Members who were unable to attend. Hannah Coleman confirmed that the meeting was quorate.

3. Declarations of Interest

3.1 All social service workers in attendance declared their interest as registered workers.

4. Minutes of the previous meeting – 27 September 2018

- 4.1 The minutes of the meeting held on 27 September 2018 were agreed as an accurate record.

5 Matters arising

- 5.1 Hannah Coleman updated Members on progress regarding access to justice, at item 4.4ii of the minutes, and the SSSC's ongoing work to assist in making the hearings process more accessible to workers and other participants. She advised that the SSSC pays the travel and subsistence costs of all workers, their witnesses, supporters and representatives to enable their attendance at hearings. The SSSC was currently the only regulatory body in the UK to have such a policy. Hearings can be scheduled to be held at locations local to the participants rather than at SSSC headquarters, should this be helpful in making the process more accessible to participants. Where appropriate, participants were also able to attend hearings online rather than travelling to a physical location. Since the pandemic hit, almost all hearings have taken place online which has assisted workers to attend their hearings. Hannah Coleman confirmed that work would continue to improve accessibility to the whole hearings process.

6. Fitness to Practise Panel outcomes and disposals

- 6.1 Hannah Coleman presented report 01/2021 which provided information on the outcomes and disposals of the Fitness to Practise Panel meetings held between April 2018 and March 2021. The report gave statistical details on the outcomes of Temporary Order Hearings (TO), Temporary Order Review Hearings (TOR) Impairment Hearings, Application Hearings, Restoration Hearings and Appeals. Appeals are made to the Sherriff Court. As an update to the detail in the report at 4.7, Hannah Coleman advised that at the time of writing two appeals had been under consideration by the Sheriff however in the past few days one of these appeals had been dismissed. She advised that this had been referred to in one of the recent training sessions with Members and would be discussed during the next scheduled training session, as well as a copy of the judgment being shared with all members in due course.
- 6.2 Appendix 2 to the report showed the outcomes and disposals in chart form, broken down by hearing type for each financial year.
- 6.3 Linda Lennie asked whether, given that the hearings numbers had remained fairly consistent throughout the past three years, was it envisaged that these would increase with the increase in registered workers. Hannah Coleman answered, saying that while the numbers of investigations were expected to increase in line with the increase in the register, the introduction of opt-in hearings was expected to reduce the number of hearings taking place. Cases would only now involve a full hearing in front of panel members if requested by the worker.
- 6.4 Peter Murray posed a query on the how development needs identified during the hearings process were captured and appropriate action taken to remedy any gaps. Hannah Coleman confirmed that this requires the involvement of cross working between departments to identify and discuss development needs

or gaps and assess how these would be monitored and necessary action taken. She added that a further discussion within a different forum would be appropriate.

- 6.5 The Committee
1. noted the outcomes and disposals of the Fitness to Practise Panel hearings concluded between 1 April 2018 and 31 March 2021
 2. noted that this information would be presented to the next meeting of the Council.

7. Training of Fitness to Practise Panel Members

- 7.1 Hannah Coleman presented report 02/2021 which set out the training provided to Panel Members over the previous three years and the proposals for the coming three years. She advised that the feedback forms from Panel Members and a training analysis exercise would inform future training and development needs. Information received from other bodies including other regulators would also be taken into consideration.
- 7.2 Hannah Coleman further advised that Members had been surveyed on whether in-person or online training was preferred and, in accordance with responses, it was decided that, when permissible, of the two sessions per year, one would be conducted in person and one online.
- 7.3 Members were referred to Appendix 4 to the report which detailed the training dates and topics which had been already agreed. Hannah Coleman also referred Members to the setting up of the Quality Assurance Sub-committee, which had been agreed by Council earlier in the year and planned to be operative from November this year.
- 7.4 In answer to a question from Linda Lennie, Hannah Coleman confirmed that the training package was mandatory and this was included within the Panel Members' contracts.
- 7.5 The Committee
1. noted the contents of the report.

Fitness to Practise Committee: 23 September 2021
Start time: 10.00am
Finish time: 10:16am

Signed:
Peter Murray, Chair, Fitness to Practise Committee

Date:

Title of Report	Fitness to Practise Panel outcomes and disposals
Public/Confidential	Public
Summary/purpose of report	To report on the outcomes and disposals of Fitness to Practise panel hearings for the past 3 years.
Recommendations	The Fitness to Practise Committee is asked to: <ul style="list-style-type: none"> 1. note the outcomes and disposals of the Fitness to Practise Panel hearings concluded between 1 April 2021 and 31 March 2024 2. note that this information will be presented at the next meeting of Council.
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 4: We fail to provide value to stakeholders and demonstrate our impact.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1: detail of amendments to the Fitness to Practise Rules Appendix 2: charts displaying hearing outcomes Appendix 3: appeals information

Background papers	None
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EXECUTIVE SUMMARY

1. Fitness to Practise Panels act in terms of the Scottish Social Services Council (Fitness to Practise) Rules 2016 as amended (see appendix 1 for details of amendments).
2. Fitness to Practise Panels are convened on request from the Fitness to Practise Department (FtP).
3. Temporary Order hearings and Temporary Order review hearings make decisions about the imposition of a temporary order on a worker's registration while the FtP investigation takes place.
4. Impairment hearings make decisions on findings in fact, decisions on a worker's fitness to practise, and consider whether a sanction should be imposed on a worker's registration.
5. Application hearings consider whether or not to grant a worker's application for registration (with or without conditions).
6. Restoration hearings consider applications to be restored to the register, following a prior removal from the register.
7. This report covers the period 1 April 2021 to 31 March 2024.
8. In terms of the Council's governance processes, this report is presented to this Committee for consideration and thereafter reported to Council.

HEARING OUTCOMES

9. Below are the Hearing outcomes for all hearings that concluded between the relevant dates. Charts of the outcome by year are contained at Appendix 2.

Temporary Order Hearings

10. 266 Temporary Order Hearings took place with the following outcomes:
 - a. 183 workers had a temporary suspension order imposed
 - b. 49 workers had a temporary conditions order imposed
 - c. 32 workers had no order imposed where a temporary suspension order had been sought
 - d. 2 workers had no order imposed where a temporary conditions order had been sought.

Temporary Order Review Hearings

11. 92 Temporary Order Review Hearings took place with the following outcomes:
 - a. 66 workers had their temporary suspension order extended
 - b. 8 workers had their temporary suspension order continued
 - c. 6 workers had their temporary suspension order varied
 - d. 2 workers had their temporary suspension order revoked
 - e. 3 workers had their temporary conditions order extended
 - f. 1 worker had their temporary conditions order continued
 - g. 6 workers had their temporary conditions orders varied.

Impairment Hearings

12. 120 Impairment Hearings took place with the following outcomes:
 - a. 55 workers were removed from the register
 - b. 17 workers were found not to be impaired
 - c. 15 workers had a warning and conditions imposed on their registration
 - d. 13 workers had no action taken, after being found to be impaired
 - e. 6 workers had a warning imposed on their registration
 - f. 5 workers were suspended from the register and had conditions imposed
 - g. 5 workers had conditions imposed on their registration
 - h. 3 workers were suspended from the register
 - i. 1 worker had their temporary suspension order revoked.

Application Hearings

13. 12 Application Hearings took place with the following outcomes:
 - a. 6 workers were registered
 - b. 4 workers were registered with conditions
 - c. 2 workers had their registration refused.

Restoration Hearings

14. 3 Restoration Hearings took place with the following outcomes:
 - a. 2 workers were restored to the register
 - b. 1 worker was restored to the register with conditions.

Appeals

15. 6 appeals were raised between 1 April 2021 and 31 March 2024. 3 appeals were granted, 1 refused, 1 dismissed and 1 is ongoing. Further detail is contained at Appendix 3.

CONSULTATION

16. No consultation was required in the preparation of this report which is reporting outcomes and disposals of hearings over the relevant period.

RISKS

17. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions.
18. We have an averse appetite towards regulatory and legal compliance. The recommendations within this report comply with the requirements.
19. We have a cautious appetite towards the effective management of our regulatory function.
20. No specific risks were identified as part of this report.

IMPLICATIONS

Resourcing

21. The cost of hearings is managed within the relevant budget.

Compliance

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

IMPACT ASSESSMENT

23. An Impact Assessment was not required because this report is for noting.

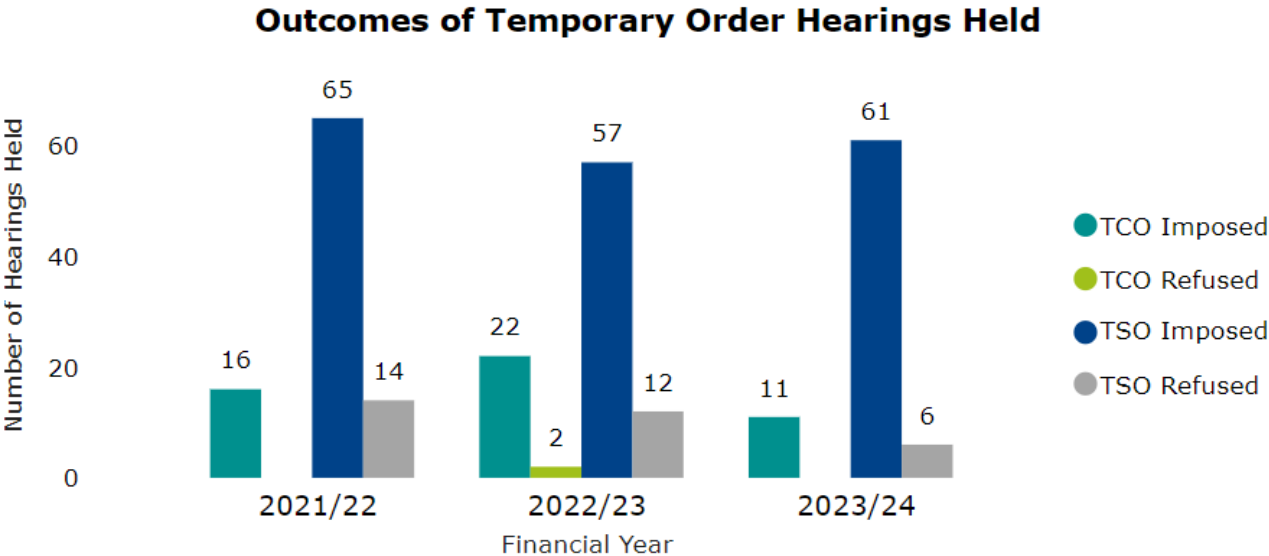
CONCLUSION

24. The Committee is asked to:
 - a. note the outcomes and disposals of all Fitness to Practise Panel hearings held between 1 April 2021 and 31 March 2024.
 - b. note that this information will be presented at the next meeting of the Council.

Fitness to Practise Panels act in terms of the Scottish Social Services Council (Fitness to Practise) Rules 2016 as amended by the Scottish Social Services Council (Fitness to Practise) (Amendment) Rules 2017 and Scottish Social Services Council (Fitness to Practise) (Amendment) Rules 2021. The 2016 Rules came into force on 1 November 2016, were amended by the 2017 Rules on 1 December 2017 and further amended by the 2021 Rules on 1 May 2021.

The below charts show the breakdown of hearing outcomes by hearing type for each financial year 2021 - 2024:

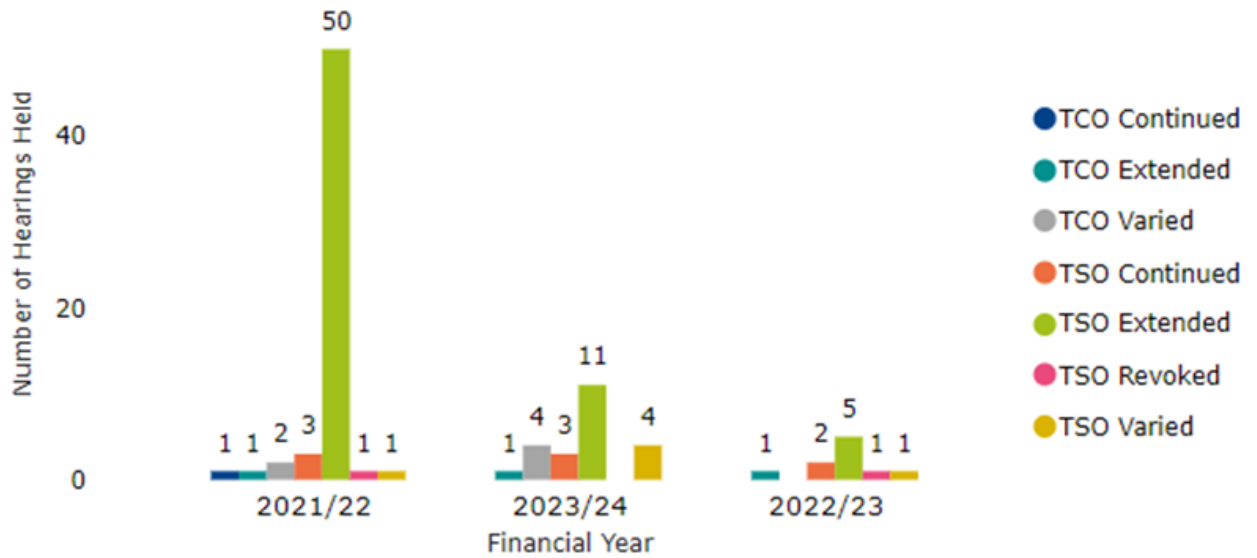
1. Temporary order hearing outcomes:



Financial Year	TCO Imposed	TCO Refused	TSO Imposed	TSO Refused
2021/22	16		65	14
2022/23	22	2	57	12
2023/24	11		61	6
Total	49	2	183	32

2. Temporary order review hearing outcomes:

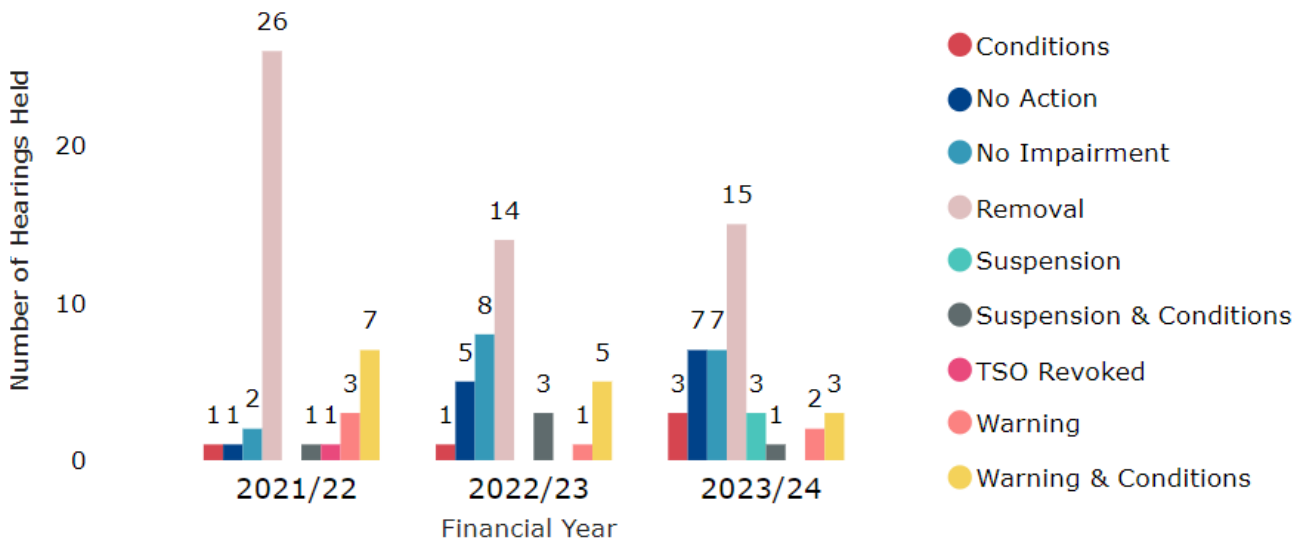
Outcomes of Temporary Order Review Hearings Held



Financial Year	TCO Continued	TCO Extended	TCO Varied	TSO Continued	TSO Extended	TSO Revoked	TSO Varied
2021/22	1	1	2	3	50	1	1
2022/23		1		2	5	1	1
2023/24		1	4	3	11		4
Total	1	3	6	8	66	2	6

3. Impairment hearing outcomes:

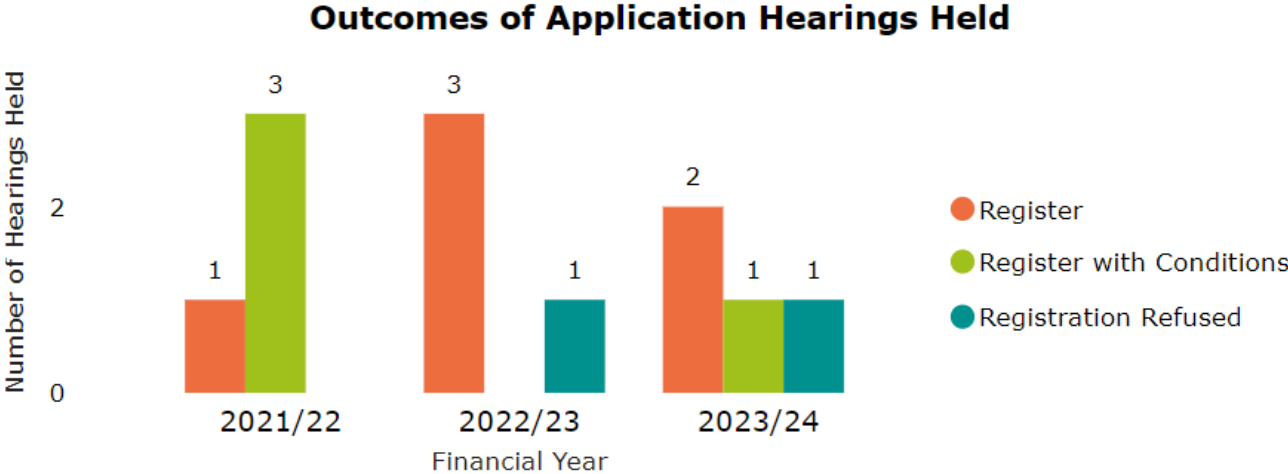
Outcomes of Impairment Hearings Held



Financial Year	Conditions	No Action	No Impairment	Removal	Suspension	Suspension & Conditions	TSO Revoked	Warning	Warning & Conditions
2021/22	1	1	2	26		1	1	3	7
2022/23	1	5	8	14		3		1	5
2023/24	3	7	7	15	3	1		2	3
Total	5	13	17	55	3	5	1	6	15

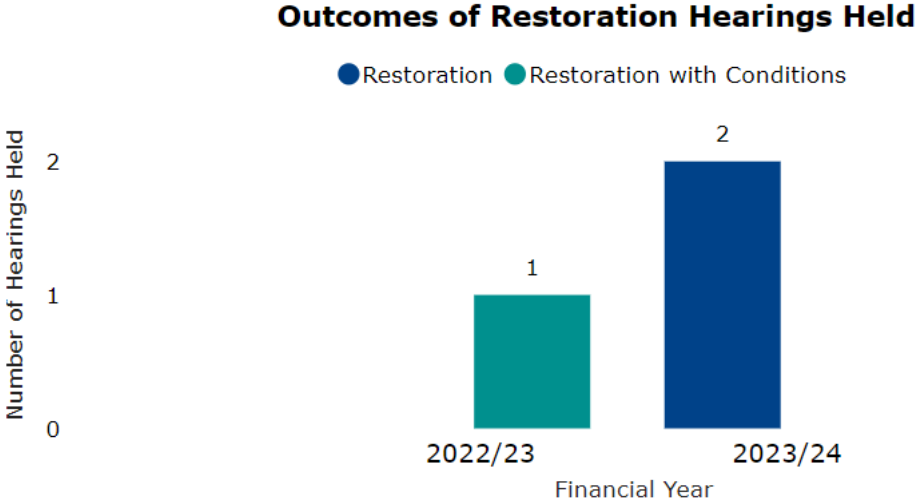
Note – 'TSO revoked' is not usually an impairment hearing outcome; the SSSC withdrew its case, resulting in the panel making the decision to revoke the TSO that was in place.

4. Application hearing outcomes:



Financial Year	Register	Register with Conditions	Registration Refused
2021/22	1	3	
2022/23	3		1
2023/24	2	1	1
Total	6	4	2

5. Restoration hearing outcomes:



Financial Year	Restoration	Restoration with Conditions
2022/23		1
2023/24	2	
Total	2	1

Appeal type	Date appeal raised	Date appeal was resolved	Outcome	Comment
Appeal against TSO	April 2021	July 2021	Appeal was granted	The SSSC conceded the appeal
Appeal against Removal Order	August 2022	July 2024	Appeal was refused	Decision of the Sheriff to refuse the appeal was appealed to the Sheriff Appeal Court. The Sheriff Appeal Court also refused the appeal.
Appeal against Removal Order	March 2023	March 2023	Appeal was granted	The SSSC conceded the appeal due to issues with the opt in process and the matter was remitted to Impairment Hearing.
Appeal against TSO	December 2023	Ongoing	Ongoing	Ongoing
Appeal against TSO	January 2024	February 2024	Appeal was dismissed	The appellant advised the court they no longer wished to insist on the appeal.
Appeal against Removal Order	February 2024	February 2024	Appeal was granted	The SSSC conceded the appeal due to an error by the SSSC at the time of the impairment hearing in 2021, regarding the effect of a removal order.

Title of Report	Training of Fitness to Practise committee members
Public/Confidential	Public
Summary/purpose of report	To detail the training that has taken place between 2021 and 2024 and outline the plans for the 2024 - 2027 reporting period.
Recommendations	The Fitness to Practise Committee is asked to: <ul style="list-style-type: none"> 1. note the training provided between 2021 and 2024 2. note the outline plans for future training.
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 4: We fail to provide value to stakeholders and demonstrate our impact.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1 – Training provided to all panel members between 2021-2024 Appendix 2 – Induction training provided to new panel members 2021-2024 Appendix 3 – Panel members’ feedback on training

Background papers	None
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EXECUTIVE SUMMARY

1. This report sets out the training that has taken place since the last meeting of the Committee, 23 September 2021, to date. In addition, it notes proposals for members' continued training and development.

TRAINING UNDERTAKEN

2. Appendix 1 contains a table of all training provided to members between 23 September 2021 to date.
3. We have provided refresher and update training as well as introducing additional development where this has been identified as being required or beneficial to members.
4. We have carried out three recruitment exercises in this period, resulting in the appointment of two cohorts of lay and social service members, and a cohort of legally qualified chairs. Appendix 2 contains a table of the training provided to each cohort of new panel members.
5. We seek feedback from panel members following training sessions. We use the rating of 1 (not helping at all with the role) to 5 (significantly helping with the role). 96% of feedback received from panel members rated the training provided as 4 or 5.

PROPOSED TRAINING 2024 ONWARDS

6. Training will continue to take place twice per year.
7. 24 of our current panel members will come to the end of their final term with the SSSC before the end of 2024. At this point we will carry out a training needs analysis of remaining members to shape the training plan for 2025 and beyond.
8. We will continue to run each training day for the full cohort of members twice, on separate weeks, to maximise members' attendance. We will continue to endeavour to have a split of lay members, social service members and chairs at each training session, where possible.

CONSULTATION

9. No consultation was required in the preparation of this report, which is reporting on training provided over relevant period and setting out proposals for the next three years. Members will be consulted on the training plans for the next three years and will be invited to complete a

training needs analysis at the end of 2024. This will be used to help shape future training plans.

RISKS

10. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions.
11. We have an averse appetite towards regulatory and legal compliance. The recommendations within this report comply with the requirements.
12. We have a cautious appetite towards the effective management of our regulatory function.
13. The risk of failing to provide training and development for panel members is that they will be ill-equipped to ensure that fair hearings take place. The measures in place to provide ongoing training that meets members' training needs manages this risk.

IMPLICATIONS

Resourcing

14. We will keep the cost of training within the approved budget.

Compliance

15. It is important that panel members understand their roles and responsibilities so that workers and applicants receive a fair hearing.

IMPACT ASSESSMENT

16. An Impact Assessment was not required because this report is for noting.

CONCLUSION

17. The Committee is asked to:
 - a. note the training provided to panel members between 2021 and 2024
 - b. note the outline plans for future training.

**Topics Covered at the Training of Panel Members
September 2021 – September 2024**

2021			
Date	Topic	By Whom	Attendees
15, 21, 28 September	The life of a Fitness to Practise case	Laura Russell, Regulation Manager (Development & Training)	All
	Trauma informed practice	Lisa Greenan, Regulation Manager (Sector)	All
	SSSC appeals	Laura Russell and Caitlin Edwards, solicitor, Regulatory Improvement & Hearings	All
	Temporary conditions	Lisa Greenan, Regulation Manager (Sector)	All
2022			

Fitness to Practise Committee
10 September 2024
Agenda item: 06
Appendix 1

17, 21, 29 March	Plain language training	Mairi Damer, Mind your language	All
	Equality, diversity and inclusion training	Carey Halem, Employers' Network for Equality and Inclusion	All
8, 27 June	Managing difficult dynamics within hearings	Emma Bell, Bell Tapner Ltd	Chairs
	Discussion session	Facilitated by Laura Russell, Regulation Manager	Chairs
15, 22 November	Trauma informed practice	Lisa Greenan, Head of Workforce and Education	All
	Data protection (members who missed this training day completed online training)	David Kydd, Team Leader (Hearings)	All
	Case law update	David Blair, Advocate	All
	Panel member discussion session	Facilitated by Hannah Coleman, Head of Regulatory Improvement and Hearings	All

	SSSC updates	Hannah Coleman, Head of Regulatory Improvement and Hearings	All
2023			
3, 16 May	Adjournment/postponement decisions	Toni Smerdon	Chairs
14, 21 June 2023	Trauma informed justice framework	Dr Sonia Petersen, NHS Education for Scotland	All
	Trauma informed questioning techniques and challenges of online hearings	Nicola Burnett Smith & Irene Allan, Xperient LLP	All
29 November	Conditions (with case studies)	Jenni Tait, Acting Regulation Manager (Sector)	All
	Case law update	Toni Smerdon	All
	SSSC updates	Facilitated by Laura Russell, Acting Head of Regulatory Improvement and Hearings	All

	Future Proofing Programme	Hannah Coleman, Acting Director of Regulation	All
2024			
15 and 30 May	Plain English in written communication	Catherine Bowie, Communicate	All
	Codes of Practice	Craig MacGregor, Learning and Development Adviser, SSSC (15 th May) Audrey Pollock, Learning and Development Adviser, SSSC (30 th May)	All

Fitness to Practise Committee
10 September 2024
Agenda item: 06
Appendix 1

	Future Proofing Programme	Hannah Coleman, Acting Director of Regulation (15 th May) Cheryl Campbell, Acting Head of Education and Standards (30 th May)	All
	Panel member discussion session	Facilitated by Laura Russell, Acting Head of Regulatory Improvement and Hearings	All
	SSSC updates	Facilitated by Laura Russell, Acting Head of Regulatory Improvement and Hearings	All
27 August	Unconscious bias	Emma Bell, Bell Tapner Ltd	Lay and social service members appointed in 2022

Topics covered at the Induction Training of Lay and Social Service Members November 2022

Topic	By Whom
Regulatory Induction Training (1.5 Days)	Toni Smerdon, Nicola Smith and Ian Sanders, Xperient LLP
Conditions Training including SSSC Codes of Practice	Lisa Greenan, Head of Workforce and Education; Jill Low, Senior Regulation Professional Adviser; Josephine Holmes, Learning and Development Adviser
Case law	Laura Russell, Regulation Manager
Equalities training	Jamie Spurway, Spurway Training
Plain language and publicity training	Nicola Gilray, Head of Strategic Communications and Policy
Overview of the hearings team Data Protection Practicalities (including the scheduling of hearings, support and expenses)	David Kydd, Hearings Team Leader
Health and safety Quality Assurance Mentoring	Hannah Coleman, Head of Regulatory Improvement & Hearings

Next Steps	
Online cyber security training	Links provided after training days

Topics covered at the Induction Training of Legally Qualified Chairs January 2024

Topic	By Whom
Regulatory Induction Training (2 Days)	Toni Smerdon, Nicola Smith and Ian Sanders, Xperient LLP
Conditions Training	Jillian Low, Senior Regulation Professional Adviser; Helen Marshall, Senior Regulation Professional Advise
SSSC Codes of Practice	Audrey Pollock, Learning and Development Adviser
Equalities training	Jamie Spurway, Spurway Training
Overview of the hearings team Data Protection Practicalities (including the scheduling of hearings, support and expenses)	David Kydd, Hearings Team Leader
Health and safety Quality Assurance Mentoring Next Steps	Laura Russell, Acting Head of Regulatory Improvement & Hearings
Online data protection and cyber security training	Links provided after training days

Topics covered at the Induction Training of Lay and Social Service Members April 2024

Topic	By Whom
Regulatory Induction Training (2 Days)	Toni Smerdon, Nicola Smith and Ian Sanders, Xperient LLP
Conditions Training	Jillian Low, Senior Regulation Professional Adviser; Helen Marshall, Senior Regulation Professional Adviser
Plain language and publicity training	Nicola Gilray, Head of Strategic Communications and Policy
SSSC Codes of Practice	Audrey Pollock, Learning and Development Adviser
Overview of the hearings team Data Protection Practicalities (including the scheduling of hearings, support and expenses)	David Kydd, Hearings Team Leader
Health and safety Quality Assurance Mentoring Next Steps	Laura Russell, Acting Head of Regulatory Improvement & Hearings
Online data protection and cyber security training	Links provided after training days

Panel Members' Training Proposals 2024 - 2027

Date	Training
October 2024	<ul style="list-style-type: none"> • Unconscious bias training for new members
October/November 2024	<ul style="list-style-type: none"> • Discussion sessions with outgoing members
November 2024	<ul style="list-style-type: none"> • Case law update • SSSC appeals • Discussion session
<i>December 2024 / January 2025</i>	<i>Training needs analysis carried out</i>
March/April 2025	<ul style="list-style-type: none"> • To be determined following outcome of training needs analysis
November 2025	<ul style="list-style-type: none"> • To be determined following outcome of training needs analysis
March 2026	<ul style="list-style-type: none"> • To be determined following outcome of training needs analysis
September 2026	<ul style="list-style-type: none"> • To be determined following outcome of training needs analysis
March 2027	<ul style="list-style-type: none"> • To be determined following outcome of training needs analysis

Title of Report	Quality Assurance Sub-committee
Public/Confidential	Public
Summary/purpose of report	To provide a summary of the work carried out by the Quality Assurance Sub-committee.
Recommendations	The Fitness to Practise Committee is asked to: 1. note the output from the Quality Assurance Sub-committee between 2022 and 2024.
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 4: We fail to provide value to stakeholders and demonstrate our impact.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. The Quality Assurance Sub-committee (the Sub-committee) is responsible for the review of Fitness to Practise panel members' decisions. The Sub-committee is required to report to the Fitness to Practise Committee every three years.
2. Members of the Sub-committee review written Notices of Decision, and separately observe hearings, providing feedback in each case.
3. Members of the Sub-committee meet once per year, or more frequently as required.

REVIEWS

4. Members of the Sub-committee began reviewing Notices of Decision in May 2022 with the aim of reviewing at least 10% of hearing decisions per year. The aim is to review decisions of different legally qualified chairs. Reviews have been carried out as follows:

Financial year	Notice of Decision Reviews completed	Percentage of total hearings held
2022/23	29	20%
2023/24	27	18%

5. A written report containing feedback is shared with the chair responsible for the decision that has been reviewed. Themes that arise from reviews form part of discussion sessions with members, and content is shared within quarterly newsletters as appropriate.
6. A meeting took place with legally qualified chairs in January 2023 to discuss the common themes that were arising from reviews of Notices of Decision. This meeting included discussion and reaching consensus around how best to set out findings of fact; how best to state and record legal advice; the use of language to emphasise the decision being of the Panel; length of decisions.
7. Learning feeds into future training plans. Plain English in written communication training was provided following feedback that better consideration was needed, in some cases, as to the accessibility of written decisions.

OBSERVATIONS

8. Members of the Sub-committee began observing hearings in January 2023, with the aim of observing at least 10% of hearings per year. Observations have been carried out as follows:

Financial year	Observations completed	Percentage of total hearings held
2022/23	3	-
2023/24	15	10%

9. If specific training/learning points are identified during an observation, they are shared directly with the relevant member. Training/learning points relevant to all members are shared via the quarterly panel member newsletter.
10. Hearings continue to take place remotely in over 90% of cases. Observation feedback, therefore, relates predominantly to online hearings.
11. Some of the matters raised have included having a better awareness of one's own body language and how this comes across on screen; when adjourning a hearing (other than for final decision), ensuring that a time is given for the intended reconvening of the panel; ensuring eye contact and engaging with the screen.
12. Members of the Sub-committee have noted improvements following the introduction of observations and associated provision of feedback.

CONSULTATION

13. No consultation was required in the preparation of this report which is reporting the output from the Sub-committee over the relevant period.

RISKS

14. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions.
15. We have an averse appetite towards regulatory and legal compliance. The recommendations within this report comply with the requirements.
16. We have a cautious appetite towards the effective management of our regulatory function.
17. There is a risk to the quality of Fitness to Practise panel decisions if there is no mechanism to review and improve on decisions, or to address issues or

concerns. The Sub-committee addresses this risk and provides ongoing review, identifies areas to improve and promotes consistency.

IMPLICATIONS

Resourcing

18. We will keep the cost of Quality Assurance within the approved budget.

Compliance

19. This Sub-committee provides assurance to the Fitness to Practise Committee, which in turn provides assurance to Council of the competence of panel members.

IMPACT ASSESSMENT

20. An Impact Assessment was not required because this report is for noting.

CONCLUSION

21. The Committee is asked to:

- a. note the output from the Quality Assurance Sub-committee between May 2022 and March 2024.

Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C24/03 Qualified status of workforce	Council 23 May 2024	Completed	Acting Director Workforce Education and Standards	Nov-24	Min 9.3.4 action list to be revised to include where possible: accountability for actions sit additional contributors to the actions. August update: will be included in report to Council in November. On Council agenda for November 2024 meeting	
C24/01 issue appointment letters to FtP Committee Members	Council 23 May 2024	In progress	Acting Director Regulation		Min 5.5 Issue appointment letters to all those approved by Council: 10 lay members, 9 social service 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	In progress	EMT	Feb-25	Minute 11. Consultation would take place in early autumn and a report on the outcome would come to Council in November 2024, in order to allow systems changes in time for April 2025 August update: this will come to Council in February 2025. Consultation running end of September to end of December	
C23/37 ASC qualification timescales	Council 26 February 2024	Completed	Acting Director Workforce Education and Standards	Aug-24	Minute 10.10 Laura Lamb advised that she will bring back a report to Council in August 2024 with relative data which will be available following the launch of FPP and this will assist in early determination of the position within the ASC sector. LL to bring report to August Council - AW to add to CoB and Forward planner August update: Report will come to Council in November 2024. On Council agenda for November 2024 meeting	
C23/30 Development session on agile working	Council 23 November 2023	In progress	Head of Legal and Corporate Governance	Dec-24	Minute 10.3: set up a development session for Members on agile working and performance and wider issues of agile working in the employment sector August update: scheduled for Away Days in Dec 24	
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	
C6 Joint development session with CI re the Promise	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. Nothing confirmed as yet	

Council Calendar of Business 2024/25

Report/meeting dates	21 Nov 2024	27 Feb 2025	March 2025 (Budget)	22 May 2025	21 August 2025	4 November 2025 (ARA)
Quarterly reports						
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	√	√		√	√	
Annual reports						
Audit and Assurance Committee Annual Report (<i>part of Annual Report and Accounts process</i>)				√		
Risk Register and Risk Appetite Statement		√				
People Strategy Annual Report (<i>include staff survey results, HR annual report and agile working updates</i>)					√	
Complaints Annual Report				√		
Digital Development Annual Report				√		
Information Governance Annual Report				√		
Partnership Agreement Annual Report		√				
Shared Services Annual Report		√				
Annual Health and Safety report	√					
Annual Report and Accounts	√					√

Report/meeting dates	21 Nov 2024	27 Feb 2025	March 2025 (Budget)	22 May 2025	21 August 2025	4 November October 2025 (ARA)
Draft Annual Report and Accounts					√	
Chief Executive Appraisal (Private Report)				√	√	
Draft Budget 2025/26		√				
Budget Setting 2025/26			√			
Policies – see link below for dates that policies are planned to be presented to Council	√	√		√	√	
				√		
All other items (<i>ad hoc or requested matters</i>)				√		
Registration Fees review		√		√		
Future Proofing Programme (<i>various matters as necessary</i>)	√					
Qualified status of the workforce	√					
Registration of new groups	√					
Digital Strategy	√			√		
Communication strategy	√					
Appointment of internal auditors	√					
FtP Committee update	√					
Employment Appeals Panel report	√					
Equalities Mainstreaming and Outcomes			√			

Council Policy Timetable

[Policy timetable](#)

