

**Date Issued: 19 August 2021**

Members of the Scottish Social Services Council are advised that a meeting of the Council is to take place at 10.00 am on Thursday 26 August 2021 by video conference.



**Sandra Campbell**  
**Convener**

**AGENDA**  
**PUBLIC SESSION**

<b>Item</b>	<b>Report Number</b>
1. Welcome and apologies for absence	
2. Declarations of interest	
3. Minutes of previous meeting – 27 May 2021	
4. Matters arising	
5. Conveners report	<b>32/2021</b>
6. Chief Executives report:	<b>33/2021</b>
7. Audit and Assurance Committee report	<b>34/2021</b>
8. Draft Annual Report and Accounts Review	<b>35/2021</b>
9. Policies	
9.1 People Management Policies	<b>36/2021</b>
• Grievance Policy	
• Workforce Change Policy	
• Redeployment Policy	
9.2 Review of Records Management Policy	<b>37/2021</b>
10. SSSC People Strategy Delivery Plan	<b>38/2021</b>
11. Assessment of non-UK qualifications for function based parts of the Register	<b>39/2021</b>

**12.** Action record

**13.** AOCB

**14.** Dates of next meetings:

Monday 25 October 2021 – Annual Report and Accounts only

Thursday 25 November 2021 – scheduled business

### **PRIVATE SESSION**

**15.** Rewards Review **40/2021**

**16.** Unconfirmed private minutes of the Council meeting of 27 May 2021

**7.** Unconfirmed private minutes of the Audit and Assurance Committee meeting of 03 August 2021 **34/2021**

### **Private session items explained**

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

<b>Agenda item</b>	<b>Reason for exclusion</b>
<b>15.</b>	c. matters involving issues of commercial or financial sensitivity or confidentiality.
<b>16.</b>	c. matters involving issues of commercial or financial sensitivity or confidentiality.
<b>7.</b>	e. Information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC.

- a. matters likely to breach personal data legislation (as defined by the General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation)
- b. matters relating to named training and education providers or care service providers, such that their credibility and reputation may be affected
- c. matters involving issues of commercial or financial sensitivity or confidentiality
- d. matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council
- e. information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC

- f. any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.

**SCOTTISH SOCIAL SERVICES COUNCIL**

**Unconfirmed minutes of the Scottish Social Services Council held on  
Thursday 27 May 2021 at 9:30 am by video conference.**

**Present:** Sandra Campbell, Convener  
Theresa Allison, Council Member  
Professor Alan Baird, Council Member  
Paul Edie, Council Member  
Julie Grace, Council Member  
Lynne Huckerby, Council Member  
Rona King, Council Member  
Linda Lennie, Council Member  
Peter Murray, Council Member  
Russell Pettigrew, Council Member

**In attendance:** Lorraine Gray, Chief Executive  
Maree Allison, Director of Regulation  
Cheryl Glen, Acting Director of Development and Innovation  
(Workforce Development)  
Laura Lamb, Acting Director of Development and Innovation  
(Learning and Development)  
Lynn Murray, Interim Director of Finance and Resources  
Laura Shepherd, Director of Strategy and Performance  
Lucy Finn, Head of HR (for item 13)  
Anne Garness, Head of Legal and Corporate Governance  
Andrew Howe, Head of Digital (for item 14)  
Nicola Gilray, Head of Strategic Communications (for items  
12 and 15)  
David Anderson, Internal Auditor  
Audrey Wallace, Corporate Governance Coordinator

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

**1. Welcome and apologies for absence**

1.1 Sandra Campbell welcomed everyone to the meeting. She noted that Council Members Lynne Huckerby and Linda Lennie would not be in attendance at the start of the meeting. There were no apologies for absence and the meeting was quorate.

**2. Declarations of Interest**

2.1 Paul Edie declared an interest in items 9 and 10, as Chair of the Board of the Care Inspectorate.

### **3. Minutes of Previous meetings**

- 3.1 The minutes of meeting of 18 February 2021 were approved as a correct record subject to the removal of Russell Pettigrew from the attendance list as he had given his apologies, which had been noted.
- 3.2 The minutes of the private session of the meeting of 18 February 2021 were approved as a correct record.
- 3.3 The minutes of the meeting of 23 March 2021 were approved as a correct record.

### **4. Matters arising**

#### **Minutes of 18 February 2021 - item 6.6 - Chief Executives report**

- 4.1 Alan Baird asked if the information was available on the numbers of care home workers who had taken up the option to receive the vaccinations against COVID-19. Lorraine Gray advised that this information is available on the Public Health Scotland website and the link to this would be shared with Members for ease of reference.
- 4.2 Alan Baird asked if the feedback from the staff conference was available. Lorraine Gray confirmed that this was available and the information would be sent out to Members.

### **5. Convener's Report**

- 5.1 Sandra Campbell presented report 16/2020 which summarised her activities as Convener since the last Council meeting when scheduled business was considered.
- 5.2 The report covered matters such as the organisation's move towards an agile working environment and the future thinking for the sector following the Adult Social Care Review. The report also covered the development sessions held for Members and meetings and activities the Convener had been involved in in her capacity as Convener.
- 5.3 The Council
1. noted the summary of key issues and activities from the Convener's viewpoint.

### **6. Chief Executive's Report**

- 6.1 Lorraine Gray presented report 17/2021 which detailed the SSSC's key performances against strategic priorities and the work of the directorates. She advised that the report was fairly extensive covering several strands of work and current issues.
- 6.2 Several issues were discussed:
- Paragraph 3.8 referred to a wellbeing survey and it was noted that only a small percentage of those invited, responded to this. However, in

mitigation, Laura Lamb explained that this was a very small part of the information gathering on the wellbeing of sector workers. The SSSC is represented on a number of groups carrying out work to support the wellbeing of workers and the survey referred to will feed into the national planning process to provide support to workers.

- Following a question about the increased numbers of requests for our workforce data, Cheryl Glen advised that recently many had come from government with some being used to assist in developing longitudinal research. She advised that all requests for data are recorded and this information will be shared with Council Members. In the future follow up surveys will be carried out with the requestees around six weeks after the information is provided, to obtain feedback on the information provided.
- Alan Baird requested further information on the Leadership and Management Programme and Lorraine Gray advised that running this with the 45 staff members had been a pilot scheme and following feedback the programme would be developed and rolled out.

6.3 The Council

1. noted the content of the report.

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

7.1 Alan Baird presented report 18/2021 from the Audit and Assurance Committee meeting of 4 May 2021, along with the assurance report which had been submitted to the Committee and the draft minutes of the meeting.

7.2 He drew attention to the revised format of the assurance report which had been re formatted to provide further useful assurance information, following input at the Member/officer group. He also highlighted the internal audit reports on ICT Systems Access and Regulation Modelling. David Archibald spoke briefly on the reports, the findings, recommendations and the actions already progressed by officers.

7.3 The Council

1. accepted 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. In particular that:
  - a. operational performance as measured by strategic key performance indicators gives confidence that the SSSC was delivering as forecasted to meet its strategic objectives as agreed with the Sponsor Department
  - b. financial performance was consistent with forecasted spend and presents no cause for concern relating to year-end outturn of approved budget
  - c. operational delivery and financial expenditure were consistent
2. noted the outcomes from the internal audit reports including the approval of revised completion dates for two recommendations and took sufficient assurances from the management of the internal audit processes that follow

up actions are being monitored, processes are being followed and quarterly reports will confirm progress

3. took assurance from the external audit plan that appropriate processes and timelines are in place for the audit and production of the annual report and accounts
4. noted that the Committee approved the draft Annual Governance Statement for inclusion in the Annual Report and Accounts
5. took assurance that the processes in place have detected no instances of fraud within the organisation for the financial year 2020-21
6. approved the appointment of Russell Pettigrew as the Counter Fraud Coordinator for the organisation and the appointment of Lynn Murray as the Fraud Liaison Officer for the organisation.

## **8. Draft Audit and Assurance Committee Annual Report to Council**

- 8.1 Alan Baird presented report 19/2021, the draft of the Audit and Assurance Committee's Annual report which would be included within the Annual Report and Accounts 2020/21 when they are presented for approval to Council in October. Comments were invited on the content of the report which provided a summary of the work of the Committee throughout the year and gives the Committee's opinion on the assurance that this work provides.
- 8.2 Alan Baird commended the officers who had worked to improve the governance arrangements of the Council, including Chris Weir, the former Head of Legal and Corporate Governance.
- 8.3 The Council
  1. approved the Annual Report from the Audit and Assurance Committee
  2. noted that the content of the annual report informed the preparation of the draft annual governance statement.

*Paul Edie left the meeting for the following two items, having earlier declared an interest in items 9 and 10*

## **9. Review of Scottish Social Services Council and Care Inspectorate Partnership Agreement**

- 9.1 Laura Shepherd presented report 20/2021 which demonstrated how the Scottish Social Services Council and Care Inspectorate (CI) will continue to work together across a range of areas. She referred to 2012 when the first agreement came into place and she spoke of the processes which were in place for reporting and monitoring of joint projects. It was agreed that an annual joint meeting would take place between the Board of the CI and the Council and this should be scheduled to receive an annual report following the financial year end.
- 9.2 Members asked for performance measurements to be set against actions to ensure that agreed work is carried out and not allowed to drift due to

competing priorities. Laura Shepherd confirmed that this could only really be done separately by each individual piece of work.

- 9.3 Following a question by the Convener, Laura Shepherd advised that the main pieces of collaborative work carried out last year were in relation to setting up the temporary register and the deployment of care sector workers into areas where they were required. This had involved close working between the two bodies.
- 9.4 Questions on managing shared service staff would be addressed in the following agenda item on Shared Services, however Lynn Murray stated that she would be in-gathering information from shared services staff.
- 9.5 There was some discussion on reporting on the outcomes of the partnership and it was noted that quarterly reports would feed into the annual report which would be submitted to an annual joint CI and SSSC meeting. The report should contain both partnership and shared services outcomes and information.
- 9.6 The Council
1. approved the revised agreement
  2. agreed that an annual joint meeting between the Council and Board of the CI should be requested and if agreed by the CI Board, meetings scheduled in order to receive the annual reports on partnership working and shared services outcomes at the end of each financial year.

**10. Shared Services Agreement – Scottish Social Services Council and the Care Inspectorate**

- 10.1 Lynn Murray presented report 21/2021 which included the governance documents for the shared services arrangements for approval. She advised the Council that the documents were based on previous documents and took into account the advice given by CIPFA. The documents have been reviewed by the internal auditors and performance measures will be kept under review. Where KPIs are set, targets must be sensibly set and developed over time.
- 10.2 The board of the CI will consider the governance documents at its meeting on 17 June 2021. Should there be minor amendments it is suggested that these be made by Lynn Murray, but any major issues would require to be brought back to Council.
- 10.3 Members supported maintaining a separate risk register for shared services, but also the inclusion of the high-level risk associated with shared services within the strategic risk register.
- 10.4 Sandra Campbell thanked Lynn Murray and her team for bringing this matter to this point, it has taken some time to bring together the governance arrangements of the shared services. Lynn Murray advised on the timetabling of the governance meetings including monthly meetings of the Shared Services Oversight Group and quarterly meetings of the Review Board. Following the second quarterly meeting of the Review Board there will be an update report to Council and thereafter an annual report to Council on performance of the



service. It was also noted that within the Audit Plan there was an audit of the service to be carried out one year after the service becomes operational. This was agreed at the Audit and Assurance Committee on 4 May 2021.

- 10.5 Peter Murray questioned the reason behind setting achievement targets of 80% for accounting and 80% for transactions. He was advised that this was a realistic target initially and would be kept under review. The target was set based on the data gathered during the survey carried out in 2020.
- 10.6 Theresa Allison asked whether there was sufficient staff capacity in the shared service teams to carry the workload. Lynn Murray confirmed that the Head of Shared Services will review resources based on business as usual and annual development requests and the Shared Services Oversight Group would discuss priorities regularly.
- 10.7 Lynn Murray said that operational documents had yet to be completed and Council asked for an update to be provided to the next Council meeting in August.
- 10.8 The Council
1. approved the following governance documents for the shared services arrangement between SSSC and the CI:
    - a. strategy
    - b. management agreement
    - c. performance measures
    - d. risk register
  2. noted the recommendations in the internal audit report that Henderson Loggie prepared, which were reflected in the documents above.
  3. agreed that risk 1 in appendix 4 should be included in the strategic risk register
  4. agreed that the Interim Director of Finance and Resources can make any minor changes to the documents eg as a result of feedback from the Care Inspectorate Board
  5. noted the terms of reference for the Shared Service Review Board and Oversight Group
  6. noted that revised shared services arrangements were effective from 1 April 2021
  7. agreed that a further update on operational documentation be submitted to the Council meeting in August.

*Lynn Huckerby arrived during discussion of the above item  
Paul Edie returned to the meeting*

## **11. Future-Proofing Programme Governance Structure**

- 11.1 Maree Allison presented report 22/2021 which provided Members with the proposed governance structure for the programme of work reviewing core regulatory approaches. This included setting up a Programme Board and a Sponsor Group. The Sponsor Group membership will include three Council Members.

- 11.2 Members discussed the fluctuation of business and projects that may be absorbed into this programme, as examples, any changes required as a result of the Review of Adult Care Services and priorities which may be set by Scottish Government.
- 11.3 Theresa Allison, Julie Grace, Linda Lennie and Peter Murray asked for their interest to be noted in becoming members of Sponsor Board.
- 11.4 The Council
1. endorsed the governance structure for the future-proofing programme
  2. noted interests in Members who wished to be considered to sit on the Sponsor Board.

*Linda Lennie arrived during discussion of the above item*

## **12. The SSSC People Strategy**

- 12.1 Lynn Murray presented report 23/2021 which set out the overarching aims of the SSSC People Strategy 2021-2024. It was noted that there were a number of strategies and policies affecting the staff in the organisation. These included Investors in People (IiP), Healthy Working Lives etc. This strategy covers a three-year period and serves to pull together these various strands of work.
- 12.2 Members commented on the lack of specific measures against actions and highlighted a need to prioritise actions over the three-year period of the strategy, including some of the big issues which arose from the IiP survey.
- 12.3 Lynn Murray confirmed that reporting on progress of actions would come back to Council. Data will be included in the assurance reports, and the additional annual report will provide more context. This may result in some measure of duplication.
- 12.4 Following a question on providing information to staff following the IiP surveys, Lynn Murray advised that information would be shared with staff following the Council meeting.
- 12.5 Members commented favourably on the strategy and the organisation's progress towards the gold IiP award. However, they requested that more information on the high-level priorities for years one, two and three be reported to the Council at its next meeting in August. Lynn Murray confirmed that this information would be reported then.
- 12.6 The Council
1. approved the People Strategy 2021-2024
  2. agreed that a report be submitted to Council in August 2021, setting out high level priorities in the strategy for years one, two and three.

## **13. People Management Policies: Code of Conduct**

- 13.1 Lynn Murray presented report 24/2021 which included the employee Code of Conduct and a revised timetable for presentation of the HR policies. She

advised that the Code of Conduct had been reviewed by the member/officer short life working group. She further advised that the review of two other policies, Grievance and Workforce Change, due to be considered at this meeting had been impacted by resource issues as had some policies that were due to be approved by the Executive Management Team. The short life working group reviewed the timetable in view of this challenge. Lynn Murray confirmed that there continued to be resource issues in HR, however Lucy Finn, the recently appointed Head of HR was prioritising the review of policies and a revised policy review timetable was presented.

- 13.2 The Council
1. approved the Employee Code of Conduct
  2. approved the revised timetable for policies.

## **14. Digital Development**

### **14.1 Digital Development Update**

- 14.1.1 Laura Shepherd presented report 25/2021 which gave an update on the digital development work carried out as part of the 2020-2021 Digital Programme. One of the highlighted projects was the implementation of the new telephony system which greatly assisted in allowing a seamless transition into working from home, with no loss of contact during the pandemic. The new introduced webchat function appeared to be well received as well as time saving for those using it as staff could deal with more than one enquiry at any one time.
- 14.1.2 There was discussion around the importance of ensuring cyber security including compulsory training for new staff. Scheduling this training into an induction programme for new staff is being reviewed. Laura Shepherd assured members that currently, simulated attacks took place by way of phishing emails etc to test staff and Members' awareness of such attacks and results monitored. Following a question by Linda Lennie on how the organisation would respond to a major incident such as hacking into the data held, Andrew Howe confirmed that he is currently looking this type of incident. Particularly he is aware of an activity known as 'exercise in a box' which is supported by the National Cyber Organisation and Scottish Government and this type of exercise will help him determine how the SSSC would respond to such incidents.
- 14.1.3 Members commended Laura Shepherd and the ICT team for the progress made in the development of digital projects which have supported the organisation working from home.
- 14.1.4 The Council
1. endorsed the progress made to date.

### **14.2 Digital Strategy 2021-2024**

- 14.2.1 Laura Shepherd presented report 26/2021 which set out the planned Digital Strategy for 2021-2024 which is aligned to the Digital Strategy for Scotland. Consultations with Scottish Government and with staff had taken place to inform the strategy.

- 14.2.2 Members were given assurance that the automated services introduced and planned mainly referred to processes such as generating invoices and 'green channel' applications where applicants have no changes to make to their renewal applications. The chat service was a front facing service but many were background.
- 14.2.3 Laura Shepherd advised that a twice-yearly benefits realisation report would show where the impact of automated services provided benefits. Including some information in the Annual Report and Accounts would publicise this progress externally. She further advised that she and the Head of Digital Services had been invited to present an online seminar 'Scotland's call for collaboration – virtual learning exchange.' This would further publicise these developments.
- 14.2.4 Members commended the department on the progress made with the digital transformation.
- 14.2.5 The Council
1. approved the Digital Strategy 2021-2024.

## **15. Communication and Engagement Strategy 2021-2024**

- 15.1 Laura Shepherd presented report 27/2021 which set out the proposed Communication and Engagement Strategy for 2021-2024. She referred to the development session earlier in the year where the broad terms and focus were discussed with Members. With reference to a question about sufficient resources to carry out the work included within the strategy, Members were advised that the communications team will lead the work, but much of it will be carried out within each department. Laura Shepherd was confident that there were sufficient resources.
- 15.2 Laura Shepherd advised that engagement resource data was being revised to ensure that the information and contacts are comprehensive and current. The Involving People Strategy also ensures that people who use services are included in engagement exercises and assurances were given that processes are in place to include people who use services in our engagement with external resources. Nicola Gilray advised on benchmarking that is carried out with other authorities across the UK as well as other regulatory bodies. Laura Shepherd confirmed that there is an external communications KPI within the assurance report.
- 15.3 Members were interested to hear about the SSSCs work in embedding fair work principles. Lorraine Gray clarified that this was part of our role in promoting careers in the sector and Cheryl Glen informed Members about 'effective voice' which is one of three workstreams of the Fair Work in Social Care group. The Fair Work programme also covers minimum terms and conditions and the real living wage. The SSSC supported the effective voice workstream by promoting a survey sent out to employers and staff through our social media. A paper from the implementation group for Fair Work in Social

Care group is being presented to Scottish Government this month. The SSSC will have sight of this at an early date.

- 15.4 The Council
1. approved the Communication and Engagement Strategy 2021-2024.

**16. Complaints Performance 2020-2021**

- 16.1 Laura Shepherd presented report 28/2021 which detailed complaints performance information for 2020-2021. She advised that an 'Improvements Group' had been set up to assist in identifying and resolving issues which lead to complaints against the organisation. Laura Shepherd confirmed that there had been no investigations against the organisation by the Scottish Public Sector Ombudsman (SPSO) in the year reported. It was suggested that this metric be included in future reports.

- 16.2 The Council
1. endorsed the annual complaints performance report to be published
  2. noted the SSSC's performance in responding to complaints in 2020-21.

**17. Annual Information Governance Report**

- 17.1 Anne Garness presented report 29/2021 which summarised the organisation's performance in complying with its obligations under the data protection, freedom of information and records management legislation for the year 2020-2021. She advised that the number of requests received should total 125, not 120 as stated in the report. She further commented on the increase in third party requests for information, confirming many had come from Social Work England, which is a positive arrangement, indicating that thorough checking processes are in place. Generally speaking, we receive increased numbers of requests for information year-on-year.

- 17.2 The Council
1. noted the organisation's performance based on the statistical information provided.

**18. Disposal of Urgent Business**

- 18.1 Anne Garness presented report 30/2021 which provided information on the matter of urgent business which had been dealt with under Standing Order number 18 and was now being reported under Standing Order number 20.
- 18.2 The Mainstreaming Outcomes report and five-year strategy were circulated to Council Members for comment and approval on 2 April 2021. Members approved both by correspondence as the publishing deadline for these was the end of April 2021 and therefore fell before the next available Council meeting.
- 18.3 The Council
1. noted the approval of the Equalities Mainstreaming outcomes report and five-year strategy which was circulated for comment and approval on 2 April 2021

2. noted the report was published on 28 April 2021.

**19. COVID-19: Student placements and the quality assurance of temporary measures**

19.1 Laura Lamb presented report 31/2021 which gave an update on the impact COVID-19 has had on the delivery of qualifications accepted for registration with the SSSC. She spoke particularly to the continued monitoring and quality assurance of courses and practice placements to ensure that standards continue to be met. Significant work is taking place with the sector to resolve the issues brought about by the challenging learning conditions faced during the pandemic.

19.2 In answer to questions by Members, Laura Lamb advised on the launch of a comprehensive online resource to support Newly Qualified Social Workers (NQSW). Asked about an impact report, she advised that the SSSC has commissioned a longitudinal study over five years and this would show any impact on those who qualified during the pandemic.

19.3 Laura Lamb also advised on the attrition rate of students and measures being put in place to capture data, including students who had changed study routes. The SSSC is collaborating with Scottish Government to support students to re-engage with programmes where their studies have been interrupted or extended. It was agreed that this should also be treated as an opportunity to promote social services work and to promote the organisation. The SSSC will work with the college development network to understand the impact the pandemic has had on attrition rates.

19.4 The Council

1. noted the information provided regarding the impact of COVID-19 on the delivery of programmes, our quality assurance of temporary measures and our outlined approach and commitment to continue supporting approved programmes to secure practice learning placements
2. noted that future updates would be provided as part of the Chief Executive's report to Council.

**20. Council Action Record**

20.1 The Council considered and approved the Council action record and agreed that completed actions C46, C47, C48, C49, C50, C51, C52, C54 and C55 be archived and filed for future reference.

**21. AOCB**

21.1 There was no additional business.

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

22.1 The date of the next Council meeting will be 26 August 2021 at 10 am.

**Private Session**

Items 23, 24 and 25 were taken in private and minuted separately.

**Council 27 May 2021  
Start time: 9.30 am  
Finish time: 2.10 pm**

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

**Sandra Campbell  
Convener**

<b>Title of report</b>	Convener's Report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	Update on Convener's activity since last Council meeting on 27 May 2021
<b>Recommendations</b>	The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener.
<b>Author</b>	Sandra Campbell Convener
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p>



	<p>Risk 4: We fail to plan and resource our activities to deliver our digital strategy.</p> <p>Risk 5: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 6: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.</p> <p>Risk 7: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 8: The current business continuity plan in place, is not up to date, for the SSSC.</p> <p>Risk 9: The SSSC is unable to operate due to effects of global pandemic COVID-19.</p>
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was not required.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	None
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

**This report summarises the activity of the Convener from 27 May 2021 to date.**

### **Meetings with partner agencies**

1. As an ex-officio member of the board of the Care Inspectorate I attended two meetings during this period. The first on 2 June was a Board Development Session on the Strategic Risk Register and a review of Board Governance. On 17 June I also attended a public board meeting. By the time of this Council meeting I will also have attended a meeting of the Audit Committee and another public Board meeting on 12 August. A number of items of common interest to the SSSC were covered at the June Board meeting, chiefly the formal agreement on Shared Services and a revision of the Partnership Agreement.
2. Together with our Chief Executive, Lorraine Gray, on 14 June I attended the annual Chairs meeting of Skills for Care and Development, at which it was agreed that the membership would be expanded to include seven regulatory organisations across the UK and there would be a name change to reflect this – the new name being Alliance. The aims of Alliance are strongly aligned to our own, for example “to speak with a strong common voice to influence decision-makers and the public, and to effect positive change via improvement of practice, development and regulation for the social care, social work and Early Years workforce.” The intention is to develop communications across the UK to promote these positive messages.
3. The regular partnership meeting with NHS Education for Scotland (NES) was held on 12 July and there was significant discussion about the number and remit of multiple partnership groups which meet, in the context of likely changes arising from the Independent Review of Adult Social Care. It had been agreed at a previous meeting to review the partnership and Memorandum of Understanding with NES, and this work is ongoing, led by the respective Chief Executives. We agreed that was still a key task but that it should be set alongside a review of our respective involvement in a range of other key partnerships.
4. I have been invited, along with Lorraine, to meet with the Chair and Chief Executive of Public Health Scotland on 23 August to discuss common areas of interest.
5. I have also been approached by the new Chair of the Nursing and Midwifery Council (NMC), Sir David Warren and a date is being agreed for this, once again to discuss common areas of interest for our two organisations.

## **Meetings with the Scottish Government**

6. I have continued to have regular meetings with Iona Colvin, the Chief Social Work Adviser and my key link with our Sponsor. These have been helpful as always, and particularly in the context of the development of plans arising from the Independent Review of Adult Social Care.
7. On 4 August, Lorraine and I will meet with Mr. Joe Griffin, Director General, in an introductory meeting since Mr. Griffin took up post.
8. On 17 June, we also met with Ms. Clare Haughey, Minister for Children and Young People. This was an introductory meeting and provided an opportunity to illustrate the positive developments undertaken by the SSSC in recent months.

## **Council Members**

9. On 15 July the Council met in an informal Development Session which provided an update on the activity of Development and Innovation Directorate in the SSSC, which was very useful and interesting to Members. We aim to cover the other Directorates at a future session and I look forward to that. Particularly during this time when neither the Members nor I are able to meet people in our offices, this session was very welcome in giving us an insight into the progress being made and also the level of knowledge and ability across the various sections. The afternoon session was dedicated to the development of our financial strategy in a context of a changing landscape. Again, the afternoon provided much food for thought and debate, and the level of detailed information was much appreciated.
10. I have met with Members to carry out annual appraisals during the last few weeks, a task that also gives me an opportunity to speak on an individual basis with Members, which rarely happens through normal activity and I enjoy hearing their insights into our organisation. We also collectively reflected on the lack of informal opportunities to catch up with each other during the pandemic, a view shared, I'm sure, by many staff.
11. Supported by our Communications team, the Members and I have begun to contribute to the Spotlight theme, starting with Peter Murray, Linda Lennie and myself. The plan is to gradually include all of our Members and hopefully this will give everyone a chance to find out more about us.
12. Finally, I am pleased to confirm in relation to Paul Edie, Council Member and Chair of the Care Inspectorate, that Ministers have approved a further extension to Paul's term until the end of August next year. This will provide the Council with valuable continuity over the next year when Paul's knowledge and insight into the strategic landscape in public services will be very useful. Congratulations too to Alan Baird and Theresa Allison,

Council Members. We now have confirmation of Ministerial approval of a second term for both, by Ms. Clare Haughey, Minister for Children and Young People.

<b>Title of report</b>	Chief Executive's Report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To provide Council Members with an update from the Chief Executive.
<b>Recommendations</b>	The Council is asked to note the information contained in the report and offer comment on the content.
<b>Author</b>	Lorraine Gray Chief Executive
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>

	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to plan and resource our activities to deliver our digital strategy.</p> <p>Risk 5: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 6: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.</p> <p>Risk 7: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 8: The current business continuity plan in place, is not up to date, for the SSSC.</p> <p>Risk 9: The SSSC is unable to operate due to effects of global pandemic COVID-19.</p>
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was not required.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	None
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. As set out in the Executive Framework Document agreed between Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last Council meeting on 27 May 2021, and looks forward to emerging issues.

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

2. Hannah Coleman, Head of Regulatory Improvement and Hearings was a panellist at a Law Society event discussing agile working and our response to the pandemic.
3. Chris Weir, Head of Fitness to Practise met with the Faculty of Advocates to discuss enhanced ways of the Faculty providing free representation to workers.
4. The Regulatory Improvement Team went live at the beginning of July and will be focusing on providing improvement and support to everyone involved in the fitness to practise process.
5. Cheryl Campbell, Head of Registration, has been asked to join the Healthier Working Lives for Care Workers Programme, Advisory Board. This is an Edinburgh University led programme partnering with Scottish Care, Creative Venue and Codebase. It will focus on developing careers, enhancing continuity and promoting wellbeing for care workers aged 50 plus.
6. We are working with Scottish Government health colleagues and the health regulatory unit on planning the annual Health and Social Care Regulatory Conference which takes place online on 1 November 2021. The SSSC will be running a joint workshop with the General Optical Council on opt in hearings.
7. Colleagues in Regulatory Improvement and Hearings, Communications and Legal and Corporate Governance have worked to launch 'opt in hearings', which is a significant change to regulation. This includes designing a series of new information factsheets to support people going through the process.
8. The Hearings Team is shortlisted for Support Team of the Year at the Scottish Legal Awards. The ceremony is in September.

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

9. The SSSC is sponsoring the Scottish Association of Social Workers conference which is taking place 31 August 2021 through to 5 September 2021. We will deliver workshops to support Newly Qualified Social Workers (NQSWs) including raising awareness of the online resources available to them and promoting national wellbeing support on offer.
10. The NQSW web resource launched in July and provides a range of resources for NQSWs and those who have a role in supporting NQSWs. There is specific information and relevant resources for these different audiences that we hope the website will help to support consistency for the NQSW experience in the supported year in practice. The website will evolve as we develop our national project and we will use the website to keep everyone up to date.
11. In response to the mental welfare commission report on hospital discharges which raised concerns about the knowledge and skills of the workforce we published a resource for social workers in June to support their understanding and role when involved in supporting people moving from hospital to a care home.  
<https://learn.sssc.uk.com/coronavirus/hospitaldischarge/index.html>
12. The availability of social work student placements remains challenging and we are working in collaboration with others through the Social Work Education Partnership (SWEP) to find potential solutions. The biggest demand for placements will come in September when those students who completed the online advanced skills practice module, as an alternative to the first practice placement, are due to go on their second placement. This has been extended to 120 days to ensure sufficient practice learning days are completed to evidence the standards required. The demand for placements for these students is in the west of Scotland and additional funding is being provided to local authorities to support capacity. Local authorities have committed to take additional students. Contingency arrangements remain in place to support the delivery of programmes impacted by the pandemic to maximise the numbers of students to qualify on time and enter the workforce.
13. We will publish the evaluation report of the advanced skills module in September. The SSSC has also commissioned, on behalf of SWEP, an evaluation of the 120 placements to evaluate the overall experience of those students who have undertaken their studies under this pilot approach. This will inform any proposed changes to delivery of programmes in the future.
14. The majority of HNC students who experienced placement delays because of the pandemic are expected to qualify by autumn at the latest. A number of programmes are extending placements into the summer



months to allow students to complete. Others are arranging for students to complete placements on return from summer break in August with a completion date of October. The SSSC continues to maintain the live data sets in relation to the number of students requiring placements across all programmes and continues to work collaboratively with the College Development Network, programme providers and Scottish Qualifications Authority to monitor the supply and demand for placements.

15. We continue to engage with the social services workforce in respect of quality improvement (QI) learning and have developed a network of people interested in learning more from us and each other. As part of this work, we're delivering a series of monthly QI Learning Forum events. The first focused on how we use storytelling to support improvement, the second on organisational culture and readiness for improvement and the third will focus on how we can use coaching and mentoring to support improvement. After each session we share some of our learning more widely via a Sway report, such as [this one for the organisational culture session](#).
16. We continue to work with NHS Education Scotland (NES) Project Lift and Scottish Government colleagues to support the development of the National Leadership Programme for health and social care. As part of this, we're working alongside Project Lift to develop a programme of leadership learning for strategic systems leaders across health and social services. We are currently at the inquiry stage of this work, building on the Leadership Cubed programme delivered by Project Lift over the past three years, and have engaged to date with Leadership Cubed alumni, Chief Social Work Officers, Chief Officers, and senior leaders in local authority social work. Further engagement is planned to inform the design stage of the programme.
17. We have delivered a series of webinars held with employers and Dementia Ambassadors to promote our new [Dementia Ambassador Guide](#). In collaboration with NES we launch of the refreshed Promoting Excellence [PE framework](#) in May 2021 and developed the 'Once for NES Dementia' platform on TURAS which launched via webinar on 21 June 2021.
18. The SSSC supported the development of the new [Manual: Care Home Infection Prevention and Control Manual \(CH IPCM\)](#) which was launched in May 2021. We have submitted a joint SSSC/NES partnership Project Initiation Document to Scottish Government for the delivery of an Infection Prevention and Control induction resource and Smartphone app based on content of refreshed IPC pocketbook. SSSC will deliver the Smartphone app.
19. We have been invited to speak (virtually) at an international Micro-credential event about our success with Open Badges. We have recently enabled peer assessment functionality within Open Badges to increase capacity and volume of badges that can be assessed.

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

20. We have run six focus groups with managers across specific services and with Chief Social Work Officers to develop our Workforce Skills Report.
21. The team continue to work on projections of future demand/workforce and have completed the analysis of current registration data from the register. The executive summary and technical reports are developing, and we aim to publish the Workforce Skills Report early September. Analysis so far highlights:
  - 206,000 people working in the social services sector
  - over 160,000 people registered with the SSSC
  - of which 51% currently hold the required qualification for their role
  - leaving 85,151 individuals across the adult and child social care workforce who require to gain a necessary qualification for registration by 2025
  - 68,768 qualification conditions across the adult social care workforce
  - 16,383 qualification conditions across the early years (residential child care and day care of children) workforce
  - the highest demand for qualification conditions is at SCQF Level 6 and predominantly for support workers in Care at Home/Housing Support.
22. We will have a development session in October 2021 to discuss the Workforce Skills Report in more detail.
23. We published the Mental Health Officer (MHO) report on 17 August and have a provisional publication date of 31 August for the Workforce Data report.
24. The Workforce Planning team co-facilitated a series of workshops during June 2021 to support personal assistants, the outcomes are to build a shared understanding of the context that supports (and hinders) personal assistants being a valued part of the social services workforce. A Personal Assistance Programme Board is to be established, the SSSC has been invited to be a member and the outcomes, maps and learning from the above workshops are to be used as part of the work of the Board.
25. Our work around careers and employability has seen us present alongside Skills Development Scotland (SDS) and Scottish Care to the new Developing the Young Workforce (DYW) school coordinators. We have had a proposal accepted to take part in DYW Live which is a national collaboration with Education Scotland to stream live careers sessions into primary and secondary schools across Scotland. We are in discussion with NES about taking a partnership approach.
26. We have produced two webinars on the Kickstart job creation scheme for young people, in partnership with Department of Work and Pensions (DWP), Scottish Care and Scottish Centre for Voluntary Organisations.

We have worked with Institute for Research and Innovation in Social Services (IRISS) to produce careers podcasts, working with DWP and Disclosure Scotland.

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

27. Plans are underway for the 20<sup>th</sup> anniversary including a staff event and external engagement along the lines of the Inspiring Care Stories project.
28. Planning is underway for online registrant 'roadshow' events to start early in the autumn, running each quarter. These events are free for registrants to come and meet the SSSC, find out more about how we can support them with their learning and development, learn about the fitness to practise and hearings developments and this year there will be a continuing focus on the benefits and value of registration and regulation for this sector.
29. The SSSC has been shortlisted for two awards with the Chartered Institute of Public Relations (CIPR) for the Inspiring Care Stories Campaign. Our Inspiring Care Stories demonstrated the value of the work of the sector during the COVID-19 pandemic. We have been shortlisted under two categories, Best COVID Response and Public Sector Campaign. The Scotland Virtual Pride Awards ceremony will take place on Wednesday 6 October 2021 at 2.30pm and we look forward to attending to find out who the winners are.

#### **HIGH PERFORMING ORGANISATION**

30. We have run our first 'Spotlight on...' week, this time focusing on Council Members. The week will explain the role of Council for staff and includes videos with Members.
31. The new Communications and Digital Strategies are now launched with an article out to stakeholders letting them know of our focus and plans.
32. We are rolling out Full Disk Encryption (FDE) using Microsoft Bitlocker. This is being managed through staff attending the office through planned appointments or remote access when necessary. We aim to complete this work by the end of August.
33. The Care Inspectorate Board agreed the shared services governance documents at their meeting in June with no amendments. At the Council meeting in May we agreed to provide a further update on the progress with operational documentation. The Operational Management Team reviewed the service specification and other documents and suggested minor amendments. At the time of writing, we have just received the

Internal Audit report reviewing the shared services operational documents, which gave an overall grading of 'good'. The Shared Services Oversight Group will consider the recommendations before presenting to the Executive Management Team for review.

### Agile working

34. Since working from home started in March last year, we have surveyed staff on several occasions to understand how they are affected by it and their thoughts about how they would like to work in the future. The results overwhelmingly indicate that most staff enjoy working from home and would like flexibility in the future so that they can work predominately from home and occasionally in the office.
35. Over spring and early summer all teams met to discuss how they would like to work in the future. Organisational Development analysed the feedback from those sessions and identified the key areas that we need to work on and develop to support staff in future. The main themes revolved around supporting staff to develop, collaborate and communicate and ensuring that home and office space have the right set-up and equipment.
36. In July we asked all staff to indicate their preference for how many days, if any, they want to work in the office in the future:

• <b>Frequency of working from the office</b>	• <b>% of staff</b>
• Infrequently	• 29%
• Not at all	• 23%
• One day a week	• 18%
• Two days a week	• 15%
• Three days a week	• 12%
• Four days a week	• 1%
• Five days a week	• 2%

37. This work will allow us to formulate both the long-term footprint of desks we require, and the areas for development to support staff, including revising affected HR policies.
38. Facilities are working on a business case for the organisation in advance of the end of the lease in 2023. Very broadly we know from our survey that the need for office desks will reduce by over a half. Ensuring we have the space for holding fitness to practise hearings, and to allow for staff and external collaboration are key requirements.
39. We are currently working to allow staff access to the office more widely from 30 August. We have 70 socially distanced desks available and are confident that will meet demand.

## **Registration fees**

40. We were due to consult on registration fees last year. We delayed this due to the pandemic. The intention is to consult this year; however, the sector is still dealing with significant staffing and wellbeing issues because of the pandemic. We are in discussions with Scottish Government about how we address our funding shortfall.

## **HORIZON SCANNING**

41. National Care Service: On 9 August the Scottish Government published the consultation on the National Care Service (NCS). The consultation will run until October. It is intended to introduce the legislation during the first year of this session with the expectation that the NCS will be operational by the end of it. The Scottish Government has also created a social covenant steering group. The group includes people with lived experience and they play a key part in the co-design process. This includes establishing a common set of values and beliefs which will underpin the NCS.
42. The Promise: The Change Programme was published at the end of June. It follows on from Plan 21-24 and sets out what needs to happen to Keep the Promise by 2030. The Promise's Oversight Board will use the Change Programme to track the pace and quality of change and report publicly on progress. The Change Programme has several references to the review of the Codes of Practice for Social Service Workers and Employers.
43. Early Learning and Childcare Expansion (ELC): The Scottish Government has committed to offering all eligible children 1,140 hours of funded ELC from August 2021. In this parliamentary session the Scottish Government will extend this commitment further by developing further provision of wraparound care and afterschool clubs. The latest Early Learning and Childcare Expansion Delivery Progress Report shows there has been a steady increase in the local authority ELC workforce. This increase is reflected in the numbers of SSSC registered day care of children care practitioners and support workers.
44. Scottish Child Abuse Inquiry: The second phase of the boarding schools case study commenced on 4 May 2021. Evidence relating to Loretto School and Morrison's Academy concluded on 27 May. Hearings have been paused until the autumn while new premises are being prepared and dates for the five other schools also under investigation have yet to be set.
45. Migration: The deadline to apply for the EU Settlement scheme was 30 June 2021. The Home Office is continuing to accept late applications where they are reasonable grounds for missing the deadline. The UK

Government has commissioned the Migration Advisory Committee (MAC) to lead an independent review of adult social care and the impact of ending freedom of movement. The MAC will look at several areas including the impact on the workforce such as recruitment and training. The MAC will examine these issues across the UK and any matters which are devolved will remain the responsibility of the Scottish Government. The MAC will report by April 2022.

## **CONSULTATION**

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

## **RISKS**

47. This report provides Council Members with an overview of work that is ongoing. Any risks are identified within the project plans of the pieces of work.

## **IMPLICATIONS**

48. There are no financial, legal or staffing implications arising from this report.

## **IMPACT ASSESSMENTS**

49. Impact assessments for equalities, data protection and sustainability are not required.

## **CONCLUSION**

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

<b>Title of report</b>	Audit and Assurance Committee report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To make recommendations from the Audit and Assurance Committee
<b>Recommendations</b>	<p>The Audit and Assurance Committee recommends</p> <ol style="list-style-type: none"> <li>1. the Council accepts that the Assurance report presents a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that: <ol style="list-style-type: none"> <li>a. operational performance as measured by strategic key performance indicators give confidence that the SSSC was delivering as forecasted to meet its strategic objectives as agreed with the Sponsor Department</li> <li>b. financial performance was consistent with forecasted spend and presents no cause for concern relating to year-end outturn of approved budget</li> <li>c. operational delivery and financial expenditure were consistent.</li> </ol> </li> <li>2. the Council takes sufficient assurances that the SSSCs corporate control arrangements represent good practice in the areas reported</li> <li>3. the Council notes that there were no internal audit reports due for this quarter.</li> </ol>
<b>Author</b>	Alan Baird Chair Audit and Assurance Committee
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive

<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people’s lives.</p>
<b>Link to Risk Register</b>	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p>
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was not required.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	<p>Appendix 1: Assurance report as at June 2021 including the Strategic Risk Register</p> <p>Appendix 2: Draft minutes of the Audit and Assurance Committee meeting of 03 August 2021</p> <p>Confidential Appendix 3: Draft Minutes of the Audit and Assurance Committee meeting of 03 August 2021 at item 17 of the Agenda.</p>
<b>Background papers</b>	<p>None</p>



## **INTRODUCTION**

1. As set out in the Executive Framework Document and Scheme of Delegation, accountability for strategic oversight remains with the SSSC Council and the responsibility for oversight and scrutiny of achievement of operational key performance indicators, monitoring of Financial Performance and Strategic Risk Management is delegated from the SSSC Council to the Audit and Assurance Committee.
2. This report records the recommendation of the Audit and Assurance Committee to SSSC Council following the Audit and Assurance Committee meeting of 3 August 2021.

## **ASSURANCE REPORT**

3. The Audit and Assurance Committee of 3 August 2021 reviewed the assurance report relating to the activities of the SSSC. Appendix 1 is a copy of the assurance report that was brought to the Committee. Appendix 2 is the unconfirmed minutes of the meeting to satisfy Council that the Committee has discharged its responsibilities. The Committee highlights the following areas:
4. Committee noted Executive Management Team had made changes to assessment of risks 1, 3 and 7.
5. Committee was updated on the changes to the budget forecast for 2021/22, 2022/23 and 2023/24. Dilapidation fees relative to the possible expiry of the lease of the headquarters building would adversely affect the budget and a number of cost saving measures, such as reconsideration of filling non urgent posts were put in place. It was noted that there was ongoing dialogue with Scottish Government. Lynn Murray has provided an update.
6. Post meeting update:  
Lynn Murray agreed to update Council on the accounting treatment of dilapidation costs following advice from external auditors. Surveyors prepared a report estimating the cost of dilapidations at the end of the lease in April 2023. As the report was prepared during 2020/21 the auditors asked SSSC to create a provision for £524,000, which will reduce the balance on the general reserve. Payment will still be expected at the end of the lease unless otherwise agreed in the lease negotiations, assuming we remain in Compass House and Quadrant House.
7. Maree Allison reported on the external matters which were impeding the SSSCs ability to meet its indicator regarding the period of time between a worker obtaining work in the sector and becoming registered with the SSSC. Scottish Government was continuing to allow workers 12 months to register following employment in the sector. This would also delay the proposed 'get registered' campaign. This indicator will be reviewed.

8. The Regulation directorate was looking at ways to continue to encourage the workforce to engage with the Fitness to Practise process, although there had been improvement in these figures.
9. Development and Innovation directorate has met its target relating to percentage of workforce who had gained their qualifications. Evidence continued to be ingathered to assist in targeting learning resources and also to provide further information to be included in future reports. The Workforce Skills report will be included with the Chief Executives report to this Council meeting.
10. Noted that work had begun on the SSSC response to the National Care Service consultation and a Members' discussion session and Special Council meeting will take place in order to formulate and approve the SSSC's response.
11. Noted from HR metrics that staff absences were down in this reporting period as well as staff turnover.
12. The next staff survey would provide feedback from staff on working from home.

#### **BUDGET UPDATE**

13. As noted in the attached assurance report, adjustments have been made to current and future years budgets, the dilapidation costs relating to the headquarters building lease having impacted as a significant cost to the organisation.
14. A review of fees is proposed and this will include consultation with the workforce. There has been only one increase in fees, in 2017, but it was agreed then to review the position in 2018/19. The review is taking place now, having been postponed due to the COVID-19 pandemic.

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

15. There were no incidences of fraud or corruption detected during the quarter 1 April to 30 June 2021.

#### **HORIZON SCANNING**

16. Committee was alerted to three matters, these being an announcement by Scottish Government to launch the Social Covenant Steering Group, Audit Scotland's report on Fraud and regulatory bodies and Audit Scotland's blog on cyber-crime. Links will be shared with Council Members.

## **PRIVATE ITEM**

17. The Committee considered a private report which referred to an ongoing employment tribunal matter involving the Nursing and Midwifery Council. There is no action required of Council at this time.

## **CONSULTATION**

18. This report refers to internal matters of governance, therefore no consultation has been carried out in the writing of this report.

## **RISKS**

19. This report relates to matters discussed at the Audit and Assurance Committee earlier in the cycle and any risks were reported direct to the Committee.

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

21. There are no specific compliance implications arising from this report. The Council must ensure that its governance processes and documents are fit for purpose and accurately reflect the practices in place.

## **IMPACT ASSESSMENTS**

### **Equalities**

22. An Equalities Impact Assessment was not required. This report forms the recommendations from the Audit and Assurance Committee and relates to matters of internal governance which have no direct impact on people using social services and carers. However, the fact that the SSSC is well governed and transparent provides confidence in our work.

## **CONCLUSION**

23. The Audit and Assurance Committee is assured that it was presented with a fair view of the current operational performance, financial performance and risks facing the organisation.

<b>Title of report</b>	Assurance Report as of 30 June 2021
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> <li>• assesses delivery of our strategy through the analysis of strategic performance indicators</li> <li>• highlights areas of concern</li> <li>• identifies corrective action required.</li> </ul> <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
<b>Recommendations</b>	The Council is asked to agree the direction of travel and risk management actions.
<b>Author</b>	Laura Shepherd Director of Strategy and Performance
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Links to Strategic Plan</b>	This report presents work related to delivery of our all our strategic outcomes.
<b>Link to the Strategic Risk Register</b>	Strategic Risk 5: We fail to provide value to our stakeholders and demonstrate our impact.
<b>Documents attached</b>	Appendix 1: Full 2020/21 Strategic Risk Register.

# ASSURANCE REPORT AS OF 30 JUNE 2021

Council Version

26 August 2021

Agenda item: 07 Report no: 34/2021

Action: For Decision

## PERFORMANCE SUMMARY

Key performance indicator	Current	Year End Position	Comment
3.1 Reg: Reduce... the time taken to being registered.	Amber	Green	No concerns. Will look to revise target once Scottish Government reinstate the six-month rule to register.
3.2 Reg: Time taken to process a fitness to practise case is... less than organisations we benchmark against.	Green	Green	No concerns.
3.3 Reg: Increase the percentage workforce who engage... in fitness to practise process.	Amber	Amber	Currently intelligence assessing several data points to understand if there are any trends for engagement.
3.4 D&I: Increase the percentage of the registered workforce with the correct qualification	Green	Green	No concerns.
3.5 D&I: Increase the percentage of the workforce using learning resources to achieve CPL.	Amber	Green	Target adjusted to 45%. The previous director of Development and Innovation proposed that the targets for this measure would be 30% for the first financial year of the strategic plan, 60% for the second financial year and then 80% for the last financial year this was agreed by EMT. However, EMT have decided to revise the 60% target and potentially the last years target of 80%. To achieve 80% every active member of the SSSC register to have used resources during the period April 2020 to March 2023.
3.6 D&I: Percentage of those reporting positively that our development activity is delivering the support required by the workforce	Amber	Amber	The data indicates that we will perform performance will remain between 70-77%. When we start to survey individual registered parts, this should give us more information to assess what registrant areas we are performing well in and those that require improvement.
3.7 D&I: Percentage of those who report workforce planning resources are effective.	--	--	Measures under development, no agreed target currently.
3.8 D&I: Deliver National Health and Social Care Workforce Plan commitments.	--	--	Measures under development, no agreed target currently.
3.9 Reg: Deliver the restructure of the Register to support the sector.			
3.10 S&P: The work of the SSSC promotes the value of the social care workforce.	--	--	This new measure is linked to strategic outcome 4

4.2 S&P: External stakeholder engagement	Green	Green	No concerns over opened performance of eNewsletters. Focus will be on the impact these mailers have. New surveying methods have been introduced which will give more information on how different registered parts engage with some of our mailers.
4.3 HR: The overall percentage of staff who are absent from work	Green	--	Home working arrangements and COVID-19 restrictions may be the driving factor behind low short-term absence.
4.4 HR: The overall staff turnover percentage	Green	--	Currently this metric is green. Turnover target was generated based on historic information. HR input would be required to determine what an acceptable target would be.
4.5 HR: Percentage of people in post for less than six months and percentage of budgeted pots that are empty	Red	--	April and May would be expected to be Red as the posts approved in the last financial year would only be able to be advertised in April or May. Recruitment is beginning for some of these roles.
4.6 S&P: SSSC complaint information	Green	--	Slight increase in complaints opened in May compared to April. All complaints resolved within timescales.
4.8 OD: Compliance of mandatory courses	--	--	Currently under development.
4.9 L&CG: SAR and FOI request are dealt with within timescales	Green	--	

## 1. RISK SUMMARY

**Risk 1** EMT is recommending an increase of the probability to a score of 4. This is due the fragility of the tracked green position. There are several cases requiring external legal input and more complex cases which will impact on closure timescales. This moves this risk to Red 16.

**Risk 3** following discussion at EMT it was agreed that this will be updated to include Governance of Shared Services.

**Risk 7** EMT is recommending an increase of the probability score to 4. This is due to several budget pressures that will be seen next year 2022/23. This moves this risk to Red 16.

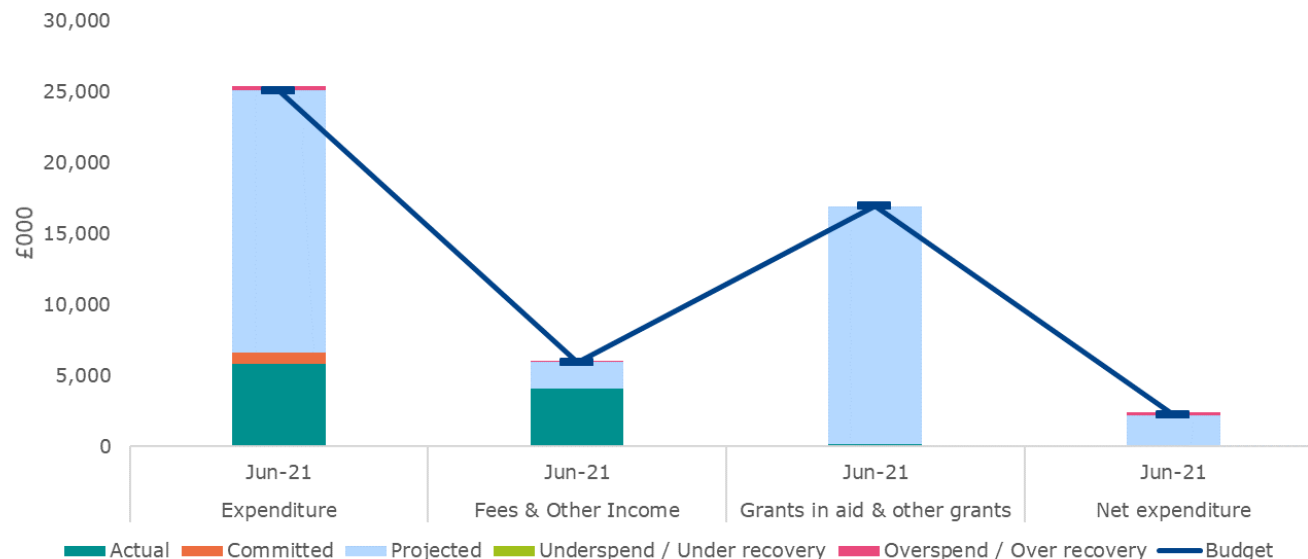


## 2. SSSC – CORPORATE FINANCIAL POSITION

### Financial summary

2021/22 Budget	£000
Operating budget	18,019
VSDF & disbursements	915
Postgraduate bursaries	2,868
Practice learning	3,270
	<b>25,072</b>
Workforce development and cyber resilience grants	833
<b>Total</b>	<b>25,905</b>
<b>Funded by:</b>	
Grant in aid	16,035
VSDF	900
Sub-Total	<b>16,935</b>
Registration fee income	5,644
Other income	290
Sub-Total	<b>5,934</b>
WDG	450
Net deficit – funded from reserves	2,586
<b>Total</b>	<b>25,905</b>

Core budget - projected year end position at 30 June 2021



	Expenditure £000	Fees & Other Income £000	Grant in aid & other grants £000	Net Expenditure £000
<b>Budget</b>	25,072	5,934	16,935	2,203
<b>Actual</b>	5,801	4,066	182	--
<b>Committed</b>	802	--	--	--
<b>Year-end projection</b>	25,360	6,041	16,935	2,384
<b>Projected (under)/over</b>	288	107	0	181

## Overview

- We are currently projecting a budget overspend of £181k (excluding grants). This relates to £288k overspend in staff costs, legal fees, secondments and printing; and £107k more income than budgeted for secondments outwards. This is early in the financial year and we expect this overspend to reduce.
- We have set out risks to the overspend position in the table below.
- At the moment this overspend can be funded from reserves, although we're already projecting reserves will end the year below target.

## Budget changes

- We reported to Council in March 2021 a planned budget deficit for 2021/22 of £1.171m, which would be met from reserves, with the rest of our core budget being funded from grant in aid and fees.
- Since March Scottish Government has allocated funding for the Voluntary Sector Development Fund (VSDF) of £0.900m and £0.450m to the Workforce Development Grant (WDG). In finalising the 2020/21 financial statements (unaudited) we estimate a further £65k underspend will be carried forward in reserves.
- The planned budget deficit will increase by £1.415m to £2.586m due to increased carry forward of underspends from 2020/21 (subject to audit).
- Our reserves balance at 31 March 2021 increased from £2.750m to £3.279m (subject to audit) as there were year-end adjustments in 2020/21 and the underspend increased.

## Income and Expenditure

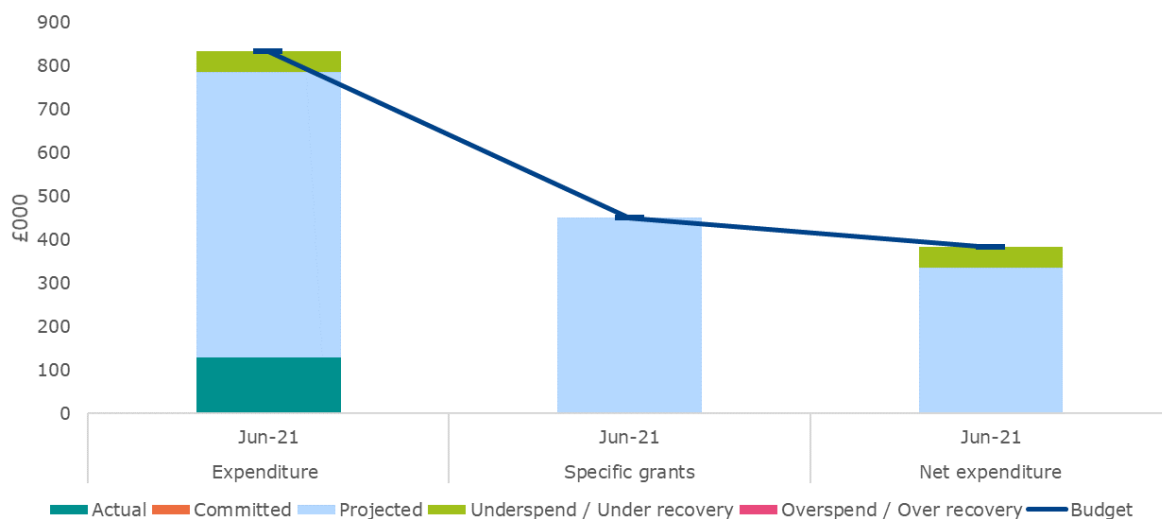
- The patterns of income and expenditure are in line with what we expect at this stage of the financial year.
- There are low levels of actual and committed spend (£6.603m – 26%).
- We have received 67% of our income (£4.066m). Most of this income is fees received in 2020/21 that relate to 2021/22. We have received £177k more application fee income than projected at this point in the year. We expect this is income received earlier in the year than anticipated therefore we have not built this into projections and are doing more work on this.

## Unpaid Fees

- £107k of registration fees is unpaid. £21k relates to fitness to practise cases where we don't collect fees until the case ends. The remaining £86k relates to invoices issued in April and May 2021. This is in line with our normal income collection expectations.
- We have written off a minimal amount so far this year, as expected. The main reasons for removal from the register are that people have not paid their fees or no longer require to be on the register.

## Grants

Specific Grant Budget - projected year end position at 30 June 2021

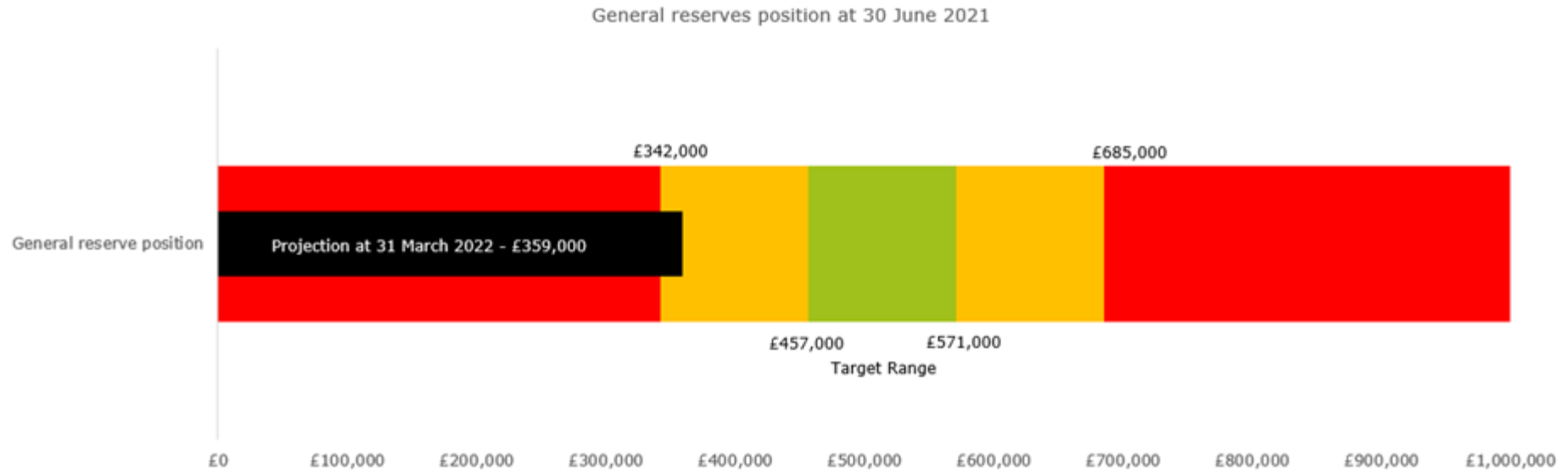


	Expenditure £000	Specific grants £000	Net Expenditure £000
<b>Budget</b>	833	450	383
<b>Actual</b>	129	--	129
<b>Year-end projection</b>	786	450	336
<b>Projected (under)/ overspend</b>	(47)	0	(47)

- There is a projected underspend of £47k on grants. We will ask Scottish Government if we can carry this amount forward to 2022/23 so as we can fully deliver the outcomes.
  - £32k relates to staff costs in the cyber resilience grant
  - £15k relates to staff costs and Scottish Improvement Leader Programme (ScIL) cohorts in the WDG.

## Reserves

- The general reserves target is 2% - 2.5% (£457k - £571k).
- Given the projected overspend of £188k we are projecting that the general reserves at 31 March 2022 will be £359k. This is 1.4% of gross expenditure (excluding carry forward from previous years) and below our target. We are not concerned at this point in the financial year and will continue to monitor the position.



## Significant variances from budget & key risks

The most significant variances from budget and key financial risks to the position at the end of March 2021 are shown in the table below with potential sensitivity of £278k underspend.

The most significant risk relates to staff costs and legal consultancy in our Regulation directorate.

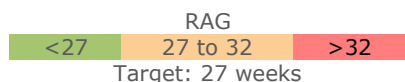
Budget area	Current projection £'000	Projection reported to last A&AC £'000	Risk sensitivity	Likelihood (RAG status)	Reason for variance and reason for movement
<b>Staff costs</b>  (outcomes 1,2 and 3)	£174k overspend	n/a	Reduction of up to £100k	High	Vacancy management targets have not yet been met across the organisation. There is £277k overspend built into the FtP staffing budget including £127k overtime. We expect this will be reduced due to vacancy management.
<b>Legal consultancy - Regulation</b>  (outcome 1)	£55k overspend	n/a	Too early in the year to project	High	This increase relates to four complex cases.
<b>Fee income</b>  (outcome 1)	At budget	n/a	Increased income of up to £178k	Low	Currently projected at budget. We have received more applications than expected resulting in higher fees. It is likely due to people removed for non-payment reapplying. We will do more work to clarify if this is correct.

We have given a high-risk score for Strategic Risk 7: The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan. This is due to the significant budget gaps identified in future years rather than the current year.

### 3. STRATEGIC PERFORMANCE INDICATORS

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

This strategic performance indicator (SPI) reflects our work to deliver strategic outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise. The indicator helps measure how quickly we process applications, that the correct people are registered and ensures new staff are registered in a timely manner.



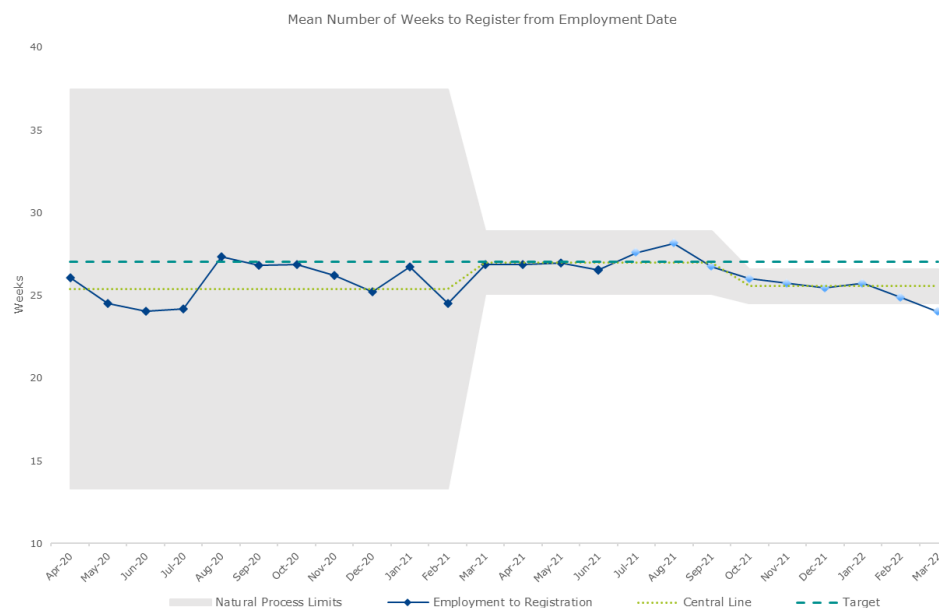
Actual and Reforecast		
Apr-21	26.9	-0.5%
May-21	26.9	-0.2%
Jun-21	26.5	-1.8%
Jul-21	27.6	2.1%
Aug-21	28.1	4.2%
Sep-21	26.7	-1.1%
Oct-21	26.0	-3.7%
Nov-21	25.7	-4.8%
Dec-21	25.4	-5.8%
Jan-22	25.7	-4.8%
Feb-22	24.9	-7.9%
Mar-22	24.0	-11.1%

In June 2021, employment to registration decreased by 0.4 weeks. Applications decreased in June therefore we should expect the amount of time to process a registration to decrease in July.

Time taken from employment to application was 22.4 weeks in June. This measure has not varied more than two days across the last four consecutive months. The time from application to registration reduced to 4.1 weeks.

The target is to maintain a 27-week performance. Our aim by Mar-23 was to register workers within 12 weeks of employment (8 weeks to submit an application and 4 weeks processing time).

The length of time to register has remained the same for a few months. We have forecasted a reduction in the length of time from employment to registration from August 2021. This is based on an indication from the Scottish Government that the six-month rule to register will be reinstated towards the end of summer 2021, we know that this might be later however at this point we will revise the forecast once this rule changes.



#### Management Action and Risk

This SPI is linked to strategic risk 1, we fail to ensure that our system of regulation meets the needs of people who use services and workers, which is currently scored as 12 (amber) based on

assessment last month. The high score for this risk relates to the risks relating to the next indicator 2.2.

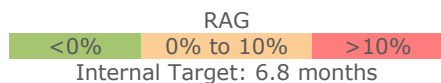
- Internal processing time is stable. We expect internal performance to improve over the year as digital development improves the efficiency of the process.
- The time between starting employment and applying for registration has been significantly affected by the Scottish Government response to COVID-19 which extended the six-month grace period to obtain registration to twelve months. We have made a submission to Scottish Government to reinstate the six-month grace period and are hopeful that will be implemented towards the end of the summer 2021 at which point we will start a 'Get Registered' campaign to encourage early applications. We hope to link this to our 20-year anniversary in October.
- It is noted that applications received relating to unique individuals are above predictions so far this year – 35% in April, 30% in May and 18% in June. This is likely linked to our activity at the end of last year to remove people who had failed to pay their annual fee resulting in 9118 unique individuals being removed in April alone. Further analysis will be done to validate this. Resources need to be considered to ensure that, if we continue to receive a higher number of applications than predicted, we can continue to meet the SPI.

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

This SPI reflects our work to deliver strategic outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise. Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people registered.

We have an external target of 17.4 months comparing ourselves to similar bodies, however as we outperform this target, we consider performance against our own internal target of 6.8 months.

June's performance was 2.8 months to process a Fitness to Practise case which is below our internal benchmark target and below what was predicted.

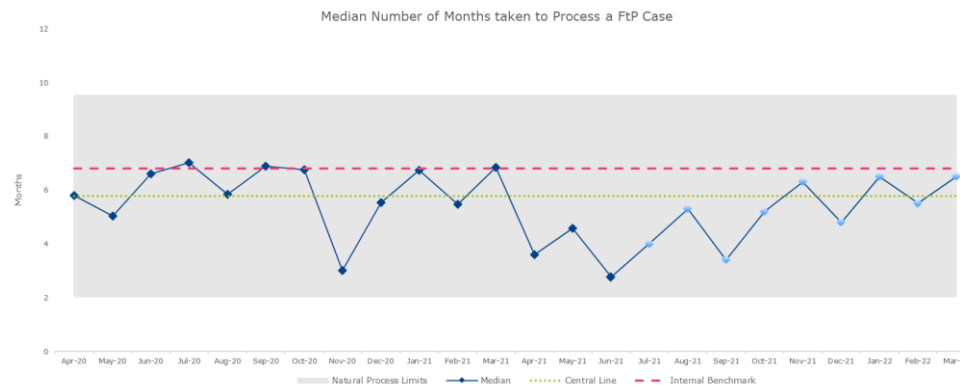


Actual and Reforecast		
Apr-21	3.6	-47.1%
May-21	4.6	-32.6%
<b>Jun-21</b>	<b>2.8</b>	<b>-59.4%</b>
Jul-21	4.0	-41.2%
Aug-21	5.3	-22.1%
Sep-21	3.4	-50.0%
Oct-21	5.2	-23.5%
Nov-21	6.3	-7.4%
Dec-21	4.8	-29.4%
Jan-22	6.5	-4.4%
Feb-22	5.5	-19.1%
Mar-22	6.5	-4.4%

This reduction is due to the increase in cases closed within screening stage. Closures by the screening team at screening stage usually takes one to two months. In June cases closed within screening increased by 37% to 244 cases closed of 366

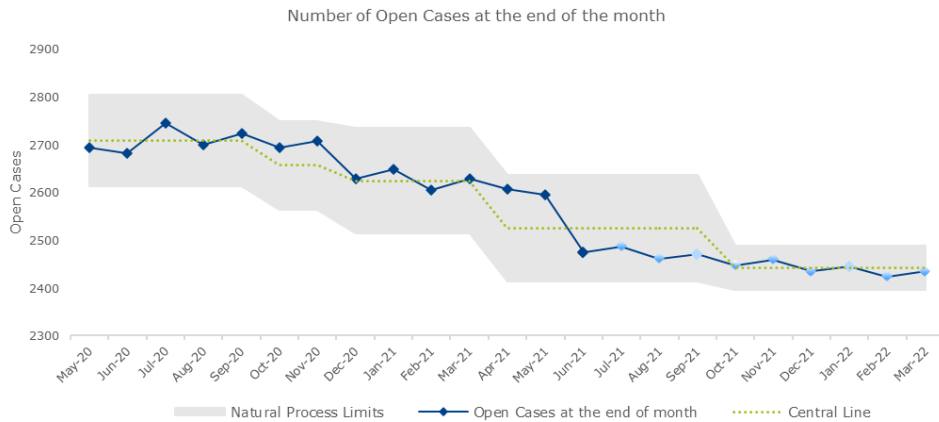
closures which matched the criteria for the calculation. The intelligence team is working with FtP and will produce analysis about the number of cases expected to be closed over the next financial year and how this will impact on the median age of cases.

The median of open cases at the end of June was 309 days, an increase of 16 days from the previous month. This increase has been driven by the large amount of screening cases closed. There are currently 1,532 open cases out of a total of 2,472 that are above the target (62% of cases).



At the end of June, the number of open cases was 2,472. A decrease of 114 from the end of month position in May. This is a reduction of 222 from June 2020.





### Management Action and Risk

This SPI is linked to strategic risk 1, we fail to ensure that our system of regulation meets the needs of people who use services and workers. This risk has been high since September 2018 but in last month it was reduced to moderate.

- The current position is that of fragile stability. We have seen an increase in referral numbers over the last few months.
- Existing staff capacity is of concern. Turnover is increasing (four legally qualified staff will leave over the next three months). The current recruitment round will increase headcount but will take time to become productive. In the short-term this is being addressed by overtime and use of our external legal advisers to present Fitness to Practise Panel Hearings.
- The move to Opt-in Hearings has been implemented but we will not see the start of the impact until September. We changed our structure to create a Regulatory Improvement

Team. Part of their role is to work directly with employers to reduce referrals that do not require regulatory intervention. The impact of this is unlikely to be seen until next year.

- The Screening Team have reduced the number of open referrals they were considering, which is a significant reason for the strong performance. Our expectation is the rate of case throughput will slow due to staff issues, and average times taken to conclude cases will continue to increase. We expect the rate to start to decrease in January 2022. We are tracking the age of cases in the Department, the majority of which await the conclusion of criminal proceedings and focus will remain on older cases alongside high-risk cases. We have several extremely resource intensive cases which will require external legal assistance.
- Although the performance indicators are green, we are working with Performance and Improvement to model the impact of staff turnover, productivity lag for new staff, and the impact of the likely reduction in the proportion of cases closed at screening.

- The Regulatory Improvement Team went live on 5 July 2021. They will work directly with the sector to improve the fitness to practise experience for everyone involved in it. This will include working with employers to provide support for embedding thresholds and hopefully reduce the number of referrals that do not require regulatory intervention.

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

This SPI reflects our work to deliver strategic outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise, by measuring how engaged workers have been with the FtP process.

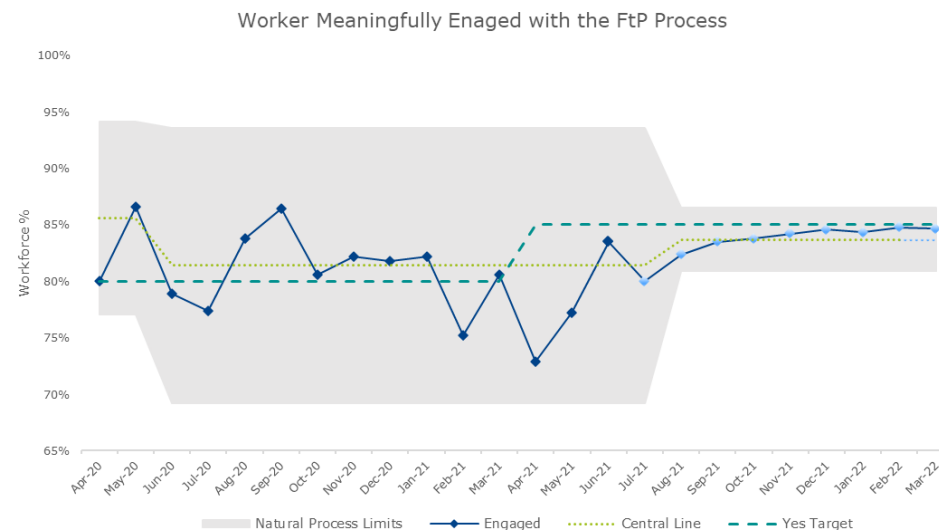
If the worker has provided a response to the allegations, this is likely to amount to meaningful engagement. Regulation set themselves a target of 85% by the end of 2021/22 and 90% by the end of 2022/23.

RAG		
>85%	75% to 85%	<75%
Target: 85%		

Actual and Reforecast		
Apr-21	72.9%	-14.2%
May-21	77.2%	-9.2%
Jun-21	83.5%	-1.8%
Jul-21	80.0%	-5.9%
Aug-21	82.4%	-3.1%
Sep-21	83.5%	-1.8%
Oct-21	83.8%	-1.5%
Nov-21	84.2%	-0.9%
Dec-21	84.6%	-0.5%
Jan-22	84.3%	-0.8%
Feb-22	84.7%	-0.3%
Mar-22	84.6%	-0.5%

June’s performance was 83.5% engagement, higher than our forecast but still slightly below the 85% target.

We are continuing to investigate if someone does not engage due to misconduct type, how long they have been employed or potentially region they are employed in.



### Management Action and Risk

This SPI is linked to strategic risk 1, we fail to ensure that our system of regulation meets the needs of people who use services and workers which is currently scored as 12 (amber) due to the issues around Fitness to Practise case closures (indicator 3.2).

We continue to work to improve access to representation and support services for workers, which helps them to meaningfully engage (meaningful engagement is providing a response to allegations).

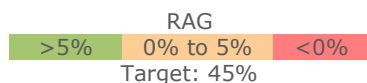
- We have seen an increase in attendance at Fitness to Practise Panel hearings from 30% to 43%. While the overall average remains at 41%, we have seen the monthly average drop in both May and June to 29% and 25% respectively.
- We are planning work on education of the workforce about the importance of engagement and reviewing the tone and

content of our correspondence, the new Regulatory Improvement team will lead this work.

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

This SPI reflects our work to deliver strategic outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement, by measuring the proportion of the registered workforce who have achieved the correct qualification.

As stated in previous assurance reports there are key long-term risks highlighted by the SSSC qualified status of our registered workforce report which need to be monitored. Within the next five years there will be approximately 84,000 individuals that need to gain a social service qualification.



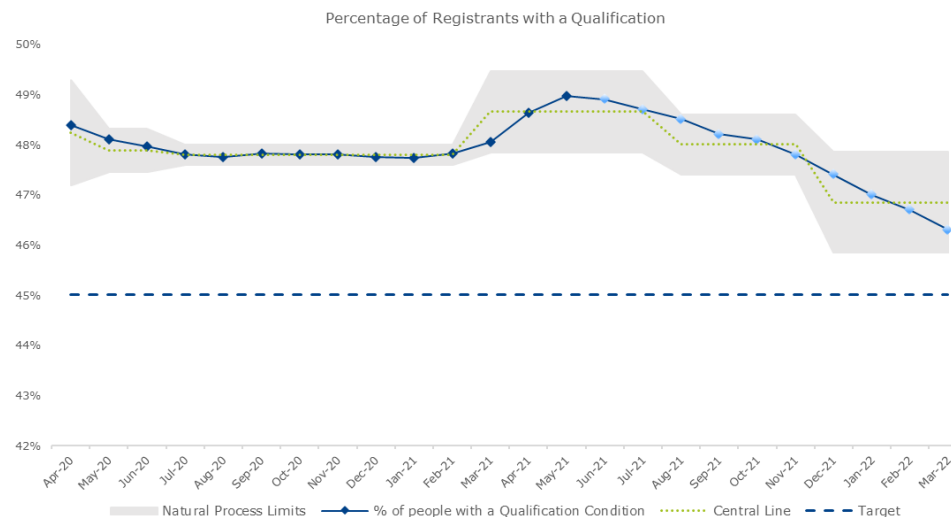
Actual and Reforecast		
Apr-21	48.6%	8.1%
May-21	49.0%	8.8%
Jun-21	48.8%	8.8%
Jul-21	48.7%	8.6%
Aug-21	48.5%	8.2%
Sep-21	48.2%	7.9%
Oct-21	48.1%	7.7%
Nov-21	47.8%	7.4%
Dec-21	47.4%	7.2%
Jan-22	47.0%	7.0%
Feb-22	46.7%	6.8%
Mar-22	46.3%	6.6%

We have completed the initial five-year forecast looking at applications per month and those which have a qualification condition, removals per month and those which have a qualification condition and registrants who will achieve their qualifications per month. The trend in the data indicates that there will be a consistent reduction month on month in the

overall proportion of registrations with qualification of between 0.1% and 0.4%.

However, we know that this is different to the trend which we have seen over the last year, which was stable for eight months. The analysis of the forecast is ongoing and will now incorporate the last financial year and the stability we experienced. The analysis will help us understand if this stability was a result of registrant behaviour or if this was due to COVID-19 and changes to SSSC procedures.

This analysis will be inclusive of register part. We will look at what impact the newer larger registrant groups have had. Currently applications for these parts have a larger proportion of people with qualification conditions applying and often they are registered on multiple parts. When we have completed this analysis, it will be presented to EMT as a separate paper in September.



## Management Action and Risk

This SPI is linked to strategic risk 2, we fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration, which is currently scored as 12 (amber).

As of June 2021, 52% of the registered workforce are qualified. This percentage has remained stable for several months and is within our target range. There is a risk to service delivery if those still to qualify do not achieve the necessary qualifications within the required timescales. The five-year forecast highlights that the least qualified groups are support workers in care at home and housing support services who are joining the register at a rate of more than 80% unqualified for the last financial year. Other register parts who have been registered for longer are significantly more qualified, the largest of these groups being practitioners in day care of children services who are approximately 55% qualified. The five-year forecast will inform prioritisation of the Voluntary Sector Development Fund (VSDF) we administer to support the workforce to gain qualifications and will help us to influence and inform funding partners and training providers

Actions currently being progressed include:

- Work with partners to address the shortfall of training provision needed to meet the demand for social service qualifications over the next five years. This will include prioritisation of current provision and exploring opportunities to increase training provision through the development of social care academies and/or employers becoming SVQ centres.

- Work with Scottish Government and Scottish Funding Council to review the current funding landscape.
- Work with Skills Development Scotland to scope the feasibility of developing and testing a new generic social services MA qualification which would support individuals to work across adult and childcare settings.
- Work with Abertay University to support a new management qualification targeted at HNC students to support them to progress into role as supervisors/managers and meet the SSSC registration requirements.
- Analysis of the workforce skills report data to identify challenges to individuals gaining qualifications. Qualification requirements will be reviewed as part of the Review of the Regulation programme of activity
- VSDF applications for 2021/22 now open and eligible groups this year are those working in care at home and housing support services.

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

This SPI reflects our work to deliver strategic outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement. The indicator reflects the number of learners registered to use our learning resources and the number of SSSC open badges awarded.

We are starting to receive metrics from the SSSC MyLearning app and will consider what further information it will be helpful to report on to inform our progress against this measure. We have been tracking how many people have been actively using the MyLearning app in the last 30 days, which was 3,674 in June compared to 5,206 users in May and 5,661 in April. We also monitor the number of learning logs created in the last 30 days which was 10,776 in June compared to 18,868 in May.

RAG		
>45%	40% to 45%	<35%
Target: 45%		
Apr-21	33.5%	-25.6%
May-21	36.0%	-20.0%
Jun-21	37.0%	-17.9%
Jul-21	38.0%	-15.5%
Aug-21	38.8%	-13.7%
Sep-21	40.0%	-11.2%
Oct-21	41.2%	-8.5%
Nov-21	42.3%	-5.9%
Dec-21	43.5%	-3.4%
Jan-22	45.2%	0.4%
Feb-22	46.5%	3.2%
Mar-22	47.8%	6.1%

The MyLearning app usage has reduced and there could be several factors for this such as reduction in COVID-19

restrictions, reduction in usage of early years staff or that the initial usage of the app has reduced. Initially we were seeing users using the app to transfer over their existing records, as people complete this then usage will reduce.

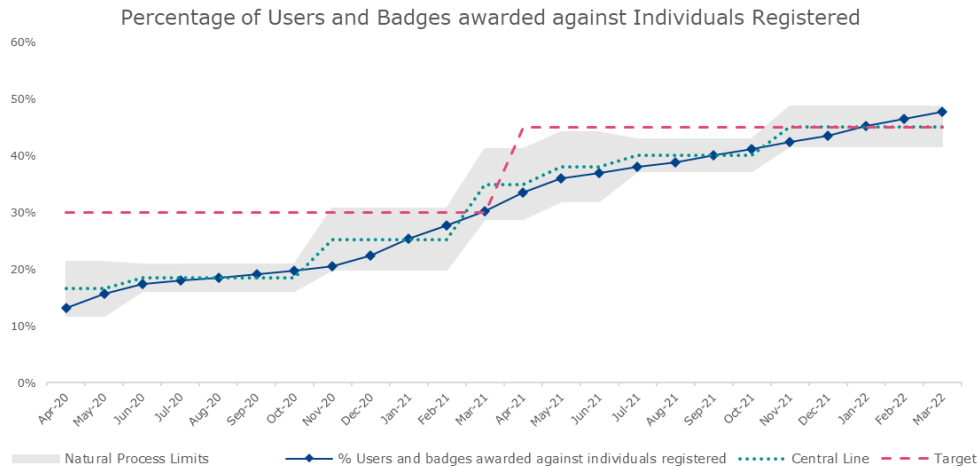
The number of new learner accounts for June was 1,316. This is a reduction of the number of new learner accounts from previous months. This reduction was anticipated given the reasons detailed above however we did not expect such a large reduction.

For new learner accounts, we have revised the forecast to reflect fewer accounts being created in the summer but an increase in September when we may see more early years staff using or setting up new accounts for the MyLearning app after services being closed over summer or new staff being employed into these services.

Based on what we experienced during the pandemic, another factor to consider is the impact of national lockdowns.

If this were to happen then we would anticipate usage in the MyLearning app as well as badges to increase significantly. Originally, we had factored this in our forecast for the financial year however as Scottish Government are not anticipating another national lockdown, we have removed this impact from our forecast.

We have previously discussed targets of 45% and 50%. Each have their merits and originally both were achievable by the end of the financial year. A target of 45% was agreed to be used for 2021/22.



### Management Action and Risk

This SPI is linked to strategic risk 2, we fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration, which is currently scored as 12 (amber).

The new approach to Continuous Professional Learning (CPL) and the launch of the MyLearning app last year significantly increased the number of registered users using our resources and an increase in resources being used by registrants to meet their CPL requirements. This initial increase has now slowed down and further analysis is required to determine what usage trends we expect to see each month by regular users. The MyLearning app will help us identify trends, target resource promotion and gauge promotion success.

The peer assessment functionality in open badges went live in June 2021, and this will increase our capacity and the volume of core badges that can be assessed and awarded each month.

We will further promote the CPL open badge and MyLearning app and have begun to sample registrants' evidence of CPL.

We will monitor the uptake of the CPL badge and use of MyLearning app.

We have employed a research intern to help us to analyse and understand how registrants are using our digital learning resources. The research results will provide additional intelligence into the use of our resources and assist us to target registrant groups with appropriate resources to help support their professional development.

The registrant survey is currently open and will provide us with additional intelligence about the use and awareness of our resources which will assist us with targeted promotion.



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

This SPI reflects our work to deliver strategic outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement. This indicator reflects people who have been using SSSC learning to support their continuous professional development.

Monthly Performance Actual and Reforecast			Cumulative Performance actual and Reforecast		
Month	Actual	Reforecast	Month	Actual	Reforecast
Apr-21	75.1%	-6%	Apr-21	75.1%	-6%
May-21	72.2%	-10%	May-21	73.6%	-8%
Jun-21	71.7%	-10%	Jun-21	73.2%	-9%
Jul-21	74.2%	-7%	Jul-21	73.4%	-8%
Aug-21	75.5%	-6%	Aug-21	73.7%	-8%
Sep-21	76.5%	-4%	Sep-21	74.3%	-7%
Oct-21	76.5%	-4%	Oct-21	74.7%	-7%
Nov-21	75.7%	-5%	Nov-21	74.8%	-6%
Dec-21	75.3%	-6%	Dec-21	74.9%	-6%
Jan-22	74.1%	-7%	Jan-22	74.8%	-6%
Feb-22	76.6%	-4%	Feb-22	75.0%	-6%
Mar-22	76.2%	-5%	Mar-22	75.1%	-6%

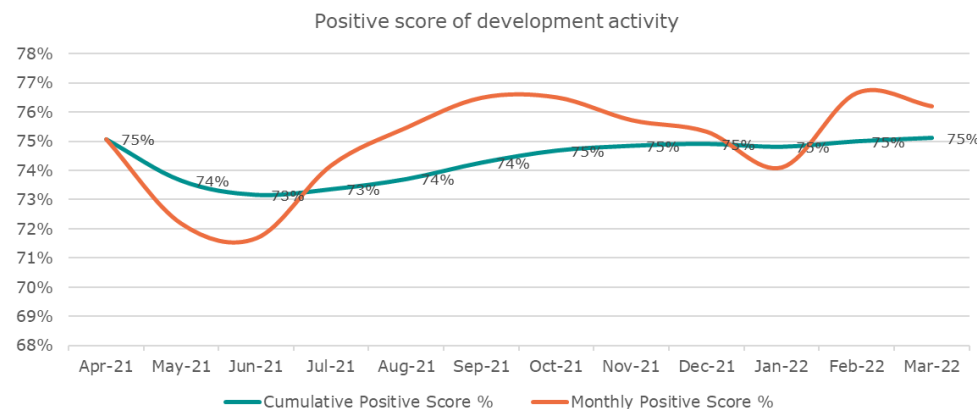
This calculation uses survey information from the users of learning resources including step into leadership and open badges, registrants who have recently renewed or completed a qualification, SSSC annual registrant survey and surveys across our corporate website.

From the above sources, the number of responses in June reduced to 540. We have received 2,727 responses this financial year and have predicted that the final number of responses we

will receive by financial year end will be approximately 11,000 to 13,000.

Given the sample size of approximately 11,000 out of a population size of 165,000 to 170,000 registrants by the end of the year we can be 99% confident that the sample size reflects that of the overall population with a margin of error between 1%-1.2%. Based on current estimation that would be a year-end cumulative performance of between 73.9%-76.3%.

The main registrant survey is open and has 5,286 full responses which has been included in our approximation of survey responses for the financial year. The survey is due to close in late July and both the figures and performance will be included against that month.



In August we will be introducing targeted registrant surveys concerning learning resources and once received this information will be factored into the estimation for performance.

## Management Action and Risk

This SPI is linked to strategic risk 2, we fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration, which is currently scored as 12 (amber). Performance and Improvement and Development and Innovation are undertaking further work to measure stakeholder satisfaction with resources. This includes:

- Using the data from the MyLearning app to understand what resources registrants are consuming and how they are applying these to their CPD and registration conditions.
- Registrant surveys by registrant groups- registrant survey currently live
- Analysis of registrant usage of our digital learning resources.

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

This SPI reflects our work to deliver strategic outcome 3: Our workforce planning activities support employers, commissioners, and policy makers to deliver a sustainable, integrated and innovative workforce. The indicator reflects the number of people using our workforce planning resources and their rating of the content.

Discussions between Workforce Planning and Performance and Improvement have determined how best to measure this SPI for 2021/22.

For this measure we have agreed several data sources which will give us the number of resources being used with other data sources to give us the effectiveness of the resources being produced.

The data resources we plan to use for measuring positive awareness of resources are:

- number of requests for careers resources, advice and engagement at events
- number of careers toolkit resources viewed
- number of downloads of WSR from data website
- number of downloads of reports from data website.

This above information will be reported monthly.

For measuring the effectiveness of the resources, we plan on using:

- quarterly newsletter

- annual stakeholder engagement survey
- monthly use of modern apprenticeship promotion guide
- increased uptake of Modern Apprenticeships reported annually
- monthly figures of data requests/queries responded to within timescales and follow-up engagement demonstrates effectiveness and satisfaction with response.

The careers toolkit and modern apprenticeship promotional guide are currently under development. When these are published, they will be included in the calculations.

Currently for June we have information for one of the four measures. Once we have more information, we can start to determine what 'good' looks like and set goals.

Engagement events included:

- the employability working group with 28 attendees
- kickstart webinar with DWP, SCVO and Scottish Care which had 35 attendees
- the careers reference group with 14 attendees.

Several of our resources will be developed throughout 2021/22 and our measurement of awareness and effectiveness will align with these.

#### Management Action and Risk

This SPI is linked to strategic risk 5, we fail to provide value to our stakeholders and demonstrate our impact, which is currently scored as 9 (yellow).

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

This SPI reflects our work to deliver strategic outcome 3: Deliver the SSSC's commitments under the National Health and Social care Workforce Plan to schedule and evaluate satisfaction with the outputs.

Qualitative and contextual information will be provided on a six-monthly basis to demonstrate progress and satisfaction with outputs - this work will involve engagement with our stakeholders and understanding the impact of our work for them. This indicator will be present on all assurance reports to provide an audit trail.

Like 3.7 this SPI has undergone a review. To measure the delivery of our commitments the following data sources will be used:

- increased use of Career Ambassadors at events
- increased number of Career Ambassadors
- number of downloads of planning scenarios
- data request from workforce planners
- workforce planning assumptions used by planners (annual survey).

To measure satisfaction with our outputs the following data sources will be used:

- quarterly newsletter
- annual stakeholder engagement survey
- satisfaction with workforce planning assumptions

- greater understanding of personal assistants (PA) workforce
- evidence of use and impact of resources at induction stage from MyLearning logs / analytics and in-site surveys; use by apprenticeships and mentors (survey MA centres); feedback from employers (Employability Group and Careers Reference Group).

#### Management Action and Risk

This SPI is linked to strategic risk 5, we fail to provide value to our stakeholders and demonstrate our impact, which is currently scored as 9 (yellow).

### 3.9 Regulation: Deliver the restructure of the Register to support the sector.

This SPI reflects our work to deliver strategic outcome 1: To deliver the restructure of the register to support the sector. The indicator reflects improvements to be made to the register to support registrants.

A project to deliver the restructure will be implemented, and progress against milestones included as part of the quarterly update to Audit and Assurance. Project updates will also be included on assurance reports. Delivery is projected to take up to three years. A baseline will be established before the implementation of the project plan.

#### Management Action and Risk

This SPI is linked to strategic risk 1, we fail to ensure that our system of regulation meets the needs of people who use services and workers which is currently scored as 12 (amber).

This work is subject to uncertainties as it is progressing as a joint Care Inspectorate project, led by the Care Inspectorate Sponsor Team. Work paused on this in March 2020. The Scottish Government's Programme for Government (Sept 2020) states they will complete a review of care service definitions, developing new definitions for registered services and care roles.

Scottish Government has appointed the Institute for Research and Innovation in Social Services (IRISS) to carry out a piece of stakeholder research which has just reported back. Scottish Government are now considering when they will publish the report and how they will take forward the recommendations.

The Council approved the development of a Future-Proofing programme approach to this, bringing this work together with

work arising from The Promise and the Independent Review of Adult Social Care. The governance structure has been approved by Council and a programme manager will be recruited with meetings starting over the Summer.

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

This SPI reflects our work to deliver strategic outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.

This measures for this metric are currently under development and will involve surveying registrants across the year as well as some of our key stakeholders.

The measures have been agreed as:

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

The registrant survey contains questions about our performance under this measure. It is currently ongoing and will close in July 2021 and be able to analyse the results shortly after. Subsequent surveys targeting individual registered parts commencing no later than 30 September 2021 is currently.

## 4. Organisational information

### 4.1 Programme Management Office

#### Overall Summary: Programmes

Programme	Project Sponsor	Phase	Cost vs Budget RAG	Risk/Issues RAG	Stakeholder Buy in RAG	Overall RAG	Approval and Monitoring	Key Milestone achieved	Comment
Digital Programme	Director of Strategy and Performance	Implement	Green	Amber	Green	Amber	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	<b>3.2 Core IT Systems Procurement</b> – forecast complete 09/07/21	<b>3.2 Core IT Systems Procurement</b> – risk of slippage due to network migration through SWAN. Existing host contract has been extended.  <b>3.4 D365 20-21 Digital changes</b> – due for completion 31/08/21. New priority work requested by Scottish Government to capture additional data on qualified social workers has been prioritised. This may push the project timeline beyond 31 August.
Evolve Programme	Director of Finance and Resources	Implement	Green	Green	Green	Green	All Evolve projects approved and monitored at monthly Evolve Programme Board. Updates with PMO	<b>SSSC + me</b> – closed  <b>Reach</b> – closed	Remaining workstreams are scheduled to be completed this year and we will also be reviewing how Evolve and our People Strategy continue to deliver for us.
Insight and Intelligence Project (part of Digital Programme)	Director of Strategy and Performance	Implement	Amber	Amber	Amber	Amber	Project approved and monitored by Digital Development Sponsor Group and Digital Development Programme Board – cross	Data warehouse training completed by Senior Intelligence Analyst and Systems Development officer  ETL options paper has been produced.	Availability of staff and resource continues to be a challenge.

							functional groups meet on a fortnightly basis to monitor and provide support. Updates with PMO		
Future-Proofing Programme	Director of Regulation	Approved/Define	–	–	–	–	Project approved at Council		Formal meetings will start over the Summer and project milestones identified

Overall Summary: Internal Projects

Programme	Project Sponsor	Phase	Cost vs Budget RAG	Risks/Issues RAG	Stakeholder Buy in RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Opt-in Hearings	Director of Regulation	Implement	Green	Green	Green	Green	Approved at Council. Cross functional project team meet regularly to review progress, workplan, identify risks, issues and actions. Updates with PMO, Updates with Director of Registration	Opt-in Hearings went live on 1 <sup>st</sup> July 2021	Project moved to close – transfer to BAU

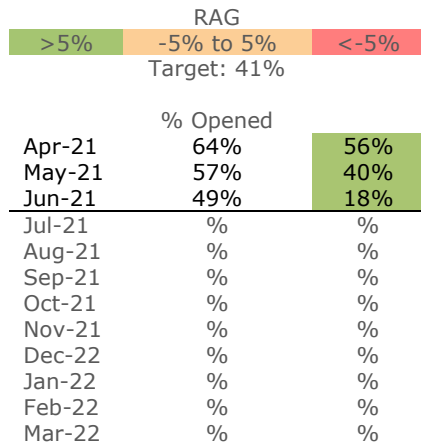


## Overall Summary: External Projects

Programme	Project Sponsor	Phase	Cost vs Budget RAG	Risks/Issues RAG	Stakeholder Buy in RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Newly Qualified Social Worker	OCSWA	Implement	Green	Amber	Green	Amber	Approved by EMT. Implementation group meet on monthly basis	<p>Grant application scheme launched for Early Implementation on 1st June 2021 with closing date 16 July.</p> <p>Decision making grant panel comprising of SSSC, OCSWA, COSLA and CCPS meeting 26 July.</p> <p>NQSW website soft launch planned for w/c 12 July.</p>	Spend and workplan on target. Implementation group and CSWO group supportive of requirements. OSCWA progressing longer term funding for full implementation in 2022 through bid to programme for government.

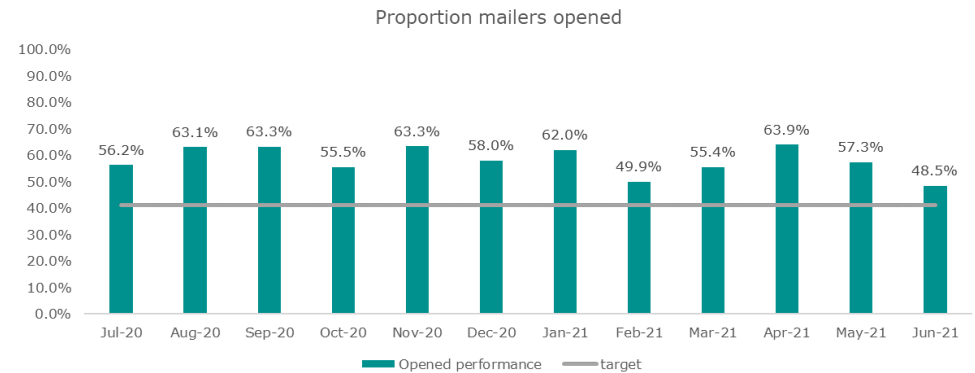
## 4.2 External Stakeholder Engagement

This strategic performance indicator (SPI) reflects our work to deliver strategic characteristic 1: Always focused on needs of our customers as well as strategic characteristic 4: We are a respected and valued organisation.



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

In June 2021 we introduced mid-month eNewsletters. Opened performance decreased to 48.5% however, some of the latter mid-month eNewsletters may improve. Full analysis will be conducted in the next assurance report. This is the same for engagement which is currently 4.1% but may rise over time.



We have also targeted our registrant survey by using registrant part specific mailers. This should allow us to understand which register parts have the highest amount of engagement.

### Management Action and Risk

This SPI is linked to strategic risk 5, we fail to provide value to our stakeholders and demonstrate our impact, which is currently scored as 9 (yellow).

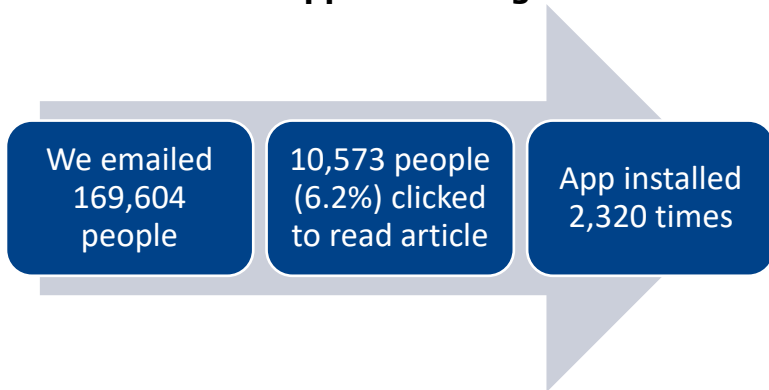
The content and therefore the potential action that might be taken by the reader in each email newsletter, will vary so impact will be different each month. SSSC News emails are one part of the story, and we are working with colleagues to help them set impact measures for the SSSC products and services promoted by the Communications Department in the eNewsletters eg did x number of clicks on an event booking result in x number of attendees at the event. Some of the content will be measured over a period of time as the impact may not be immediate.

In the meantime, this measure will tell us if we are reaching the desired audiences and we will report on the key products or information promoted in each using downloads and clicks.

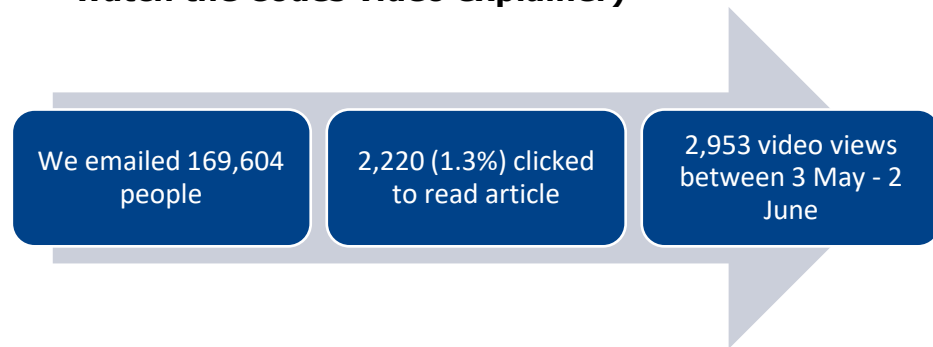
From June 2021 we will move from monthly to twice monthly newsletters to see if this has an impact on engagement with our registrants and employers. We will test this for three months and assess the impact.

### May– external engagement impact report

#### Article: New SSSC app – Learning about skin breakdown



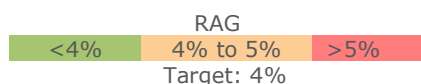
#### Article: Are you familiar with the Codes of Practice? (CTA watch the Codes video explainer)



## HUMAN RESOURCES PERFORMANCE

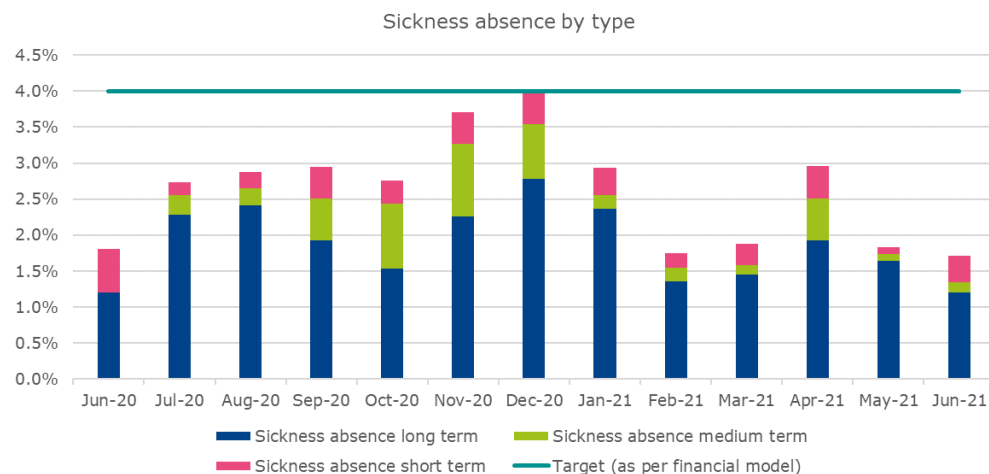
### 4.3 HR: The overall percentage of staff who are absent from work.

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



Actual and Reforecast		
Apr-21	3.0%	-35.5%
May-21	1.8%	-118%
Jun-21	1.7%	-134%
Jul-21	%	%
Aug-21	%	%
Sep-21	%	%
Oct-21	%	%
Nov-21	%	%
Dec-21	%	%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

Sickness in June is reported at 1.7% which is in line with the figure for May.



### Definitions:

Short-term absence is up to a week (can be covered by self-certification). Medium-term absence is between 8 and 27 calendar days. Long-term absence is a period of four weeks or more.

Our lost working time is due to a few long-term cases rather than several shorter absences and these cases are lasting for long periods.

The employees who are currently on long term sickness are distributed across various departments and most absences relate to stress/depression/anxiety. The number of absences is not high enough to reach any conclusion as to the main causes of this.

Medium and short-term absences remain low – although we have seen some staff, at least eight in June, being absent for a day or two because of reactions following the COVID-19 vaccine. We anticipate this will only have a short-term impact on absence.

## Management Action and Risk

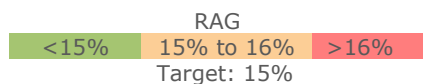
This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

We will use absence management tools such as stress risk assessments, Occupational Health intervention and phased returns and assess how effective these have been in managing absence to date, consider other techniques and decide any changes we must make based on this.

#### 4.4 HR: The overall staff turnover percentage.

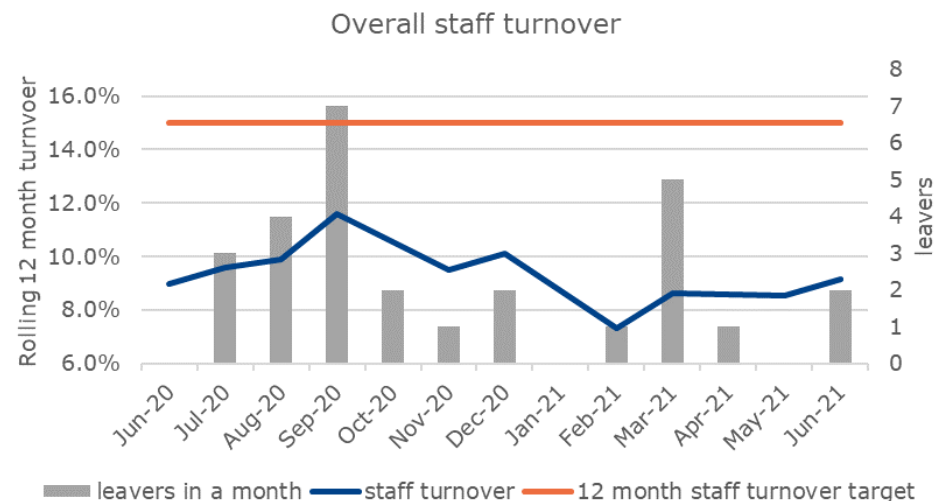
This key performance indicator (KPI) reflects our work to deliver strategic characteristic 5: People want to work at the SSSC.

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



Actual and Reforecast		
Apr-21	8.6%	-43%
May-21	8.5%	-43%
Jun-21	9.1%	-39%
Jul-21	%	%
Aug-21	%	%
Sep-21	%	%
Oct-21	%	%
Nov-21	%	%
Dec-21	%	%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

When compared to previous years, staff turnover has reduced significantly, with the latest rolling twelve-month average at 9.1%. Turnover remains low in June with two employees leaving due to resignation which is within expected norms.



Voluntary turnover (resignations) has fallen significantly. External data suggests that the number of advertised vacancies is beginning to increase and the recruitment market is becoming more buoyant. Benchmarking information from the last year will be skewed due to organisations furloughing staff although we will see more useful data over the latter half of 2021 as the furlough scheme ends and we move out of some of the harder COVID-19 restrictions.

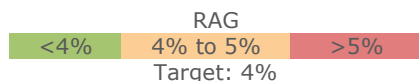
Voluntary turnover is high among those with less than a year’s service which could be caused by problems in the recruitment process or onboarding and how we manage new employees. We can address this by reviewing our recruitment and assessment processes to ensure “right fit” and review how we manage new staff. We can use regular feedback from new employees and exit interview information to inform this.

## Management Action and Risk

This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

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

This KPI reflects our work to deliver strategic characteristic 5: People want to work at the SSSC



Budget posts that are empty actual and reforecast

Apr-21	11.1%	178%
May-21	10.6%	166%
Jun-21	10.1%	152%
Jul-21	%	%
Aug-21	%	%
Sep-21	%	%
Oct-21	%	%
Nov-21	%	%
Dec-21	%	%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

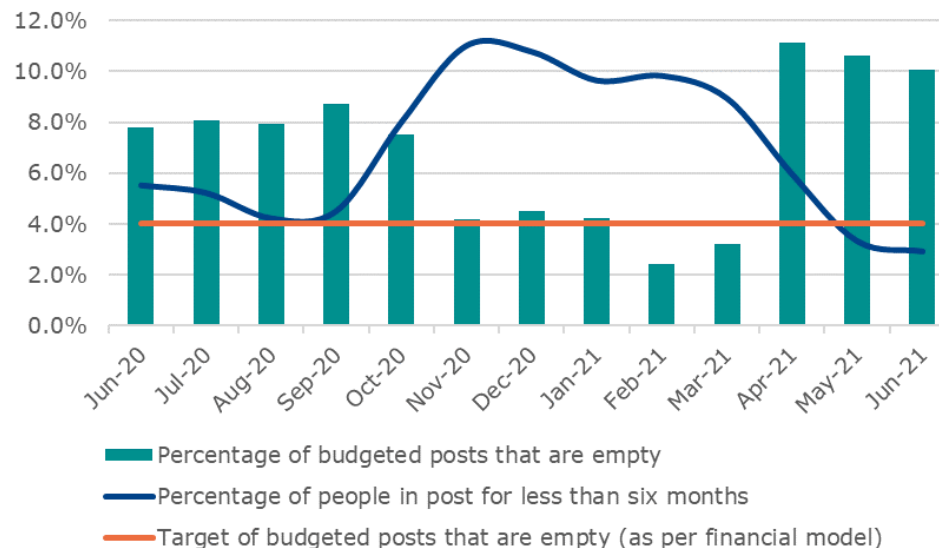


People in posts for less than six months actual and reforecast

Apr-21	5.9%	--
May-21	3.3%	--
Jun-21	2.9%	--
Jul-21	%	--
Aug-21	%	--
Sep-21	%	--
Oct-21	%	--
Nov-21	%	--
Dec-21	%	--
Jan-22	%	--
Feb-22	%	--
Mar-22	%	--

There has been a recent a change to this calculation. Previously budgeted posts that were agreed in the last financial year to commence for this financial year were not included in the calculation until June. However, as these posts are identified as required, they will be included to highlight potential resourcing issues. As the new staff are onboarded, we should see the empty budgeted posts decrease but the percentage of people in posts less than six months will typically increase.

Percentage of people in post less than six months and budgeted posts that are empty



19.6 permanent and 10.8 temporary posts were created in the 2021/22 budget that we have now started to recruit to. However, vacant posts versus budget will naturally remain quite high as we wait for successful candidates to start. As things stand around 10% of posts are vacant, the majority of which are new posts.

The percentage of staff with less than six months service has reduced below 3%, but this is expected to rise in the coming months as the new posts are filled.

#### Management Action and Risk

This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

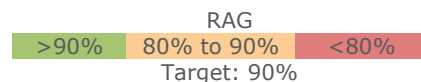
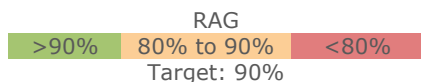


#### 4.6 Strategy and Performance: SSSC complaint information.

This section looks at complaints SSSC have received about our service. This reflects our work to deliver strategic characteristic 1: Always focused on needs of our customers.

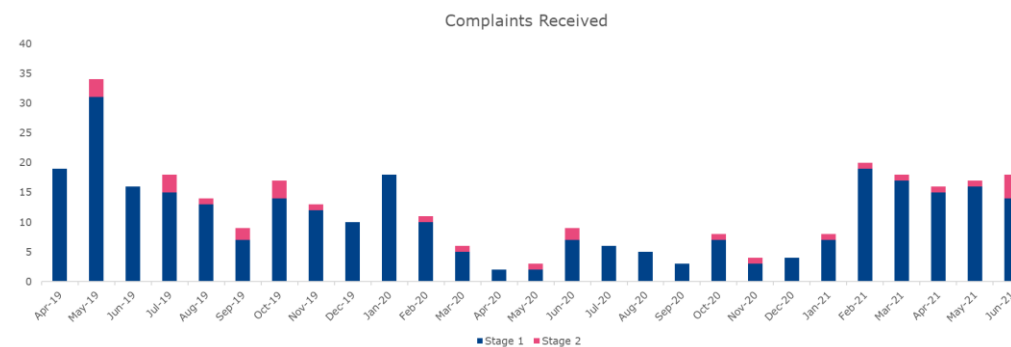
This metric will compare performance at complaint stage one and complaints stage two at the date of when a complaint has been resolved. Whilst the graphic will show the trend in number of complaints received so that we can track any trend changes.

We have twenty days to resolve a stage two complaint and five days to resolve a stage one complaint.



	Percentage of stage one complaints resolved on time	
Apr-21	100%	11.1%
May-21	100%	11.1%
Jun-21	92%	2%
Jul-21		
Aug-21		
Sep-21		
Oct-21		
Nov-21		
Dec-21		
Jan-22		
Feb-22		
Mar-22		

	Percentage of stage two complaints resolved on time	
Apr-21	0%	-100%
May-21	100%	11.1%
Jun-21	100%	11.1%
Jul-21		
Aug-21		
Sep-21		
Oct-21		
Nov-21		
Dec-21		
Jan-22		
Feb-22		
Mar-22		



For the graph on number of complaints received we have given the data from April 2019 onwards. The reason for this is due to the impact of COVID-19 on complaints. We saw a significant drop in complaints during this period. Complaints have started to increase in February, March, April and May 2021. We resolved all stage two complaints on time in June-21 and 11 out of 12 of our stage one complaints.

We received four stage two complaints in June-21. This is the highest number of stage two complaints received in one month since March-19. These complaints were regarding FtP processes and timescales.

#### Management Action and Risk

This SPI is linked to strategic risk 5, We fail to provide value to our stakeholders and demonstrate our impact, which is currently scored as 9 (yellow).

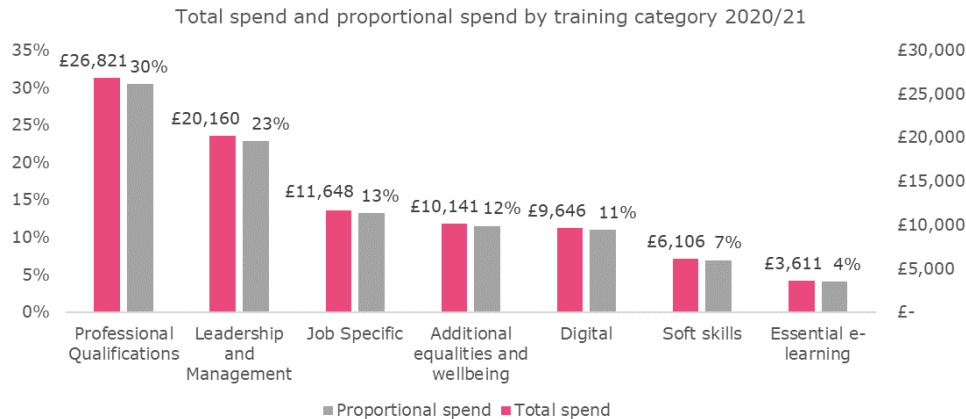
We maintain good performance under these measures. Our performance in June 2021 is comparable with our June 2019 performance which suggests that the decrease in complaints received over the same period in 2019 was because of COVID-19.

We recorded more stage two complaints during June 2021 than in previous months. The reason for this was due to a single complainer submitting a series of stage two complaints.

## ORGANISATIONAL DEVELOPMENT

### 4.7 OD: Total spend by training category.

This strategic performance indicator (SPI) reflects our work to deliver strategic characteristic 3: Work to improve every area of our organisation and 5: People want to work at the SSSC.

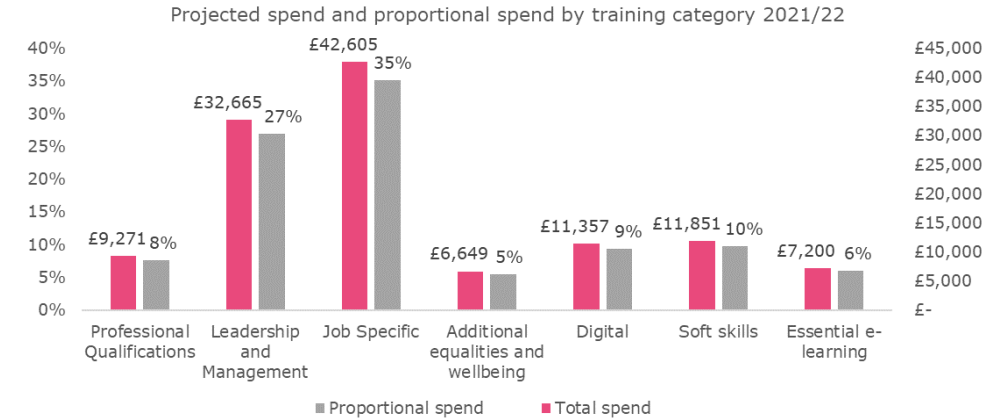


The largest spend for the previous financial year was supporting individuals to achieve professional qualifications. This supported the achievement of 27 professional qualifications across the business.

46 staff attended the leadership and management development programme in 2020/21. EMT have approved phase 2 to be procured and delivered later this year.

The additional equalities and wellbeing training included mental health first aid training. We trained 26 individuals to support as mental health first aiders last year.

We have the indicative projected spend and proportional spend by training category for the current financial year.



Our training and development priorities for this year have been agreed having considered our Strategic Outcomes, operational priorities and with consideration to previous years' investment.

This position will change as we progress with our agreed training. Pipeline figures are based on estimated costs therefore we may see variations when actuals are realised.

Certain professional qualifications are leadership related. Where this is the case, they are captured in the Leadership and Management column to demonstrate our investment in this area.

The budget position for this financial year is £150,000 of which currently there is a projected indicative spend of £116,896. This current projected spend of £116,896 represents an overall increase of 33% on development spending from last year. 10% or

£15,000 of this year's budget is from fitness to practice training which we carried over from last year due to capacity challenges.

### Management Action and Risk

This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

We are working to create a baseline for mandatory training reporting. We have a range of different platforms and sources where these sit and owners within different services who all hold their own records. Our aim is to have a central dashboard report that all managers can access.

We are working closely with departments to monitor the progress of agreed training and have retained an element of the budget to support emerging needs and any continued education applications as the year progresses.

#### 4.8 OD: Compliance of mandatory courses

Placeholder as we wait for this information to be available and the graphics to be developed.

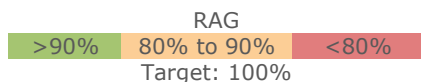
##### Management Action and Risk

This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

## Legal and Corporate Governance

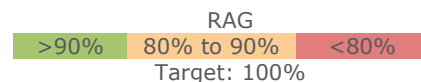
### 4.9 L&CG: SAR and FOI requests are dealt with within timescales.

This strategic performance indicator (SPI) reflects our work to deliver strategic characteristic 1: Always focused on needs of our customers as well as strategic characteristic 4: We are a respected and valued organisation.



Month	Percentage of SAR completed on time	RAG
Apr-21	100%	11.1%
May-21	100%	11.1%
Jun-21	100%	11.1%

Jul-21  
Aug-21  
Sep-21  
Oct-21  
Nov-21  
Dec-21  
Jan-22  
Feb-22  
Mar-22



Month	Percentage of FOI requests completed on time	RAG
Apr-21	0%	-100%
May-21	100%	11.1%
Jun-21	100%	11.1%

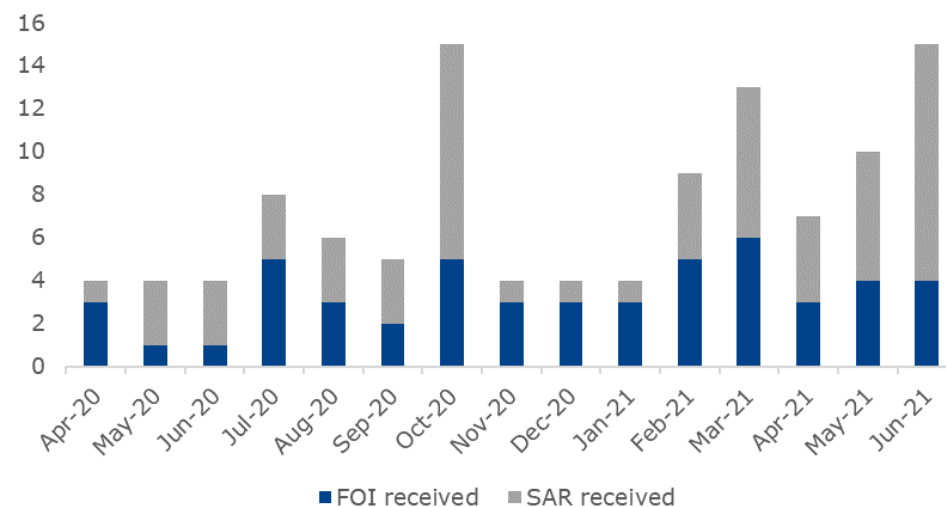
Jul-21  
Aug-21  
Sep-21  
Oct-21  
Nov-21  
Dec-21  
Jan-22  
Feb-22  
Mar-22

Freedom of information (FOI) requests need to be responded to within 20 days. In June we responded to three FOIs within the statutory timescales. There is currently one FOI in progress.

We aim to respond to 100% of SAR requests within 30 days. In June we responded to 12 SAR requests and did this on time. This was a significant increase in demand on the team from the one request issued in May.

There are currently four SARs in progress which were received in June-21.

SAR and FOI requests received



### Management Action and Risk

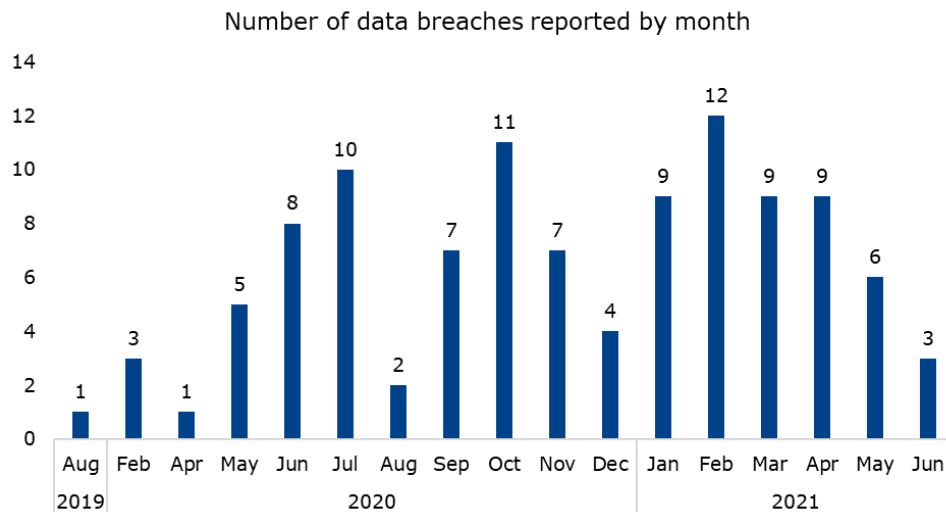
This SPI is linked to strategic risk 3, We fail to meet corporate governance, external scrutiny and legal obligations, which is currently scored as 9 (yellow).

We reallocated resources within the Legal and Corporate Governance department to meet the significant increase in numbers of requests. Managers are considering how we best deploy our staffing compliment to meet increased demand when it occurs.

#### 4.10 L&CG: Number of data breaches reported.

This strategic performance indicator (SPI) reflects our work to deliver strategic characteristic 1: Always focused on needs of our customers as well as strategic characteristic 4: We are a respected and valued organisation

We complete a risk assessment and investigation in relation to each data security incident reported to the Information Governance team. We also note when a data breach must be referred to the ICO. The last data breach we had to refer to the ICO was in April 2020.



There were three security incidents reported to the information governance team in June. As part of the risk assessment process, we categorise breaches as low, medium, or high risk, dependent on factors such as the volume of data released, the sensitivity of information released and the risk to affected individuals. We determined that one was not a SSSC data breach as it was caused by a third-party error. The other two incidents were categorised as low-level breaches. The first breach was an

email sent to the worker's employer, in error. The second was an email sent to the wrong worker, in error.

#### Management Action and Risk

This SPI is linked to strategic risk 3, We fail to meet corporate governance, external scrutiny and legal obligations, which is currently scored as 9 (yellow). Each breach is assessed by the Information Governance team and recommendations are made to make sure that a repeat of the incident does not happen.

The first breach occurred when a staff member had the wrong settings on their computer. This failed to automatically create emails for the correct recipient. This has now been amended.

The second breach was caused by human error. The email was sent to the wrong worker. The email was recalled and there is no indication that it has been or will be shared further.

The Information Governance team share the completed risk assessments and actions taken in response, along with recommendations to prevent further breaches with the reporting staff member and their OMT lead.

## RISK REGISTER as at 30 June archived copy

Risk No.	Link to Outcome	Risk description	Gross Risk			Residual Risk			Owner	Movement since last review
			Impact	Probability	Score	Impact	Probability	Score		
1	1	We fail to ensure that our system of regulation meets the needs of people who use services and workers.	5	4	20	4	4	16	Director of Regulation	↑
2	2 3	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	4	4	16	4	3	12	Director of Development and Innovation	↔
3	1	We fail to meet corporate governance, external scrutiny and legal obligations.	4	4	16	3	3	9	Director of Finance and Resources	↔
4	1 2 3	We fail to plan and resource our activities to deliver our digital strategy.	4	3	12	2	2	4	Director of Strategy and Performance	↔
5	1	We fail to provide value to our stakeholders and demonstrate our impact.	3	4	12	3	3	9	Director of Strategy and Performance	↔
6	1 2 3	We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.	5	4	20	3	4	12	Director of Finance and Resources	↔
7	1	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	4	5	20	4	4	16	Director of Finance and Resources	↑
8		The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	4	5	20	2	2	4	Chief Executive	↔
9		The SSSC is unable to operate due to effects of global pandemic COVID-19.	5	5	25	3	3	9	Chief Executive	↔



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

No additional issues highlighted this month for EMT.

### **CONTROL CHARTS**

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

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

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

### **APPENDIX**

[Current Full Strategic Risk Register](#)

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
1	Regulatory or compliance	Averse (risk score 25)	<p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p><b>Cause:</b></p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> <li>Insufficient staff as a result of external factors we cannot controls such as the Scottish Abuse Inquiry, COVID-19, difficulty recruiting or errors in our resource model assumptions</li> <li>Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties</li> <li>Legislation or third party policies preventing us from obtaining necessary information.</li> </ul> <p>Our processes and approach are bureaucratic  Our legislative framework is a structural barrier to flexible working across care.</p> <p><u><a href="#">The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving legislation</a></u></p> <p>Legislative and process changes due to COVID-19 means that people are working unregistered or without their fitness to practise being assessed.</p> <p>The impact of COVID-19 means that other agencies are unable to provide us with the information we need to make fitness to practise decisions or we are unable to hold a fitness to practise hearing.</p> <p>Failing to respond proportionately to COVID-19 means that limited workforce capacity is spent responding to regulatory requirements.</p>	Director of Regulation	5	4	20 (High)	<p><b>Existing Mitigation and Controls</b></p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, with ongoing development of those systems</p> <p>Resource modelling for calculating our staff base.</p> <p>Quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Use of technology to hold online hearings.</p> <p><u><a href="#">Opt-in Hearings implemented on 1 July</a></u></p> <p><b>Planned Mitigation and Controls</b></p> <p><u><a href="#">New fitness to practise staff recruited for 21/22. Starting in post from August but will take a minimum of six months to be fully productive</a></u></p> <p><u><a href="#">Implementation of Opt-in Hearings which will reduce the number of hearings held — has been affected by Covid-19 due</a></u></p>	4	4	16 (High)	↑	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p><b>Consequence:</b></p> <p>A worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>A worker leaves the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p>				<p><del>to Scottish Gov resources. Estimated implementation of 1 April 2021. — Owner Director of Regulation</del></p> <p><del>Work with sector in embedding implementation of revised thresholds. 2020/21. Owner - Director of Regulation</del></p> <p>Service redesign project – postponed until 21/22 due to lack of capacity and subject to budget. Owner – Director of Regulation</p> <p><del>Request to Discussions with Scottish Government about to reverting 12-month rule back to six-month rule. Estimated implementation Summer 2021. – Owner - Director of Regulation</del></p> <p>Change to the structure of our register– long-term project for completion by 2022. delayed due to COVID-19. – Owner – Director of Regulation</p> <p>Work with Police Scotland and Crown Office Procurator Fiscal Service on information sharing and decisions – Summer 2021 – Director of Regulation</p> <p>Insufficient budget in future years to fund permanent posts agreed by Council in 23/24 financial year in March 2021. Speaking with Sponsor to secure additional funding (Owner – Interim Director of Finance and Resources-June 2021).</p>							
2	Regulatory or compliance	Averse (25)	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.	Director of Development and Innovation	4	4	16 (High)	<p><b>Existing controls</b></p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p>	4	3	12 (Moderate)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p><b>Cause:</b></p> <p>Our contribution to developing resources does not meet the needs of registrants and employers.  Our standards don't meet the needs of employers.  Limited funding for individuals and employers to support formal learning.  Our legislative framework is a structural barrier to flexible working across care.  Individuals are not able to complete qualifications.  Extension to qualification condition timescale due to COVID-19.</p> <p><b>Consequence:</b></p> <p>Workers are not registered or removed from the register, leading to gaps in service delivery which affects the delivery of care to people using services.  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.</p>				<p>Publish data on training provision across Scotland to meet identified demand.  Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p><b>Planned actions – Is it to be noted not all these actions are at the sole discretion of the SSSC to implement.</b></p> <p>With UK Skills for Care and Development Partnership, and the Sector Skills Council we are reviewing whether the current National Occupational Standards (NOS), continue to meet the needs of employers and the workforce post COVID-19.  (Head of Learning and Development Team)</p> <p>Deliver the recommendations from the review of the qualified status of our registered workforce.  (Head of Learning and Development Team)</p> <p>Working with partners to develop a simulated first practice placement module for social workers.  (Head of Learning and Development Team - March 2021)</p> <p>Working with partners to develop an interim award and a pathway for HNC students unable to complete the SVQ to</p>							

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					Impact	Probability	Score		Impact	Probability	Score			
							16 (High)	<p>meet registration requirements. (Head of Learning and Development Team - February 2021)</p> <p>Deliver recommendations from Root Cause Analysis of Care Homes. (Head of Learning and Development Team - March 2021)</p> <p>Developing new careers toolkit and new social services apprenticeship guidance. (Workforce Planning Manager – March 2021)</p> <p>Continue to investigate and promote funding opportunities. (Workforce Planning Manager – March 2021 onwards)</p> <p>Workforce Skills Survey to identify any skills gaps and training/learning needs. (Workforce Intelligence Manager and Head of Workforce Planning – August 2021)</p>			9 (Low)			
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level.            Insufficient project management.            Unclear policies and procedures.            Lack of management.            Ineffective working relationships between Council members and Officers.            Poor assurance mapping.            Shared services governance and operational arrangements are ineffective eg lack of clarity over services to be delivered, performance standards not met, consequences of service failure not understood, resources not aligned, unclear on accountability/ responsibility for decision making</p>	Director of Finance and Resources	4	4	16 (High)	<p><b>Existing mitigation and controls</b></p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p> <p>Policy library review complete.</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Positive internal audit response to Corporate Governance review with two minor recommendations.</p>	3	3	9 (Low)	↔	N	

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					Impact	Probability	Score		Impact	Probability	Score			
			<p><b>Consequence:</b></p> <p>Loss of credibility.  Conflicts of interest.  Fraud.  Data breach/loss.  Information and records management does not comply with legislative requirements.  Reduced quality of challenge and oversight.  Reduced public confidence.  Qualified audit.  Further section 22 action.  Failure to deliver strategic objectives.  Shared services not meeting SSSC requirements.</p>				12							
4	Operational and Policy Delivery: Developing new process, systems and projects	Hungry (1-4)	<p>We fail to plan and resource our activities to deliver our digital strategy.</p> <p><b>Cause:</b></p> <p>Poor project options appraisal, scoping and business case development.  Insufficient funds allocated.  Lack of staff, skills and knowledge.  Lack of project management and governance.  Lack of IT policies.  Delays to project starts due to COVID-19.  Budget for 2021/22 allocation not sufficient.</p> <p><b>Consequence:</b></p> <p>Projects not completed; digital strategy outcomes not delivered/strategic outcomes not achieved.  Reduced confidence in system processing.  Failure to register people on time.  Potential loss of data.  ICT downtime.  Vulnerable to cyber attacks</p>	Director of Strategy and Performance	4	3	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>Digital Programme for 2020/21 developed and agreed at Digital Sponsor.</p> <p>Procurement project to re-provision maintenance and development contract – May 2021. (Head of Digital)</p> <p>Digital Strategy for 2021-2024 agreed and published</p> <p><b>Planned actions</b></p>	2	2	4 (Very low)	↔	N	

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5	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p><b>Cause:</b></p> <p>Impact of the Independent care review. Use of complex and formal language. People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage. We don't lead nationally on core SSSC functions. Limited ability/resource to market the role of SSSC. Increased scrutiny due to decision making around COVID-19 at a national level.</p> <p><b>Consequence:</b></p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in delivery of strategic outcomes not achieved. Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>New strategic outcome about the role of the SSSC in promoting the value of the sector agreed</p> <p>Regular review of business plan objectives quarterly due to COVID-19 activity. (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p><b>Planned actions</b></p> <p>Agreed at OMT/ EMT meeting in June that will continue with outcomes-based budgeting and how we use it will be reviewed during the year. (Director of Finance and Resources - March 2022)</p> <p>)</p> <p>Implementation of programme of works to 'measure our impact' by embedding clear evaluation processes in all out work (Head of P&amp;I April 2022)</p> <p>Development of SSSC equalities data and potential publication of data held about the sector to support and drive policy changes (Dir of S&amp;P April 2022)</p>	3	3	9 (Low)	↔	N	
6	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 or have insufficient staff resources to achieve our strategic outcomes.</p> <p><b>Cause:</b></p>	Director of Finance and Resources	5	4	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>Organisational Development review completed and six areas of high priority work have been developed and workstream projects are</p>	3	4	12 (Moderate)	↔	N	

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			<p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.  Lack of effective monitoring of workload and capacity.  Lack of an effective staff learning and development plan.  Managers are unaware of their duties in relation to supporting staff.  Lack of managed mandatory training programme.  No consistent approach to development discussions.  No consistent approach to leadership and management development.  No mentoring programme for new staff.  Outcomes of job evaluation.  Continued restrictions due to COVID-19.  High number of vacant posts to support business as usual which impacts on other members of staff.  Business critical posts not recruited to.</p> <p><b>Consequence:</b></p> <p>High turnover of staff.  Loss of Investors in People status.  Inability to deliver our strategic objectives.  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.  COVID-19 restrictions impact on staff motivation and cause fatigue.  Increased in staff suffering from stress related illness and increased absences.</p>				<p>underway.  (Head of Organisational Development – December 2021)</p> <p>Evolve Programme Board established to oversee delivery of workstreams.</p> <p>Funding secured for permanent pots in Regulation in 2022/23.</p> <p><b>Planned actions</b></p> <p>Leadership and management training to be delivered (half of managers trained in March 2021) - (Head of Organisational Development – December 2021)</p> <p>As a result of the scoping project for the rewards review Council agreed in May to start a project which would complete but not implement job evaluation at the same time as reviewing organisational design (Director of Finance and Resources? – first phase March 2022). A programme governance group including Council members has been set up.</p> <p>Reinforcement of 'do what you can' message following latest lockdown restrictions and work deadlines managed accordingly. (Each member of Executive Management Team and Operational Management Team – ongoing)</p> <p>Report to Council with analysis of staff impact and impact on business activity (May 2021)</p> <p>Development discussion process reviewed and launched in April (Line managers – June 2021)</p>							



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					Impact	Probability	Score		Impact	Probability	Score			
								Agree when to recruit to permanent posts approved by Council but not yet filled due to budget pressures (EMT – July 2021)						
7	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p><b>Cause:</b></p> <p>Inability to convince Scottish Government as main funding source of our strategic priorities.            Single year funding settlements to support a three-year strategic plan.            The SSSC does not have up to date, comprehensive, forward looking financial plans aligned to the strategic plan.            Failure to meet financial targets.            Fee income is not in line with projections.            Grant in Aid is reduced.            Late notification of Scottish Government budget allocations.            Financial implications of the COVID-19 pandemic affecting public finances.</p> <p><b>Consequence:</b></p> <p>Adverse impact on our ability to deliver our strategic objectives.            Reputational damage.            Reduced confidence in our protection arrangements.            Reduced future funding.            Reduced ability to influence change and policy development.</p>	Director of Finance and Resources	4	5	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>Financial Strategy that considers current position plus the next six years is in place and reviewed annually (last reviewed in June 2019; Council agreed date of next review in autumn 2021).</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>2021/22 budget agreed at Council in March 2021.</p> <p>Budget performance reviewed at directorate and Executive Management Team level on a monthly basis, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic finance capacity bolstered by the appointment of a Director of Finance and Resources to work exclusively for the SSSC. Senior Accountant role in shared services agreed.            Outcome based budget planning was introduced for the first time in 2021/22.</p> <p>Resource models reviewed and updated and regularly compared to the actual position.</p>	4	4	16 (High)	↑	N	

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					Impact	Probability	Score		Impact	Probability	Score			
								<p><b>Planned actions</b></p> <p><del>Information on planned activity for the next six years is not available, which makes it difficult to produce a robust Financial Strategy. EMT had long term planning and budgeting session in May and a session will be held with Council members in July.</del></p> <p><del>and OMT business and budget planning sessions arranged to prepare for 2022/23 and beyond</del> (Director Strategy and Performance and Director of Finance and Resources – March 2022).</p> <p>Development of a revised fees policy. (Director of Strategy and Performance – autumn 2021).</p> <p><del>Close monitoring of the impact of COVID-19 on the progress of projects and the collection of fee income. Scottish Government agreed in December 2020 that reminders to chase outstanding fees could recommence. (Director of Regulation and Director of Finance and Resources)</del></p> <p>Internal audit of resource model to be finalised and recommendations implemented (Director of Regulation and Director of Finance and Resources – September 2021)</p> <p>Indicative budgets for 2022/23 and 2023/24 identify significant budget gaps. Work will continue in the planning and budgeting process to</p>						

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8	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	<p>Business Continuity Plans (BCP) are in place and tested.</p> <p><b>Cause:</b></p> <p>Revision of BCP was suspended pending completion of the digital transformation programme. Availability of resources to take forward the updating of business impact assessments and recovery plans. Untested plans. Plans not taking account of recent increased threats – cyber-attacks on public sector</p> <p><b>Consequence:</b></p> <p>Modified audit options. Loss of front line services to registrants with no recovery plan. Mismanagement of major incident. Data and information loss and loss of access to core systems</p>	Chief Executive	4	5	20 (High)	<p>achieve a balanced budget (Chief Executive/ Interim Director of Finance and Resources – March 2022)</p> <p><b>Existing mitigation and controls</b></p> <p>Due to COVID-19 our plans were updated, and a new process has been defined earlier than planned.</p> <p>Action records and debriefing templates are being used to define the new process which will be rolled out earlier than expected in August 2020.</p> <p><b>Planned actions</b></p> <p>Timetable for future testing of plans to be agreed. (Head of Performance and Improvement – December 2020)</p> <p>Cyber security - monitoring of attacks on other organisations and review of mitigating actions to ensure SSSC systems are process are cyber compliant (Head of Digital)</p> <p>Planned cyber security internal audit for 2021/22 (Head of Digital)</p>	2	2	4 (Very low)	↔	N	
9	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	<p>The SSSC is unable to operate effectively and efficiently due to effects of global pandemic COVID-19.</p> <p><b>Cause:</b></p> <p>COVID-19 flu pandemic. Delivery of services operating in an uncertain environment with changes to practice and controls. Direct instruction from Scottish Government to respond to sector needs. Additional business required to be delivered as directed by Scottish Government. Reintroduction of home-schooling.</p> <p><b>Consequence:</b></p>	Chief Executive	5	5	25 (Very high)	<p><b>Existing mitigation and controls</b></p> <p>Please refer to business impact assessment for breakdown of operational risks. Other actions include:</p> <p>Recovery plan process now active and return to business as usual is being pursued in accordance with Scottish Government Route Map.</p> <p>New areas of work have been identified and business plans reviewed to take account of the needs of the sector</p>	3	3	9 (Low)	↔	N	

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			Staff capacity is significantly reduced. Financial losses due to not chasing fees. Business Plan objectives will not be achieved. Increase the demand on SSSC service due to temporary changes to regulation. Impact on the availability of staff to run core services. Third-party staffing levels may not be sustained to support SSSC core functions. Risk to the safety of service users by changing our approach to regulation to increase capacity in the sector. Inability to flex our statutory functions which creates a barrier to the workforce being able to respond to the pandemic. Our infrastructure and working practices do not support home working. Our staff are not supported and do not feel valued.				considering the COVID-19 response.  <b>Planned Actions</b>  Regular strategic and operational response meetings remain in place.							

## **RISK SCORING MATRIX**

**Table 1 Impact scores**

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

**Table 2 Probability score (L)**

What is the likelihood of the consequence occurring?

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

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
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.

**SCOTTISH SOCIAL SERVICES COUNCIL**

**Unconfirmed minutes of the Audit and Assurance Committee  
held on 03 August 2021 at 10.00 am  
by Teams video conference**

**Present:** Professor Alan Baird, Council Member, Chair  
Theresa Allison, Council Member  
Rona King, Council Member  
Peter Murray, Council Member  
Russell Pettigrew, Council Member

**In Attendance:** Lorraine Gray, Chief Executive  
Maree Allison, Director of Regulation  
Lynn Murray, Interim Director of Finance and Resources  
Laura Shepherd, Director of Strategy and Performance  
Cheryl Glen, Acting Director of Development and Innovation  
(Head of Workforce Planning)  
Anne Garness, Head of Legal and Corporate Governance  
David Archibald, Internal Auditor, Henderson Loggie  
Stuart Inglis, Internal Auditor, Henderson Loggie  
David Boyd, External Auditor, Grant Thornton  
Audrey Wallace, minute taker

**Observing:** Sandra Campbell, Council Convener

**1. Welcome**

1.1 The Chair welcomed everyone to the meeting. The Convener advised that she was in attendance as an observer.

**2. Apologies for absence**

2.1 Apologies were received from Laura Lamb, Acting Director of Development and Innovation (Learning and Development).

**3. Declaration of interest**

3.1 There were no declarations of interest.

**4. Minutes of the previous meeting**

4.1 The minutes of the meeting held on 04 May 2021 were approved as an accurate record.

**5. Matters arising**

5.1 **Roll-out of encryption on devices - update**

5.1.1 Laura Shepherd advised that the roll out of the full encryption of the laptops, surface pros and other devices being used by staff for home working. She confirmed the process and progress made for those staff who were in closer proximity to the office and were able to attend, by appointment, to have the devices updated. These were expected to be completed by the following week. There was a separate process for those who would require the update to be carried out remotely and full details and arrangements for this were being put in place.

5.1.2 Members and officers affected would be advised of the process shortly.

## **5.2 Numbers of sector workers who have not yet gained qualifications**

5.2.1 Cheryl Glen gave details of the numbers and percentages of workers who were registered and who were still to gain the required qualifications. She advised that approx. 114k registrants were subject to a qualification condition. 51% of individuals on the register had gained qualifications which meant approx. 82k were still to obtain the required qualifications. The number of individuals is less than the number of registrations as some registrants are registered on more than one register part which requires the same qualification. The largest groups still to qualify are within care homes, care at home and housing support categories.

5.2.2 Cheryl Glen further advised that the workforce skills report which would include further analysis would be completed within the next month and the executive summary would be presented to Council at its August meeting, as part of the Chief Executive's report. The information gathered would help determine whether it was possible or practical for the time allowed to gain qualifications to be reduced from five to three years. Factors such as programme capacity and cost and funding would require to be taken into account when making any changes to the current qualifications' conditions.

5.2.3 Cheryl Glen confirmed that she did not have data to hand which showed how many workers gained their qualification within three years. However, information on workers' qualifications would be included within the future assurance reports.

## **5.3 Link between evaluation of services by Care Inspectorate and qualification status of workforce**

5.3.1 Cheryl Glen reported on the potential correlation between less well ranking care services inspected by the Care Inspectorate and numbers of workers without qualifications. She confirmed that there was a slightly higher percentage of non-qualified workers within



these establishments. She emphasised this was only raw data and one of the factors could be managers registered with the Nursing and Midwifery Council are not required to have a management qualification, whereas managers registered with the SSSC do require such a qualification. She advised that further collaboration with the Care Inspectorate was required to share more detailed data and thereafter address any identified issues.

5.3.2 Peter Murray asked a question about the likelihood of reaching a gender-matched workforce, where gender could be matched to clientele. Cheryl Glen answered that the workforce is predominantly female in most sectors, but that work was ongoing to be able to provide a more gender-matched service where that is sought.

5.4 The Committee  
1. noted the updates.

## **6. Assurance report as of 30 June 2021**

6.1 Laura Shepherd introduced report 23/2021, the assurance report to 30 June 2021. The report provided performance, financial and risk information at 30 June 2021. She highlighted the changes to risks 1, 3 and 7.

6.2 Lynn Murray talked the committee through the budget information presented in the report. At this early point in the financial year, the overspend of £181k was not concerning. She highlighted the Scottish Government allocation for the Voluntary Sector Development Fund and the Workforce Development Fund.

6.3 Lynn Murray advised that there was progress in claiming unpaid registration fees and that minimal amounts were written off so far this financial year. Some of the write-offs are due to workers leaving the register. Generally, workers are being given a reasonable time to pay the fees due, where they are still on the register.

6.4 Lynn Murray also spoke on the dilapidation costs relative to the expiry of the lease of the headquarters building, advising that we have highlighted the additional costs to Scottish Government but are waiting for them to decide on whether they will give us extra funding. Members were assured that other public bodies would be facing similar issues. The Care Inspectorate and SSSC are affected more acutely than some others in so much as the lease expires in April 2023, meaning the costs will be spread over two years.

6.5 Lynn Murray reported that she'd been informed only the previous day that our external auditor is advising that we should make a provision in the financial statements for dilapidation costs in 2020/21. This means that the general reserves will be reduced by

that figure. She has not had time to look into the implications and will update Council later in August.

- 6.6 Maree Allison explained why there may be delays in filling vacancies, resulting in a gap between a staff member leaving and employing and developing a new employee. There was no conscious attempt to save money by leaving posts vacant, but there was often a natural break between a leaving date and a starting date.
- 6.7 Maree Allison reported on regulation KPIs 3.1, 3.2 and 3.3. She spoke on the proposed changes to time allowed for workers to register, following starting work in a registered job. This period had been extended by Scottish Government from six to twelve months, during the pandemic, and government has not yet committed to returning to the six-month grace period. This meant that external decisions were affecting the ability to meet the KPI and this indicator would be reviewed. This has also resulted in the 'get registered' campaign being delayed. This was aimed at encouraging new workers to register early within the grace period.
- 6.8 Regarding KPI 3.2, Maree Allison confirmed that the Fitness to Practise screening team was working well to process cases quickly. This was resulting in cases being forwarded into the investigation team more quickly, giving a greater number of active cases under investigation. Maree Allison advised that this situation should be resolved within the next year, once all new staff were working to full capacity. The quality assurance process was also being reviewed to see if it was possible to fast track through the process where appropriate.
- 6.9 Maree Allison advised that, generally speaking, there were no adverse reasons for staff leaving, for many it was a natural progression into a different area of law. However, as it is likely to be a perennial issue, this will be looked at in the pay and grading review, to try to create career pathways which may assist in retention of staff.
- 6.10 In reference to KPI 3.3 in increasing the percentage of the workforce engaging with the fitness to practise process, it was noted that the numbers were becoming closer to the target of 85%. The department was looking at further ways to encourage engagement, including reviewing the language used in initial correspondence.
- 6.11 Cheryl Glen reported on KPIs 3.4, 3.5 and 3.6 relating to the development and innovation department. The numbers of workforce who are qualified has reached its target rate and this figure will continue to be reviewed. She advised that the number of workers accessing learning and development tools was increasing towards the target percentage. Theresa Allison applauded the department in

supporting the workforce especially in putting together a resource for workers who were losing work days due to stress related issues.

- 6.12 Cheryl Glen confirmed that the team was gathering evidence on the effectiveness of the workforce planning tools to assist in developing further activities and using targeted learning resources in future. It was noted that further information from data gathered would be added to the assurance report in future months. Following consideration of the Workforce Skills report to Council in August, it would be decided whether the Committee should receive further information in November.
- 6.13 In updating Members on the restructure of the Register, Maree Allison advised that work on this had been carried out by the Institute for Research and Innovation in Social Services (IRISS) and this report would be circulated to Members.
- 6.14 Discussion then took place on engagement with stakeholders including on the consultation on the review of the National Care Service. Lorraine Gray confirmed that work had started and a reference group had been set up, she reminded Members that the SSSC had limited resource to carry out all consultations that would be desirable.
- 6.15 Laura Shepherd advised that the measure under strategic outcome 4 would be included in the November report to Committee.
- 6.16 Lynn Murray reported on 4.3, 4.4 and 4.5, the human resources metrics. With regard to staff absences, it was noted that long term sickness was the main issue, however Rona King commented that overall the absence rate was very low and that this should be noted. It was also noted that staff turnover was low, which may change once the employment market opens up again after easing of restrictions due to the pandemic.
- 6.17 Lynn Murray continued by reporting on the work of the Organisational Development team, that has been in place for almost a year and has helped better coordinate and centralise the approach to the training and development needs of the staff and organisation. She confirmed that staff feedback on the experience of working from home will be captured in the next staff survey.
- 6.18 Lynn Murray finished by advising Members of the data for processing of Freedom of Information and Subject Access Requests as well as data breaches committed. While it was noted that the volume of this work was very unpredictable, all deadlines had been met during this reporting period.
- 6.19 Alan Baird thanked members of Executive Management Team for producing the data in the report and apart from a request to make

sure that colours within the graphs were made clear, the new report format was satisfactory.

- 6.20 The Committee  
1. agreed the direction of travel and the risk management actions.

## **7. Budget Update**

- 7.1 Lynn Murray presented report 24/2021 which gave an update on the current and future years' budgets. The update included reference to dilapidation costs (covered at paras 6.4 and 6.5 above). Adjustments due to accounting adjustments and increased budgets as well as additional funding have been made to the budget since it was presented at the Council meeting in March but 2020/21 figures are not yet audited and there may be further changes. It was reported that work was required to reduce the budget deficits in 2022/23 and 2023/24 and discussions on options had been held with Scottish Government. It was noted that a paper had been prepared to present to the Minister for Children and Young People.
- 7.2 Members noted that Scottish Government had agreed extra funding of £650k to fill a number of posts required within the Fitness to Practise and Regulatory Improvement and Hearings departments. Recruitment to other posts, although initially approved in March, is under further consideration.
- 7.3 The report stated that significant efficiencies had been made over the years, particularly in the Regulation Directorate, and financial stability was now reliant on increasing fees income from registration or more funding from Scottish Government. Increasing fees is particularly unpalatable in the current circumstance, however there was an undertaking to review the fees every three years. There had been only one increase, in 2017, since the inception of the organisation and a further increase had been delayed due to the pandemic.
- 7.4 During discussion the Members learned that some regulators were funded solely from fees income, but that the social services regulators were supported by government funding. The Minister has final approval over fees increases and it was noted that a strongly evidenced case would need to be provided. Lorraine Gray also added that in accordance with the regulations the SSSC is obliged to consult with the workforce on possible fees increases, but it is the common practise to consult in any case.
- 7.5 The Committee  
1. noted that the 2021/22 deficit budget and reserves are likely to increase  
2. noted that we will receive extra funding of £0.650m from Scottish Government in 2022/23

3. noted that there are significant indicative budget deficits in 2022/23 and 2023/24.

## **8. Fraud and Corruption Assurance Report**

- 8.1 Lynn Murray presented report 25/2021, the Fraud and Corruption Assurance report which advised that there were no incidences of fraud or corruption detected during the period 1 April to 30 June 2021. She advised that she was arranging a meeting with the Counter Fraud Service (CFS) to discuss roles of the Counter Fraud Champion and the Fraud Liaison Officer and future activity. She would also ask CFS to be included in the circulation of their quarterly newsletters.
- 8.2 The Committee:
  1. noted there were no incidences of fraud or corruption detected in the period 1 April 2021 to 30 June 2021
  2. noted progress with the counter fraud workstream.

## **9. Horizon Scanning**

- 9.1 David Archibald verbally advised the Committee on several publications which were of interest:
  - Scottish Government announcement on 20 July to launch a new steering group – Social Covenant Steering Group
  - Audit Scotland - regular report on Fraud and Regulatory – mentions heightened risk to NDPBs partly due to working from home and potential cyber risks
  - Audit Scotland Blog - Cyber-crime is a serious risk to the Scottish Public Sector.
- 9.2 Laura Shepherd confirmed that there would be a report to the Digital Development Board on the cyber security audit.
- 9.3 The Committee:
  1. noted the information.

## **10. Audit and Assurance Committee action record**

- 10.1 The Committee reviewed the Audit and Assurance Committee action record. Russell Pettigrew noted that the Assurance Mapping exercise had not been included and it was agreed that this would be included in future.
- 10.2 The Committee agreed that the following actions had been completed and could be removed from the quarterly report, but information retained for reporting purposes:  
A7, A41, A42, A43, A46, A53, A54, A55, A56, A57, A58, A 59, A60, A61 and A62.

**11. Dates of next meetings**

- 11.1 Committee noted the following meetings:
- Monday 27 September 2021 at 10am to consider the Draft Annual Report and Accounts
  - Tuesday 02 November 2021 at 10am is the next meeting for normal scheduled business.

**12. Private Session**

Item 12 was discussed in private and minuted separately.

Committee started: 10 am  
Committee finished: 12:05pm

Signed \_\_\_\_\_  
Alan Baird  
Chair of the Audit Committee

Date\_\_\_\_\_

<b>Title of report</b>	Draft Annual Report and Accounts Review
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	This report provides Council Members with an opportunity to review the draft 2020/21 Annual Report and Accounts in advance of formal approval in autumn.
<b>Recommendations</b>	The Council is asked to review the draft 2020/21 Annual Report and Accounts (appendix 1) and provide feedback to officers.
<b>Author</b>	Nicky Anderson Head of Finance
<b>Responsible Officer</b>	Lynn Murray, Interim Director, Finance and Resources
<b>Link to Strategic Plan</b>	The information in this report links to:  Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.  Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.  Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.  Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.
<b>Link to Risk Register</b>	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.

<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was not developed.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	Appendix 1: Draft 2020/21 Annual Report and Accounts
<b>Background papers</b>	None



## **EXECUTIVE SUMMARY**

1. We are asking Council Members to provide initial feedback on the draft Annual Report and Accounts for 2020/21.

## **DRAFT ANNUAL REPORT AND ACCOUNTS FOR 2020/21**

2. We have prepared the draft Annual Report and Accounts for 2020/21 (appendix 1) in accordance with the Accounts Direction issued by Scottish Ministers as well as the Government's Financial reporting Manual (FReM) which follows International Financial Reporting Standards, International Financial Reporting Interpretation Committee (IFRIC) interpretations and the Companies Act 2006.
3. We submitted the draft Annual Report and Accounts to our external auditors by the deadline of Friday 25 June 2021 and audit fieldwork is well underway. We ask Council to review this draft at appendix 1 and provide feedback. We will include this feedback and any recommendations made by auditors in the final draft that we present to the Audit and Assurance Committee on 27 September 2021.
4. At the September meeting, we will ask the Audit and Assurance Committee to make recommendations to Council to either endorse or reject the draft Annual Report and Accounts at their meeting of 25 October 2021. We are then required to lay the Annual Report and Accounts before Parliament by 31 December 2021.

## **CONSULTATION**

5. Council is asked to review the draft Annual Report and Accounts in advance of the formal governance review by Audit and Assurance Committee on 27 September 2021. The Executive Management Team has been consulted on the content of the document.

## **RISKS**

6. We have agreed a risk appetite of averse for Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.

## **IMPLICATIONS**

7. There are no financial, legal or staffing implications arising from this report.

## **Compliance**

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

## **IMPACT ASSESSMENTS**

9. We did not develop an Equalities Impact Assessment (EIA) as the Annual Report and Accounts summarise the work that is delivered across the organisation, which will have had EIAs carried out.

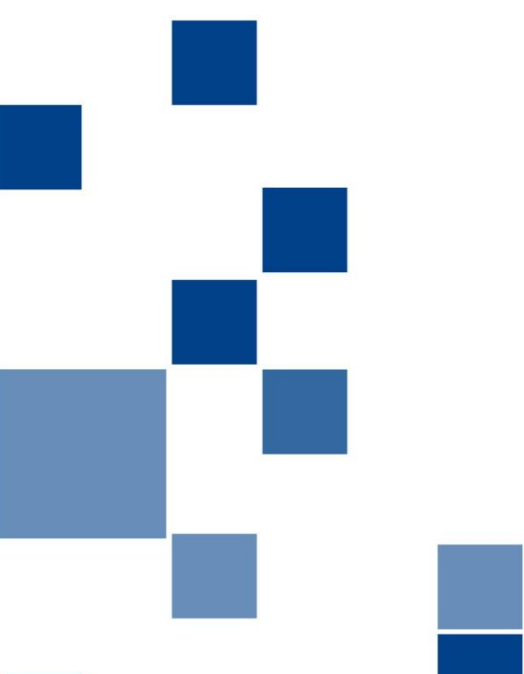
## **CONCLUSION**

10. Council is asked to note progress with the draft 2020/21 Annual Report and Accounts and provide feedback in advance of the formal approval process.



# **Scottish Social Services Council Draft 2020/21 Annual Report and Accounts**

August 2021



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

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

1 April 2020 to 31 March 2021

SI number SG/



## Chief Executive's foreword

After a year like no other for both ourselves and the social service sector, I am pleased to present our 2020/21 Annual Report and Accounts.

Despite the requirement for keeping our distance, the last 12 months offered an opportunity to strengthen the relationship between the SSSC and the social service sector. The unwavering commitment of the social work, social care and early years workforce to deliver safe and effective care during a global pandemic is a testament to the people who care for some of the most vulnerable in our society. Our staff also more than met the challenge presented to them and rapidly generated initiatives designed to support the workforce to continue to do their jobs. The lasting, positive impact from reactive change only serves to demonstrate that together we can quickly embrace new and better ways of doing things.

As you read this report you will see, despite the challenges 2020 presented, we have made progress in delivering the three strategic outcomes we implemented when we launched our 2020-2023 strategic plan last May. We have transformed the way we work, made best use of technology and worked in partnership with the sector.

A particular highlight was September 2020. This month marked an organisational milestone as we completed registration of all register categories. Support workers in care at home and housing support were the final parts to join our register and keen to be part of a bigger professional workforce.

Government policies continue to shape the regulatory landscape and support the social work, social care and early years workforce to deliver a more agile, responsive, and innovative sector that is fit for the future. Publications including the Promise Action Plan and the Independent Review of Adult Social Care present a series of reforms aimed at rethinking the system of care, nurturing the workforce and introducing a new system of care delivery. We recognise our part in delivering the work required to support these aims and we look forward to collaborating with our stakeholders to do so.

As we plan our recovery from the last year and look ahead, there is still much to do. We achieved so much over 2020/21 that would not have been possible without the social work, social care and early years workforce, our partner organisations, and our staff.

Thank you all for continuing to contribute so much during a time where demand could not have been higher or the challenge greater.



## **SECTION A: Performance report**



## Performance overview

### Our organisation

The Scottish Social Services Council (SSSC) is the regulator for the social work, social care and early years workforce in Scotland. We deliver our vision: our work means the people of Scotland can count on social work, social service and early years services being provided by a trusted, skilled and confident workforce through regulation, registration and development of their skills.

We are a non-departmental public body, sponsored by the Office of the Chief Social Work Adviser at the Directorate for Children and Families and set up under the Regulation of Care (Scotland) Act 2001.

We are governed by a Council of ten Members, including a Convener, who are appointed by Scottish Ministers. The Council delegates some responsibilities to the Audit and Assurance Committee.

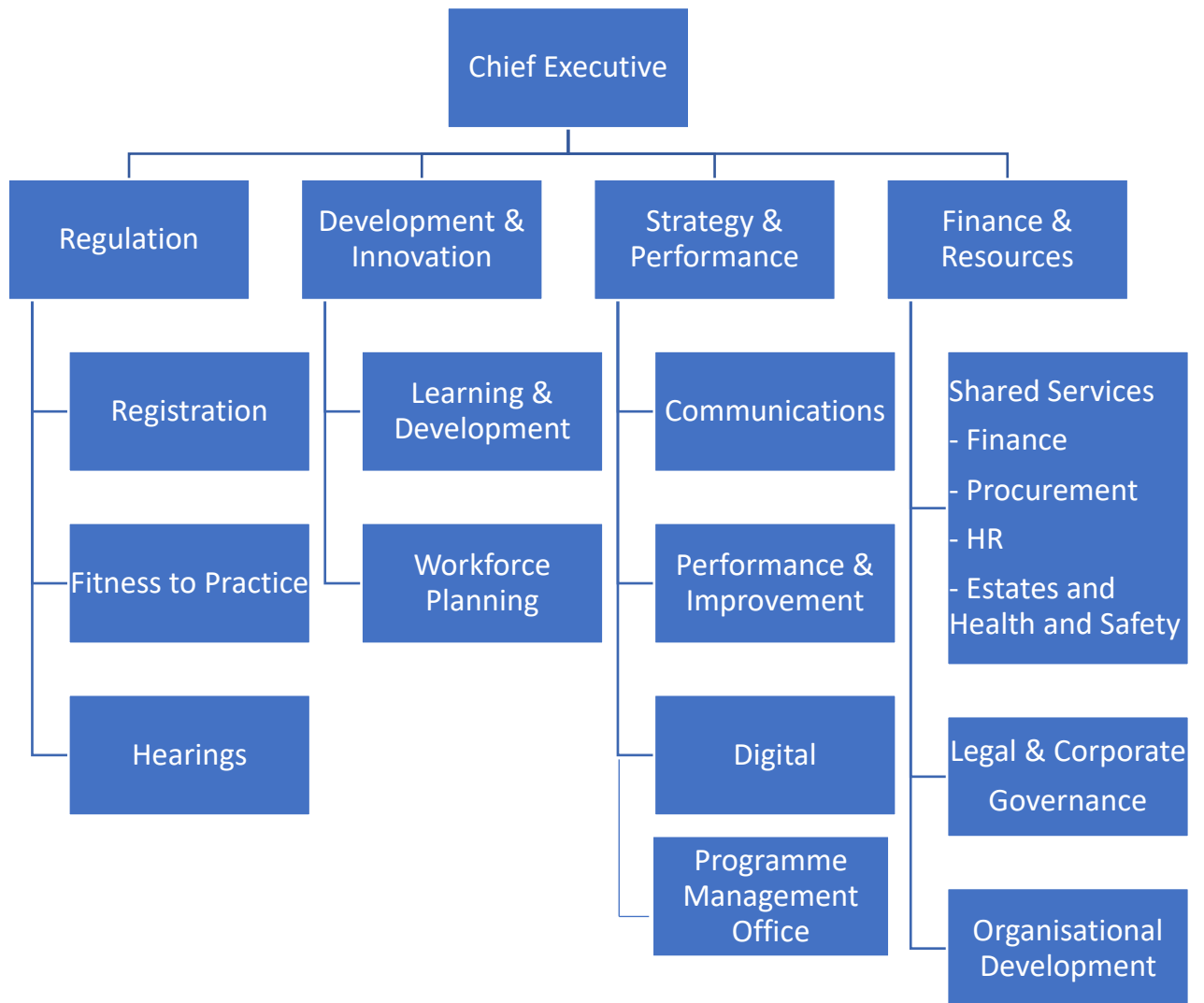
Our Chief Executive and directors make up our Executive Management Team (EMT). The heads of each department make up our Operational Management Team (OMT).

We have 288 full-time equivalent employees working across four directorates. We share services with the Care Inspectorate including Finance, Human Resources, Procurement, Estates and Health and Safety.





## Structure



## Our work

The social service sector employs approximately 206,400 workers which represents almost 8% of all employment in Scotland, or 1 in 13 workers. This is the highest figure since we began publishing this data in 2008. The workforce includes social service workers, social workers, social work students and early learning and childcare workers. They work across a range of services, in residential and day centres, community facilities and in people's homes. Our research into the value of the workforce indicates that adult social service alone contributes £3.4 billion to the Scottish economy.

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

We:

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



Here is how our work contributes to the Scottish Government’s purpose and national outcomes:

Scottish Government purpose	To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.
National Outcomes	<ol style="list-style-type: none"> <li>1. We live in communities that are inclusive, empowered, resilient and safe.</li> <li>2. We grow up loved, safe and respected so that we realise our full potential.</li> <li>3. We are well educated, skilled and able to contribute to society.</li> <li>4. We respect, protect and fulfil human rights and live free from discrimination.</li> </ol>
SSSC vision	Our work means the people of Scotland can count on social work, social care and early years services being provided by a trusted, skilled and confident workforce.
SSSC strategic outcomes	<ol style="list-style-type: none"> <li>1. People who use services are protected by ensuring the regulated workforce is fit to practise.</li> <li>2. The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.</li> <li>3. Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</li> <li>4. The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people’s lives.</li> </ol>



## Our business model

<p><b>Our key partners and stakeholders</b></p> <ul style="list-style-type: none"> <li>• Scottish Government sponsor – Office of the Chief Social Work Adviser and Scottish Government policy teams</li> <li>• Social service employers’ representative groups</li> <li>• People with lived experience</li> <li>• Learning providers and awarding bodies</li> <li>• NHS Education Scotland</li> <li>• Skills Development Scotland</li> <li>• Care Inspectorate</li> <li>• Other regulators within and out with social services and across the UK</li> <li>• Skills for Care and Development</li> <li>• Social Work Scotland</li> <li>• Convention of Scottish Local Authorities</li> </ul>	<p><b>Key activities</b></p> <ul style="list-style-type: none"> <li>• Maintain a register of eligible workers.</li> <li>• Publish the codes of practice for people working in social services and their employers.</li> <li>• Investigate concerns about the fitness to practise of registrants and applicants.</li> <li>• Sector skills council.</li> <li>• Support the professional development of workers.</li> <li>• National lead for workforce development and planning for social services in Scotland.</li> <li>• Engage stakeholders through our Involving People Plan.</li> <li>• Official and national statistics provider of social services workforce data in Scotland</li> <li>• Collaboration with Scottish Government policy teams</li> </ul>	<p><b>Value proposition</b></p> <p>Our work means the people of Scotland can count on social work, social care and early years services being provided by a trusted, skilled and confident workforce.</p> <p>We protect the public by registering social workers, social care and early years workers, setting standards for their practice, conduct, training and education and by supporting their professional development.</p> <p>Where people fall below the standards of practice and conduct we can investigate and take action.</p>	<p><b>Who we reach</b></p> <ul style="list-style-type: none"> <li>• Members of the public</li> <li>• People who use services and their carers</li> <li>• Social service user and carer representative groups</li> <li>• Advocacy and campaigning groups</li> </ul>
	<p><b>Key resources</b></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• IT systems and hardware</li> <li>• Office and hearing rooms</li> </ul>		<p><b>Our customers</b></p> <ul style="list-style-type: none"> <li>• Scotland’s social work, social service and early years workforce</li> </ul>



- Knowledge and experience

- Workers applying for registration
- Registered workers
- Employers of registered workforce

## Budget

Our budgeted expenditure is funded by grant in aid from Scottish Government and fees paid by those on the Register. Our budgeted funding for 2020/2021 was £15.7m from grant in aid and £6.0m from fees paid by registrants and other income of £0.3m. We also budgeted to use £0.6m of our general reserve balance to fund a marketing campaign for workers in the sector.



## Key issues and risk management

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

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

Our 2020/21 risk review identified the following strategic risks that could have prevented us from achieving our outcomes.

1. Failures in our system of regulation mean the needs of people who use services and workers are not met.
2. We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.
3. We fail to meet corporate governance, external scrutiny and legal obligations.
4. We fail to plan and resource our activities to deliver our digital strategy.
5. We fail to provide value to our stakeholders and demonstrate our impact.
6. We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.
7. We fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.
8. The Business Continuity plan in place is not up to date for the SSSC.
9. We are unable to operate effectively and efficiently due to effects of the global pandemic caused by COVID-19.

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



## Risk moving forward

The COVID-19 pandemic has had an effect on every part of our business and influenced what we consider are risks. Changes required by Scottish Government and the requirement for pandemic specific sector support were ongoing throughout 2020/21.

We proactively identify risks around business continuity procedures, our ability to carry out planned business activities and our budget. We also monitor changes to the policy landscape including most recently the Independent Review of Adult Social Care and The Promise which provide many opportunities for change.

In the next year, we will continue to focus on these risks and take the following actions to reduce them.

<b>Description of risk</b>	<b>Key mitigating actions</b>
Failures in our system of regulation mean the needs of people who use services and workers are not met.	Develop digital systems to manage casework progression.  Review of Fitness to Practise thresholds.
Ensure that our workforce development function supports the workforce to achieve the right standards and qualifications to gain and maintain registration.	Review the Codes of Practice.  Undertake a workforce skills survey to identify skills gaps, training and learning needs.  Work with employers to implement the supported first year for newly qualified social workers.  Develop new qualifications and a modern apprenticeship entry route to support workers within integrated health and social care settings.
Continue to meet corporate governance, external scrutiny and legal obligations.	Arrange governance mapping exercise.
Planning and resourcing our activities to deliver our digital strategy.	Work with Digital Sponsor to deliver our digital programme.
Providing value to our stakeholders and demonstrating our impact.	Implement impact measurement and management programme.



<b>Description of risk</b>	<b>Key mitigating actions</b>
Developing and supporting SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.	Embed Organisational Development department and supporting programme of work.
Securing sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	Audit and Assurance Committee consider assurance report quarterly setting out financial position, organisational performance and risks.
Pandemic impact on our ability to operate effectively.	Incorporate action plans into business-as-usual activity.
Continuing to monitor the impact of COVID-19 and the effects on the social service workforce.	Work with the sector to gauge ongoing effect through analysis of surveys, workforce planning data and information from our partner organisations.





## Our strategic outcomes

2020/21 marked year one of our [2020-2023 Strategic Plan](#). This Annual Report and Accounts provides a high-level assessment of our work during 2020/21 to deliver our strategic plan outcomes.

1. People who use services are protected by ensuring the regulated workforce is fit to practise.
2. The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.
3. Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.

To show our progress in fulfilling our outcomes, over the next three years we will measure:

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

At the start of the 2020 report year the social service sector was at the forefront in responding to COVID-19. As this report shows, our priorities had to shift to enable ongoing support to the sector during this time. The reprioritisation also prompted us to reconsider our strategic priorities.

In February 2020 Council Members agreed to introduce a new strategic outcome four from April 2021, namely 'The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives'.

The pandemic also refocused a significant number of activities under outcome three to respond to changing priorities. It was agreed that we required new ways to measure outcome three. This work is in progress and we will report on it as part of the 2021/22 Annual Report and Accounts next year.



## Performance analysis

### Our year at a glance

1. At its peak approximately 169,500 individuals were on the Register.
2. 16,092 SSSC Open and Health and Social Care Standards badges awarded.
3. 9,099 active users of MyLearning app.
4. 3,548 fitness to practise concerns received\*.
5. 3,818 concerns/ closed or resolved\*.
6. 43,649 applications registered.
7. 283 Hearings held of which 273 were held online, 7 were held as a hybrid and 3 in person.

\*includes cases about non-registered individuals

### Spotlight on COVID-19

As part of our 2020/21 survey cycle, we asked registrants whether there was anything more we could have done to support them during the pandemic and 89% of respondents stated 'no'. This positive feedback helps us understand registrants' views on our COVID-19 response over the past year, but we do recognise that our role is ongoing.

Table 1 provides a summary of the actions we took to support the sector during the pandemic.

**Table 1**

Strategic Outcome	Initiative
<b>Outcome 1</b>	<ul style="list-style-type: none"><li>• Temporary Social Work Register  Legislation was implemented creating a temporary Social Work Register to increase capacity in this workforce. Social Workers who left the Register in the last five years and final year social work students were eligible to apply.</li><li>• Increase in period for new workers to register  The legislation which sets the grace period within which new workers must register with the SSSC was increased from six months to 12 months, allowing the workforce and employers to concentrate on responding to the pandemic without requiring to register or pay application fees.</li></ul>



Strategic Outcome	Initiative
	<ul style="list-style-type: none"> <li>• Social Worker Volunteer Redeployment</li> </ul> <p>Contacted 699 non-front line social workers to query redeployment to frontline.</p> <ul style="list-style-type: none"> <li>• Worked in partnership with NHS Education Scotland (NES) to create a social care recruitment hub.</li> <li>• Focused on only investigating high risk fitness to practise referrals.</li> <li>• Permitted registrants to remain on the Register if they failed to make a payment or submit a removal.</li> <li>• Online hearings</li> </ul> <p>Due to COVID-19 we had to revise how we held our hearings. From 17 March 2020 we began working entirely online. We have continued to hold all hearings requested by Fitness to Practise this financial year without unnecessary delay.</p> <p>We started to hold physical hearings where it was essential to do so on a trial basis in May 2020 and formally from August 2020. We have so far concluded 12 physical or hybrid (partly online, partly in person) hearings this financial year. In total we have concluded over 282 for the financial year 2020/21. We hope this flexible approach improves future engagement with the hearings process.</p>
<b>Outcome 2</b>	<ul style="list-style-type: none"> <li>• Extended qualification conditions for registrants to provide a further 12 months to gain qualification.</li> <li>• Established a hardship fund for social work students. Students would usually complete placements as part of their course however the SSSC suspended social work student practice placements on 20 March 2020.</li> <li>• Both independently and in partnership with NHS Education for Scotland (NES), we published guidance and resources to support employers and the sector during the pandemic.</li> <li>• We supported work around contingency arrangements, tools and guidance for students and training providers delivering qualifications accepted for registration with the SSSC, this included the programmes we approve and</li> </ul>



<b>Strategic Outcome</b>	<b>Initiative</b>
	<p>quality assure and benchmark qualifications such as HNC programmes.</p> <ul style="list-style-type: none"> <li>• We developed and published guidance and resources to support the workforce during the pandemic.</li> </ul>
<b>Outcome 3</b>	<ul style="list-style-type: none"> <li>• Published provisional workforce data ahead of schedule to support Scottish Government with COVID-19 workforce planning.</li> <li>• Worked with the Care Inspectorate to support improvement activity and provide assurance to Scottish Government on staffing levels in care services.</li> <li>• Responded to 69 requests for data from range of key stakeholders including Scottish Government which helped decisions around Personal Protective Equipment and vaccine roll-out across the workforce.</li> <li>• In collaboration with NHS Education for Scotland (NES), we helped to develop the health and social care recruitment portal. Social service workers engaged positively with the recruitment portal and working together with the Care Inspectorate, we used the data to determine, map and meet the demand for staff.</li> </ul>
<b>Other key work areas</b>	<ul style="list-style-type: none"> <li>• We implemented an interim communication strategy in place of our planned three-year strategy to build on the positive response to COVID-19 by the SSSC and the national care sector.</li> <li>• We made the move to 100% working from home within 24 hours.</li> <li>• We provided the digital infrastructure required to quickly deliver COVID-19 support initiatives such as the Temporary Social Work Register.</li> </ul>



Strategic Outcome	Initiative
	<ul style="list-style-type: none"> <li>• While working remotely, we recruited 44 new staff into the organisation. This involved redeveloping our procedures to make sure we could still operate effectively away from the office.</li> <li>• We developed the first steps to Outcomes Based Budgets by linking all budgeted expenditure to our Strategic and Departmental outcomes.</li> <li>• We managed the Bursaries Hardship Fund to support postgraduate Social Work students during the pandemic.</li> </ul>



## Customer perceptions

To support our work in identifying the needs of our customers, we completed a programme of engagement over 2020/21.

Our annual survey of registrants and externally commissioned research to inform our digital strategy. Both focused on the views of registrants with the digital survey also including questions on our brand and use of our digital assets.

The surveys were designed to achieve different aims but through analysis we identified similar findings in some areas. Across both surveys we received 9,392 responses. The responses indicate strong positive feeling towards the SSSC, a good level of understanding of our role and remit and strong agreement that our work improves registrant practice.

Responses also showed consistency in the use of our learning resources, with both groups of survey respondents indicating similar levels of engagement with these. Most registrants who have used our learning resources gave positive feedback about how useful they find them and that they would recommend them to their colleagues, or that they already had done so. Registrants are also more likely to agree that our resources help to support their development.

Emerging themes that apply to all register parts included the need to focus on promotion and accessibility of learning and development resources both at the workplace and at home, as well as raising awareness of our digital content and our role in workforce planning.

Additional emerging issues were highlighted for the following register parts:

Managers in care at home services for adults	Difficulty in accessing learning resources due to pressures on work/life balance.
Managers in residential childcare services	
Managers of adult day care services	
Managers of care at home services	Lack of understanding of specific resources applicable to their role.
Practitioners in day care of children services	
Students	
Supervisors in care at home services for adults	A need for more online sessions relating to continuous professional development.
Supervisors in housing support services	
Workers in day care of children services	
Managers in care at home services for adults	Ability to attend learning sessions during working hours.
Managers of care at home services	
Supervisors of care at home services	



We will consider the areas identified by these groups of workers and identify where we can improve the service we provide to them through our engagement with the sector and through our delivery of learning resources and other products and services.



## Financial performance

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

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

Our budgeted income and funding for 2020/2021 was as follows:

	<b>2020/21 Budgeted income £000</b>	<b>2020/21 Budgeted funding £000</b>	<b>2020/21 Total income and funding £000</b>
Grant in aid		15,724	15,724
Specific grants		1,812	1,812
Registration fees	5,965		5,965
Other income	268		268
<b>Total income and funding</b>	<b>6,233</b>	<b>17,536</b>	<b>23,769</b>

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

The 2020/2021 expenditure budget was set at £24.408m. This is £0.639m more than the 2020/2021 available funding of £23.769m. This was on the basis of our Sponsor agreeing additional 2019/2020 grant in aid of £0.639m was to be retained in our general reserve and used to fund digital and other development during 2020/2021. This was not fully utilised in 2020/2021 due to project delays resulting from the COVID-19 pandemic.

There was no capital expenditure during the 2020/2021 financial year. The following table shows our revenue budget position.



	2020/21 Budget £000	2020/21 Actual £000	2020/21 Variance £000
Revenue expenditure	24,408	22,165	(2,243)
Fee income	(5,965)	(5,675)	290
Other income	(268)	(339)	(71)
<b>Net expenditure</b>	<b>18,175</b>	<b>16,151</b>	<b>(2,024)</b>
Grant in aid (revenue)	(15,724)	(16,035)	(311)
Specific grant funded projects	(1,812)	(1,812)	0
<b>Total funding</b>	<b>(17,536)</b>	<b>(17,847)</b>	<b>(311)</b>
<b>(Surplus)/deficit for the year</b>	<b>639</b>	<b>(1,696)</b>	<b>(2,335)</b>
<b>Transfer to/(from) general reserve</b>	<b>(639)</b>	<b>1,696</b>	<b>2,335</b>

Our actual surplus for 2020/2021 was £1.696m i.e. £2.335m more than the budgeted deficit position of £0.639m.

Budget variances were as follows:

	2020/21 £000	2020/21 £000
<b>COVID-19 related revenue expenditure variances</b>		
Practice learning fees	(918)	
Digital development	(387)	
Workforce development activity	(327)	
Postgraduate bursary payments	(213)	
<b>Total COVID-19 related revenue expenditure variances</b>		<b>(1,845)</b>
Other revenue expenditure variances		(398)
<b>Total revenue expenditure variances</b>		<b>(2,243)</b>
Income		219
Grant in aid funding		(311)
<b>Total budget variance</b>		<b>(2,335)</b>



The Sponsor has agreed the underspends can be carried forward to 2021/2022 in our general reserve balance. This means our general reserve will not reduce as much as anticipated when the 2020/2021 budget was set. The closing balance of £3.279m (note 11) is 13.4% of gross expenditure. The SSSC's target range for the revenue element of the general reserve is 2.0% (£0.488m) to 2.5% (£0.610m) of our gross expenditure budget.

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

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

- (i) For budgeting purposes, we consider grants and grant in aid to be income. The accounting position must present grants and grant in aid as sources of funds and they are credited to the general reserve on the Statement of Financial Position (SOFP).
- (ii) Post-employment benefits (pensions) must be accounted for using International Accounting Standard 19 'Employee Benefits'. IAS 19 requires accounting entries for pensions to be based on actuarial pension expense calculations. Our funding position is based on the cash pension contributions we make as an employer to the pension scheme.
- (iii) Grant in aid used for the purchase of non-current assets is credited to the general reserve and the balance is reduced by the amount of depreciation charged each year. The 2020/2021 depreciation charge is £2k.



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

	Ref/note	2020/21 £000
Deficit per the SCNE	SCNE	20,380
Funding from grants and grant in aid	12a	(17,847)
Reverse IAS 19 pension accounting adjustments	5b table 2	(4,227)
To fund depreciation of assets	6a	(2)
<b>Surplus on funding and budgeting basis</b>		<b>(1,696)</b>

### Supplier payment policy

The SSSC is committed to the Confederation of British Industry Prompt Payment Code for the payment of bills for goods and services we receive. It is our policy to make payments in accordance with the Scottish Government's instructions on prompt payment and a target of payment within 10 days. In 2020/2021 we paid 99.14% (2019/2020: 99.48%) of invoices within 10 days.

### Going concern

The SSSC has no reason to believe the Scottish Government and Scottish Ministers have any intention to withdraw or reduce support to the organisation. In addition, the Sponsor has confirmed grant in aid figures for 2021-2022. It is therefore considered appropriate to prepare the accounts on a going concern basis.

The Statement of Financial Position at 31 March 2021 shows net liabilities of £8.310m (2019/2020: £5.777m). The net liabilities are mainly the result of actuarial assumptions adopted for the application of accounting standard IAS 19.

IAS 19 requires the liabilities and assets of the pension scheme to be valued. The pension liability represents the best estimate of the current value of pension benefits that will have to be funded by the SSSC. The liability relates to benefits earned by existing or previous SSSC employees up to 31 March 2021.

The SSSC participates in a pension fund which is the subject of an actuarial valuation every three years. This actuarial valuation is different from the valuation required by the accounting standard IAS 19. The actuarial valuation



determines employer contribution rates that are designed to bring fund assets and liabilities into balance for the fund as a whole, over the longer term.

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



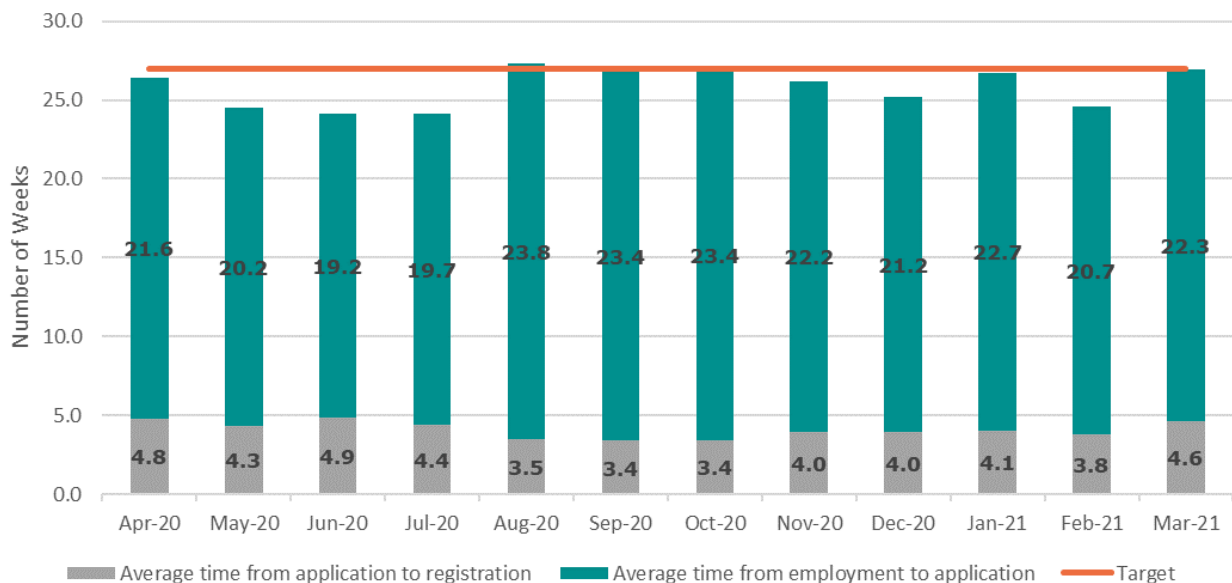
## Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.

During 2020/21, we have completed the following activities under this outcome.

- In September 2020, we concluded the registration of the last and largest categories of workers. This is a significant milestone in the regulation of the social service workforce and in the last three years we have registered over 62,000 workers.
- Successfully moved to and conducted an online system of hearings ensuring continued public protection during the pandemic.
- Introduced a new method of communication with a webchat function allowing us to reach more registrants in a different way.

### Strategic performance indicator results

Figure 1: Strategic performance indicator 1 - reduce the average time taken from a person starting their employment to being registered with the SSSC.



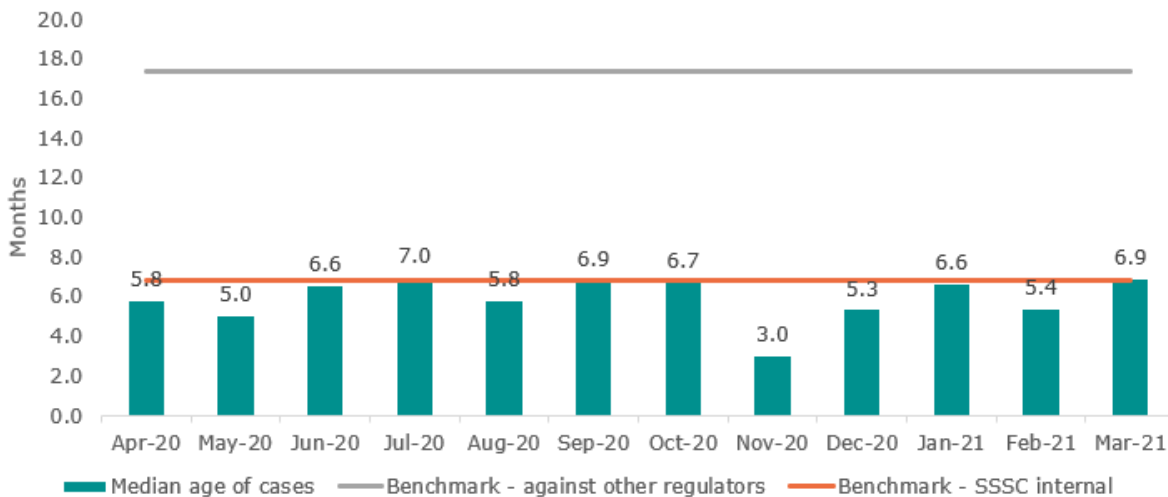
This strategic performance indicator (SPI) helps measure how quickly we process applications, that the right people are registered and makes sure new staff are registered quickly. As part of our COVID-19 response, the grace period for workers to gain registration was extended from six to twelve months. This meant that we maintained our 2019/20 performance target of 27 weeks during 2020/2021.

The extension to the time permitted for workers to become registered is not permanent and by March 2023 we hope to register workers within 12 weeks of



employment. When the grace period moves back to six months, we will launch a 'Get Registered' campaign to promote the change.

Figure 2: Strategic performance indicator 2 - the average time taken to process a fitness to practise case is maintained at less time than organisations we benchmark against.



This SPI measures the time taken to process a Fitness to Practise (FtP) case.

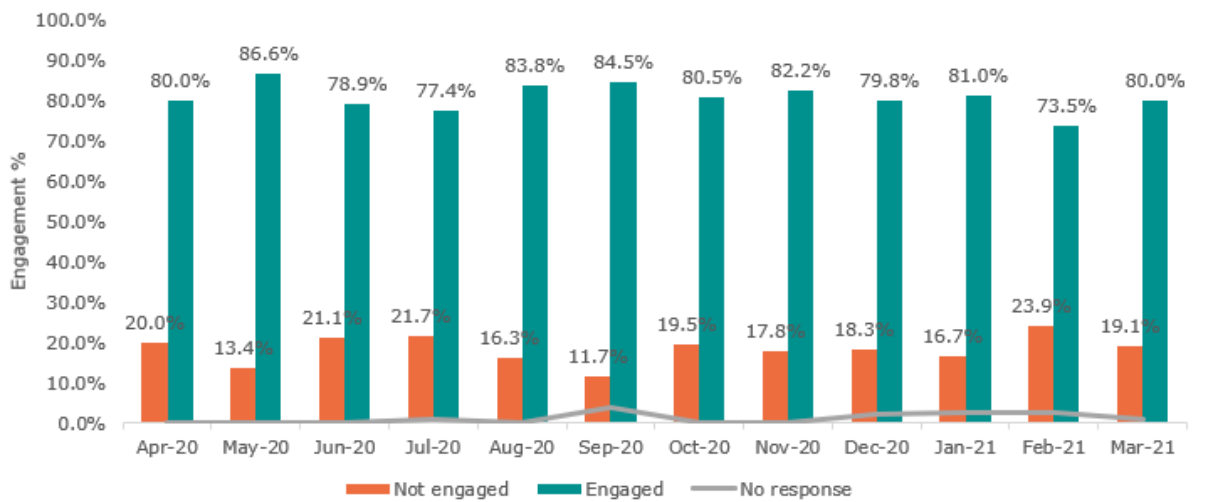
We are consistently below the 17.4 months external benchmark target and have developed our own internal benchmark of 6.8 months. The external target is based on available data for similar regulatory bodies, such as the General Dental Council and General Medical Council.

Although we have performed well against this measure, COVID-19 created challenges for us. We experienced issues with case progression, staff capacity, delayed recruitment and a lengthier staff training process that was more resource intensive.

Some FtP case matters are the subject of third-party investigations that are ongoing at the time we open a case. We need to wait for the external investigations to conclude before we can finish ours. This means our performance over the next year will be affected by the time taken for other organisations to complete their investigations.



Figure 3: Strategic performance indicator 3 - increase the percentage of the workforce who are engaged when they are involved with the fitness to practise process.



This measure shows the percentage of workers who have and have not engaged with the FtP process. If a worker subject to FtP proceedings provides a response to allegations this is likely to result in meaningful engagement with the FtP process. When workers engage with the FtP process this often results in better outcomes for the worker involved as it helps us understand the worker's insight and learning, which is important when assessing fitness to practise.

Over the year, engagement has been 80.4% (1050 out of 1306 cases) against a target of 80%. We had anticipated that cases delayed due to COVID-19 would result in disengagement however we have no evidence which supports this initial prediction.

We continue work to improve access to representation and support services for workers, which helps them to meaningfully engage. The percentage of workers attending hearings in 2020/21 was 42% (118 out of 282). This is an increase on 2019/20 attendance which was 30% (97 out of 321). The introduction and successful implementation of online hearings is linked to this increase. We will explore how we can maintain these higher levels of engagement post-pandemic.

Witness engagement is of equal importance and in the last year, the Registration Department has started providing support to witnesses attending hearings.



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

Despite the impact of COVID-19 affecting our staff and limiting some of the work that we do, we have achieved some key objectives to support and develop the workforce.

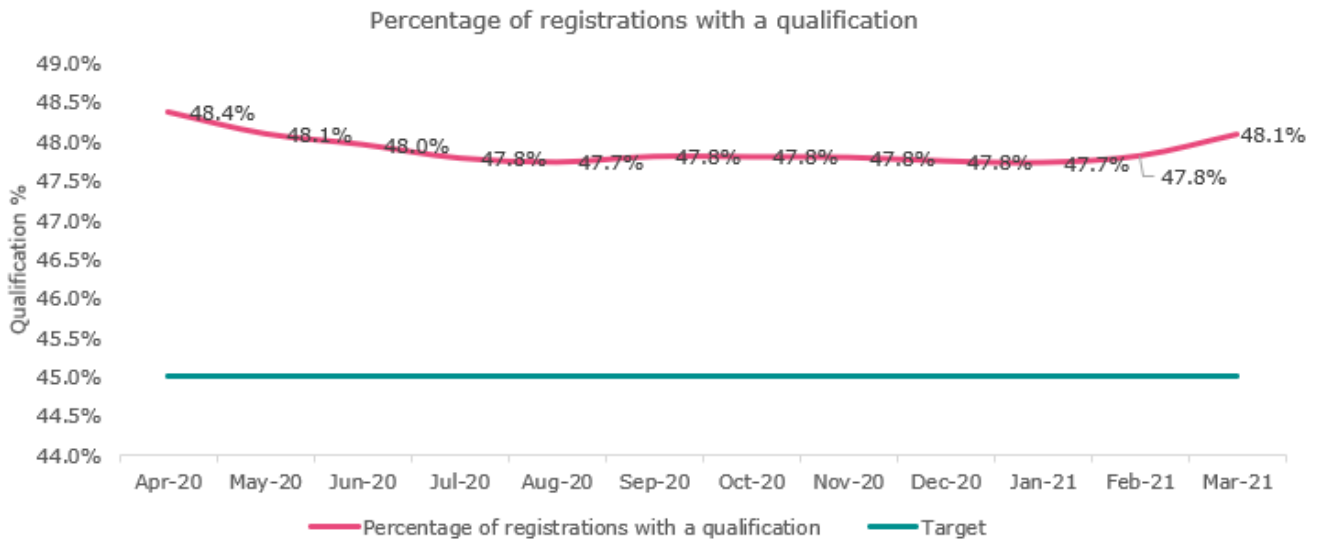
- We have implemented a new approach to Continuous Professional Learning (CPL) and launched a brand-new MyLearning app to support this. The MyLearning app is designed to help registrants keep a record of and evidence their CPL. The CPL open badge has increased the number of registered users using our wider resources and led to an increase in SSSC resources used by registrants to meet their CPL requirements.
- We worked closely with the higher education institutions (HEIs) and employers to agree alternative methods of assessment and contingency arrangements to support final year social work students to qualify in the summer of 2020 and join the workforce.
- We continued to engage with partners to raise awareness of quality improvement in social services and support access to learning resources. This included liaising with the Care Inspectorate, Health Improvement Scotland, NES, Scottish Government Leading Improvement Team, Children and Young People Improvement Collaboration and the Health and Social Care Alliance.





## Strategic performance indicator results

Figure 4: Strategic performance indicator 4 - Development and Innovation: increase the percentage of the registered workforce with the correct qualification.



This SPI measures the proportion of the registered workforce who have achieved a qualification that meets the requirements of registration.

Throughout the year we have seen the proportion of SSSC registrations with a qualification reduce from 48.4% (112,825 out of 218,599 registrations) in April 2020 to 47.7% (117,751 out of 224,267 registrations) in September 2020. At the end of the year this figure did rise again to 48.1% (118,821 out of 228,747 registrations) in March 2021.

The average across the whole year was 47.9% and has remained consistent throughout 2020/21. This average is above our initial target of 45% and a positive indicator of performance but we have looked beyond this result. Work we completed as part of the **SSSC qualified status of our registered workforce report** identified some key long-term risks which we need to monitor.

The **SSSC qualified status of our registered workforce report** estimates that within the next five years there will be approximately 84,000 individuals who need to gain a social service qualification. To address these findings, as a priority we will work with partners to address the shortfall of training provision needed to meet the demand for social service qualifications over the next five years.



Figure 5: Strategic performance indicator 5 - Development and Innovation: increase the percentage of the workforce using our learning resources to achieve Continuous Professional Learning.

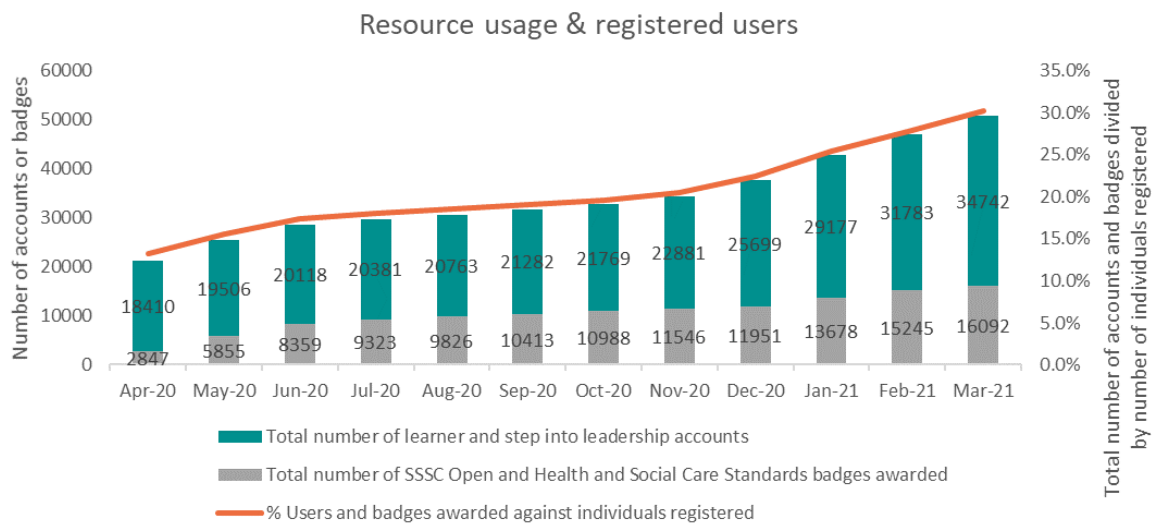


Figure 5 shows the number of learners registered to use our learning resources and the number of SSSC open badges awarded.

At the start of this financial year use of our resources increased. A proportion of Early Learning and Childcare (ELC) staff were furloughed and employers asked them to focus on their Continuous Professional Development (CPD). Open badges were referenced within guidance produced in partnership with NES to support workers who were new to the sector, redeployed or volunteers. This increase in new users provides us with an opportunity to keep registrants engaged and signpost to our other resources.

We started the year with 17,819 new learner accounts and by the end of March 2021, we had 33,733. This represents an increase of 89% across this time. We have also seen the number of Step into Leadership users increase from 591 users in April 2020 to 1,009 by the end of March 2021, which is an increase of 71%

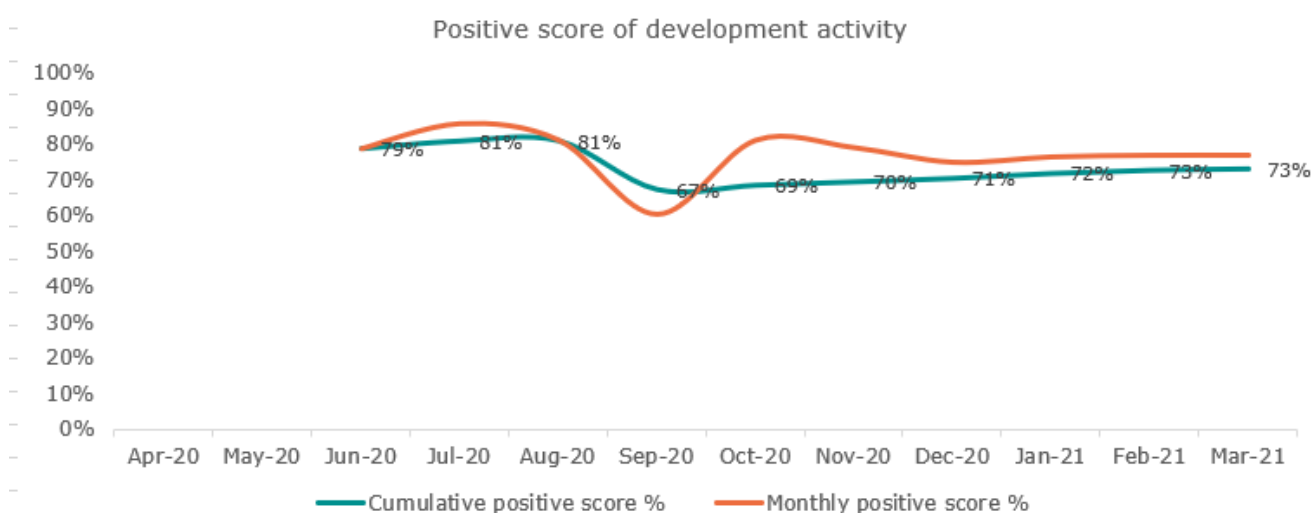
During the last year Open Badges were frequently accessed as a learning resource. Open Badges give users a digital record of achievements and skills in areas of their choosing such as working with families and safeguarding. In April and May 2020, we registered 1,855 and 1,067 new learner accounts and awarded 5,855 open badges during that time. In June 2020 we started to see the number of new learner accounts reduce to 643 but badges remained high at 2,504. From July we saw this decrease again throughout the summer and returned to pre-pandemic levels. However, we saw a further increase again in new users in December with 2,833 and badges submitted for review increased in January 2021 to 1,727. The major driver behind this was the introduction of the new MyLearning app. Since its introduction, the MyLearning app has had



9,099 users who have actively used the app and have created, updated or shared information. These users have also generated 62,139 learning logs.

We have assessed 16,092 badges throughout the full financial year. This is much higher than the 5,342 badges awarded in the financial year 2019/20 and allowed us to reach our assessment target of 30%. We intend to increase this target for the remaining financial years of the strategic plan.

Figure 6: Strategic performance indicator 6 - percentage of those reporting positively that our development activity is delivering the support required by the workforce.



This indicator shows the feedback from individuals who have been using SSSC learning resources to support their CPD. We gather this feedback via surveys linked to the resources we have on our websites.

We started to record information under this measure from June 2020 and by the end of the financial year we had received 6,500 responses regarding our learning resources.

Throughout the year we have combined the responses of people who have used our resources and who have answered the following survey questions:

- 'on a scale of 1 to 5, with 5 the highest possible score, how much do the SSSC's learning resources support your development?'
- 'on a scale of 1 to 5, with 5 being the highest possible score, how much do you believe the work of the SSSC improves your practice?'

A response of a four or five is considered positive. Over 2020/21, we recorded that 73% (4,769 out of 6,500) of responses have been positive. We also combined results from the annual registrant survey concerning learning resources into this measure, and this is reflected within Figure 6 at September 2020's monthly performance percentage.



Our internal target for the year was 80% positive responses. We understand how important it is to know our customers and although we did not meet this target, our focus is on meeting it in the next year. Over the 2021-22 period when registered workers log their learning through the new MyLearning app we will know what resources they are using for CPL. This information will inform resource design and marketing to ensure we match the needs of registered workers and employers and help us meet our target.

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

The 2020/21 activities planned under this outcome were designed to progress pre-pandemic national agendas and initiatives. The pandemic required a national redirection of priorities and resources which in turn created delays to outcome three work streams. Many of the postponed work streams are now being re-established.

Not all planned work under this outcome stopped. Our workforce intelligence team responded to multiple data requests and our workforce planning team published a range of guidance documents which we shared on our website as well as on the NES Turas platform supporting both the health and social care workforces. We also supported the delivery of the Social Work Scotland (SWS) self-directed support standards and became part of the Young Person's Guarantee. We received permission from the Office of the Chief Statistician to publish our official data from 2019 and 2020 early in mid-May 2020 which ensured that correct information and advice was readily available at a time of peak demand.

We contributed to a paper which agreed proposals in support of Fair Work in Social Care and was considered as part of the Independent Review of Adult Social Care.

As a result of COVID-19 we reprioritised our work and took part in national activities to support the sector.

Our workforce planning and support activities were refocused to support the sector's response to COVID-19. We engaged with national working groups to offer guidance, expertise and respond to data requests about the workforce.

We experienced an increase in requests for detailed breakdowns of data. In most cases the requests for data were to support the different groups of staff within the workforce during the pandemic. For example, key datasets were used to support the sector in the roll out of the vaccination programme, PPE and the payment of £500 to the social service workforce.



We also provided information to support workforce modelling and participated in the development of infection prevention and control guidance.



## A high performing organisation

Our values and our organisational characteristics underpin the delivery of our strategic plan.

In February 2021, we successfully held our annual staff conference. As this was virtual it consisted of short sessions over several days. The majority of staff attended a session about putting our values into practice. We were delighted to have speakers from Who Cares Scotland and the Promise. The Minister for Children and Families (Maree Todd) joined virtually to thank staff for all their hard work during the pandemic.

## Digital

Our digital infrastructure provides us with modern, user-focused systems and software applications as well as the appropriate equipment to effectively deliver services. As a forward-looking organisation, we completed a digital transformation programme in 2019 which focused on 'Cloud' technology and enhanced technical mobility, moving to portable rather than fixed hardware and devices. Our staff readily adopted the changes the transformation introduced and benefits were quickly realised and our workforce prepared for a different way of working.

From the point the pandemic took hold, the digital transformation and developments previously implemented allowed us to respond positively to the global COVID-19 pandemic. Staff responded seamlessly to working from home using mobile and Cloud technologies, securely accessing systems and data, providing an uninterrupted service to our customers.

Despite the challenges of the pandemic, we continued to advance our digital projects. Over 2020/2021 we realised significant benefits including savings of £110,000 across our key projects.

Table 2 contains a summary of the projects and main benefits:

**Table 2**

<b>Project</b>	<b>Benefit</b>
Telephony upgrade	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.



<b>Project</b>	<b>Benefit</b>
MySSSC and website development	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.
Case management system development	We upgraded our legal case management system (MatterSphere) to improve productivity and to digitise the process of sharing information.
Planning system development	We scoped out our data and reporting requirements to inform the deliverables for a new intelligence and insights system.
Paperless hearings	We implemented digital technologies to support paperless hearings, delivering process improvements and enhanced service provision.
Communicating and collaborating using SharePoint	We migrated our core data files from traditional file servers to Teams/SharePoint, delivering new functionality to improve communication and collaboration.

We know that technology does not stand still and that 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.

### **Always focused on needs of our customers**

We are committed to meeting our customers' expectations and during the last year the requirement to do this was more pressing than ever before.

As highlighted in the section on customer perceptions on page X, we actively engaged and acted on the needs of the sector and our stakeholders to provide effective regulatory support.



The needs of our customers are always changing. Each year we survey our registrants to gather information on the impact of our work. In 2020 we also commissioned research to help with the creation of our digital strategy.

Analysis of both surveys together has identified that the research and annual registrant survey have yielded consistent findings. These are that our registrants:

- feel positive about the SSSC and agree that registration is beneficial
- understand the work of the SSSC and agree that our work helps improve practice
- rated our learning resources as good and agreed that they support development.

### **Produce evidence and intelligence that helps us, and others, make the right decisions**

We have a responsibility for workforce data and intelligence. We provide workforce data, information and intelligence for Scottish Ministers, employers and other stakeholders that supports the development of the sector.

Throughout this report, particularly under outcome three, we have demonstrated the ways we have shared information with partners and stakeholders to support the response to COVID-19. Despite the pandemic increasing the demand for data requests and data sharing in the past year, we continued to deliver projects related to workforce data and intelligence including publishing all reports and data tables on time. We engaged with a range of national working groups and continue to strengthen the way we provide key information to stakeholders based on demand.

We actively monitor the regulatory landscape and consider how we, as a regulator, can influence policy decisions. In the last year we responded to 16 consultations across a range of themes including Fair Work First in Public Bodies, Independent Review of Adult Social Care and the Shortage Occupation List.

### **Work to improve every area of our organisation**

As a public body, it is important to deliver a service which not just meets the needs of our customers now but in the future. We must also demonstrate value for money.

We have grown as an organisation and maturity has brought with it increasingly complex challenges and work streams. To effectively structure a wide variety of projects, we established a programme management office to provide guidance, oversight and drive forward our progress across a suite of





project areas. The development of our digital programme board contributes towards our robust governance structure, transparent approach to accountability and gives a clear record of decision making around high-risk digital areas.

Quality assurance continues to play a key role in our day-to-day operations. In 2020/21 we concluded our first cycle of assessment using the European Foundation for Quality Management (EFQM model). In applying the EFQM model, we identified long, medium and short-term improvements which we implemented across the business.

We anticipated improvements from the introduction of new technology, such as cloud-based working and use of up-to-date hardware to support this. The impact of COVID-19 accelerated these improvements.

We have also improved our understanding of the experiences workers and other stakeholders have when they are in contact with us. Our Hearings department introduced a new feedback questionnaire for workers who attend hearings, and for witnesses who attend hearings. Our Registration department introduced a short post-call survey via our new telephony system for customers who call our main phone line.

### **We are a respected and valued organisation and work with others to deliver our outcomes**

We work collaboratively with our partner organisations. Over 2020/21 we worked with NES and Royal Collage of General Practitioners Scotland to deliver 12 Collaborative Wellbeing Coaching conversations events as part of the Leadership for Integration project. We received positive feedback from participants who reported that they valued the time and space to reflect on their and others' wellbeing and their roles in collaborating with others.

With Health Improvement Scotland and the Care Inspectorate, we supported the development and delivery of a series of webinars.

### **People want to work at the SSSC**

We want to maintain an up-to-date understanding of the profile of our current staff and determine what factors attract people to work for the SSSC.

Following a review of our organisational development processes, we created a dedicated Organisational Development department in 2020. This department will make improvements, enhance quality and provide development opportunities with a focus on the needs of our employees. The department is responsible for a programme titled **evolve** that will develop staff and managers throughout their SSSC work journey.

Here are some of the key deliverables under our **evolve** programme so far.



- We delivered our first leadership and management development programme to around 45 managers over February and March.
- We moved our agile working consultation activity from survey stage to focus group stage with sessions taking place to inform next steps.
- We agreed a cycle of work for undertaking full organisational training needs analysis and decision-making timetable for priority training areas. The first part of that cycle is currently underway.
- We agreed a process and timetable which will see departments develop detailed people plans (workforce plans) to consider skills, competencies, risks and opportunities. These will be reviewed and updated annually and will also inform training and development decision making.
- We appointed a supplier to carry out a scoping exercise on our overall reward strategy, including pay and grading. This work is underway and reported to Council in May 2021.

During 2020/21 we also maintained our Investors in People (IiP) accreditation. Our scores put us in the top quartile of similar organisations. Our latest assessment for IiP started on 26 October 2020 with a staff survey.

## Communications

In the last year, we focused our external communication and engagement activities on our response to the COVID-19 pandemic which included:

- promoting the value of the social service workforce in light of the awareness created by the pandemic and recognition of their effort and commitment
- making sure that employers and people on our Register had the most up to date information on changes to our regulatory approach and developments that affected them
- working with our partners including Scottish Government to provide information and point to resources designed by the SSSC and others to support the workforce during the pandemic.

Other highlights included partnering with the Scottish Government for the second wave of '**There's more to care than caring**', the national adult social care recruitment marketing campaign in March 2021, including holding a national workshop run by our staff and our Career Ambassadors. 147 people signed up, 80% said the workshop was extremely helpful or very useful and 78% said their perception of the industry improved after attending.



We also launched our most successful 'SSSC Codes in Practice' video yet, developed in collaboration with Capability Scotland. We reached over 5,000 people helping them share, develop and promote good practice through learning from each other.

## Complaints

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

Our average response time for stage one complaints is three working days, which is within the five-day timescale. The average for stage two responses is 40 working days, which is above the 20-day timescale. This average is skewed by one complaint which took 235 days to respond to due to an ongoing third-party investigation.

<b>Complaints</b>					
<b>Indicator</b>	<b>2020/21</b>	<b>2019/20</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2016/17</b>
Stage 1 complaints received	90	186	222	292	379
Percent stage 1 responded to in 5 working days	92%	95%	93%	93%	94%
Stage 2 complaints received	8	15	15	24	19
Percent stage 2 responded to in 20 working days	89%	71%	91%	96%	89%
Percent upheld (all complaints)	18%	23%	Not recorded	Not recorded	Not recorded
Percent partially upheld (all complaints)	25%	17%	Not recorded	Not recorded	Not recorded

## Legal and corporate governance

This year we have dealt with 109 requests for information from other regulatory bodies. This is a significant increase in comparison to 2019/2020 during which time we received 49 requests from regulatory bodies.

We facilitated the move to virtual and publicly broadcasted Council meetings and virtual Committee meetings. Due to our quick response, user testing and digital infrastructure, we were able to hold our virtual Council meeting in the week immediately following the move to working from home in March 2020.



## Whistleblowing

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

A social service worker can whistleblow to someone in their own organisation or to a third party known as a 'prescribed person'. The SSSC is a prescribed person listed in Prescribed Persons (Reports on Disclosures of Information) Regulations 2017. As a prescribed person, we are required to publish annually the details of referrals that qualify as whistleblowing and the actions we took.

In 2020/21 we received nine whistleblowing referrals. In seven of these cases, we opened a FtP case. By opening a case we investigate whether the fitness to practise of the worker is impaired or not.

We did not open a case for two of the referrals. We assessed them as having no real prospect of finding current impairment.

For the seven cases we did open, we can report the following.

- Four cases are ongoing at the time of writing.
- Three cases have concluded as follows:
  - one case resulted in no action taken as we found the worker's fitness to practise was not currently impaired
  - two cases resulted in no action taken as there was insufficient evidence to prove any allegations.

We have two whistleblowing cases referred before this financial year that remain open. The investigations are complete, and we are in the process of making a decision.

Our Whistleblowing Policy informs and encourages staff to raise serious concerns about wrongdoing or alleged impropriety. The policy is consistent with, and makes explicit references to, the Public Interest Disclosure Act 1998. There were no internal whistleblowing referrals in 2020/2021.



## Anti-corruption and bribery

Our Counter Fraud and Corruption Framework, along with other controlled documents including Human Resources (HR) policies, codes of conduct, financial and contract procedure rules, whistleblowing and complaints policy ensure legislative compliance and management of fraud and corruption.

We present a fraud and corruption report to the Audit and Assurance Committee annually. Zero incidences of fraud or corruption were detected during the 2020/2021 financial year. During financial year 2020/2021 we strengthened our counter fraud arrangements by contracting with NHS Counter Fraud Services. The Audit and Assurance Committee tracked progress of this piece of work regularly. It is now a standing item on its agenda.

## Equality

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

We have developed our new mainstreaming and outcomes report. The report sets out our equality outcomes for the next four years.

We have also relaunched our Equality, Diversity and Inclusion Group. We extended the remit to include developing our approaches to promoting care experience and supporting children's rights. In January 2021 we published our new corporate parenting plan and our first report setting out how we will promote children's rights throughout our work.

We continue to develop and publish equality impact assessments on our website.

## Social and environmental impacts

We support staff to contribute to public and community activities through our Special Leave Policy and in response to the COVID-19 pandemic we relaxed our policy further to allow staff to provide care or volunteer in their communities.

We started working towards Investors in Young People (IiYP) in 2018 and achieved a standard (good practice award) in 2019.

We recruited nine employees below the age of 25 during 2020/21 and we employed 17 young people as at 31 March 2021. We have several programmes



that are attractive to young people including internships, modern apprenticeship and trainee solicitor roles.

We have also successfully maintained our Healthy Working Lives Silver Award in September 2020.

## Environment

In 2020/21 the impact of COVID-19 meant that the way we worked led to us using our facilities less. This helped us to make our biggest positive contribution towards the environment to date.

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

During 2020/21 we have:

- submitted our annual Public Sector Climate Change Report
- included environmental considerations in all procurement activities
- considerably reduced staff travel due to COVID-19 regulations and legislation
- made full use of Microsoft Office 365 to work exclusively from home since 17 March 2020 to date.

Our 2018–2023 Carbon Management Plan sets out how we will deliver our Climate Change (Scotland) Act 2009 duties. Through this plan we aim to reduce our carbon emissions by 25% by 2023 (from a 2015/2016 baseline).

## SSSC Carbon footprint

	2020/21	2019/20	2018/19	2017/18
Total CO2 produced (tonnes CO2 equivalent)	78.0	184.6	204.1	237.8
Total CO2 produced (tonnes CO2 equivalent).				
Travel	1.9	56.5	73.9	85.2
Gas and electricity	78	126.06	128.6	151.3
Water	0.2	0.7	0.7	0.7
Waste and recycling	0.2	0.9	0.9	0.6



## **SECTION B: Accountability report**

### **Corporate governance report**

#### Directors' report

##### **SSSC Council**

Members sitting on the SSSC Council during 2020/2021 were:

- Sandra Campbell (Convener) (from 1 September 2019)
- Theresa Allison (from 1 September 2018)
- Professor Alan Baird (from 1 September 2018)
- Paul Edie (Chair of the Care Inspectorate)
- Julie Grace (from 1 September 2019)
- Lynne Huckerby (from 1 September 2019)
- Rona King (from 1 September 2019)
- Linda Lennie (from 1 November 2017)
- Peter Murray (from 1 September 2019)
- Russell Pettigrew (from 1 September 2019)

##### **Executive Management Team (EMT)**

Members of the EMT are employees of the SSSC. The following individuals served on the EMT during 2020/2021:

- Lorraine Gray, Chief Executive
- Maree Allison, Director of Regulation
- Gordon Weir, Executive Director of Corporate and Customer Services (shared post with Care Inspectorate) (to 9 August 2020)
- Lynn Murray, Interim Director of Finance and Resources (from 1 June 2020)
- Phillip Gillespie, Director of Development and Innovation (on secondment to Scottish Government from 5 January 2021)
- Cheryl Glen, Acting Director of Development and Innovation – Workforce Planning (from 1 February 2021)
- Laura Lamb, Acting Director of Development and Innovation – Learning and Development (from 1 February 2021)
- Laura Shepherd, Director of Strategy and Performance



## **Register of Interests**

A [Register of Members' Interests](#) is maintained and is available for inspection by members of the public. Declarations of conflicts of interest are standing agenda items at each Council and Committee meeting.

## **Personal data related incidents**

We self-reported one incident to the Information Commissioner's Office (ICO) during 2020/2021. The ICO concluded its investigation and has taken no further action.

## **Statement of Accountable Officer's responsibilities**

Under paragraph 9 (1) of Schedule 2 to the Regulation of Care (Scotland) Act 2001, the SSSC is required to prepare a statement of accounts for each financial year in the form and on the basis directed by Scottish Ministers. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the SSSC and of its net resource outturn, application of resources, changes in taxpayers' equity and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the accounts direction issued by Scottish Ministers, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards have been followed and disclose and explain any material departures in the financial statements
- prepare the financial statements on a 'going concern' basis unless it is inappropriate to presume that the SSSC will continue in operation

Scottish Ministers designated the Chief Executive as the Accountable Officer for the SSSC. The responsibilities of the Chief Executive as Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping of proper records and for safeguarding the SSSC's assets, are set out in the Non-Departmental





Public Bodies' Accountable Officer Memorandum issued by the Scottish Government and published in the Scottish Public Finance Manual.

The Accountable Officer has confirmed that the Annual Report and Accounts as a whole is fair, balanced and understandable and that she takes personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

For the purposes of the audit, so far as the Accountable Officer is aware, there is no relevant audit information of which the auditors are unaware and all necessary steps have been taken by the Accountable Officer to ensure awareness of relevant audit information and to establish that the SSSC's auditors are aware of that information.



## Governance statement

### Introduction

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

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

### The governance framework

The SSSC is a NDPB. We work within a broad [framework](#) agreed with the Scottish Government. The Council is the governing body responsible for ensuring that the SSSC fulfils its aims and objectives, for promoting the efficient and effective use of staff and other resources and for identifying and managing risk. Members come from a variety of areas including health, charities, education, social work and social services sector and users of services as well as the Chair of the Care Inspectorate Board.

The Council comprises the Convener and nine non-executive members. Appointments are made by Scottish Ministers and are normally for a three-year term with the possibility of a further term, subject to evidence of effective performance and satisfying the skills, knowledge and experience required on the Council at time of re-appointment.

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

The SSSC Code of Corporate [Governance](#) sets out the full details of the Council's role, the responsibilities of each Committee and key roles in the organisation. The Council reviews its effectiveness every year and the Code is subject to ongoing revisions as necessary and reviewed in detail every three years. Changes had been made to our governance structure in October 2019 and it was agreed that these would be reviewed after 12 months. Our internal auditors, Henderson Loggie carried out the effectiveness review and their opinion is that we can take a good level of assurance from these arrangements. They made some minor recommendations which have been actioned. We held a development session in March 2021 to look at ways to further strengthen our governance arrangements.



## Council Members and attendance

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

Council meetings are held in public and the minutes of each meeting are available on our website [www.sssc.uk.com](http://www.sssc.uk.com). In addition, 11 development sessions have taken place over the year. The following table details SSSC Committee membership and Council Member attendance.

	<b>Council</b>	<b>Audit and Assurance Committee</b>
<b>Number of meetings:</b>	8	5
<b>Council Member</b>	<b>Attended</b>	<b>Attended</b>
Sandra Campbell (Convener)	8	2 (as observer)
Theresa Allison	8	5
Professor Alan Baird	8	5
Paul Edie (Chair, Care Inspectorate)	7	0
Julie Grace	5	1 (as observer)
Lynne Huckerby	4	0
Rona King	8	5
Linda Lennie	5	3 (as observer)
Peter Murray	8	5
Russell Pettigrew	6	5

## Audit and Assurance Committee

The Audit and Assurance Committee makes recommendations to the Council and Accountable Officer on risk, control and corporate governance including the mechanisms for measuring performance towards achieving strategic goals. An assurance report is submitted to each committee meeting which provides performance, financial and risk information which assesses delivery of our strategy, highlights areas of concern and identifies required corrective action.



It also receives reports from internal and external audit and the auditors can contact the Chair directly about any concerns they have during their audit work. A draft annual report summarising the work of the Committee over the year 2020/21 and giving its opinion on the assurance that this work provides was submitted to Council for approval in May 2021. Our internal auditors carried out an effectiveness review of corporate governance arrangements in December 2020. The report included a self-assessment. Members and the EMT attended On Board training on 'An effective Audit and Assurance Committee' in early 2021. The Committee has agreed to add counter fraud services activity as a standing item to the agenda.

### **Accountable Officer**

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

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

### **Executive Management Team (EMT)**

The EMT supports the Chief Executive in her Accountable Officer role through the formal Scheme of Delegation. The EMT comprises the Director of Regulation, the Director of Development and Innovation, Director of Strategy and Performance and Interim Director of Finance and Resources. A new Finance and Resources Directorate was created and incorporates the departments of Legal and Corporate Governance and Organisational Development. The Interim Director of Finance and Resources also has responsibility for overseeing the operation of shared services with the Care Inspectorate. The Director of Development and Innovation took up a secondment post with Scottish Government in January 2021. The Head of Learning and Development and the Head of Workforce Development have been appointed as joint acting Director of Development and Innovation for the period of secondment. Each of the directors has responsibility for the development and maintenance of the governance environment within their own areas of control.



## **External audit appointment**

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

## **Internal audit**

Our internal audit function is contracted out to Henderson Loggie for a three-year period to 31 March 2023. Internal audit forms an integral part of our internal control and governance arrangements. The internal audit service operates in accordance with Public Sector Internal Audit Standards and undertakes an annual programme of work approved by the Audit and Assurance Committee. This annual programme is based on a formal risk assessment process which we update on an on-going basis to reflect evolving risks and changes. The Audit and Assurance Committee reviews and approves the three-year Strategic Internal Audit Plan on an annual basis. We have an effective and productive relationship with our internal auditors.

Each year our internal auditors provide the Audit and Assurance Committee with assurance on the whole system of internal control. In assessing the level of assurance to be given for 2020/2021, our internal auditors take into account:

- all reviews undertaken as part of the 2020/2021 internal audit plan
- any scope limitations imposed by management
- matters arising from previous reviews and the extent of follow-up action taken, including in year audits
- expectations of senior management, the Council and other stakeholders
- the extent to which internal controls address the SSSC's risk management/control framework
- the effect of any significant changes in the SSSC's objectives or systems
- the proportion of the SSSC's internal audit coverage achieved to date.



The internal auditor's overall opinion for 2020/2021 was: "the SSSC has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money."

## **Risk management**

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

Risks identified are maintained on a Strategic Risk Register and addressed in the preparation of the Strategic Plan. The Strategic Plan shows clear links between risks identified on the Risk Register and our strategic objectives. As a result, the risks identified become embedded in managers' work plans for the year. We also have a [risk appetite statement](#) to underpin our approach to risk management and control.

## **Information governance**

We have information governance policies and procedures in place to ensure we handle data responsibly and comply with data protection and freedom of information laws. We self-reported one incident to the ICO during 2020/2021. The ICO has concluded their investigation and has taken no further action.

## **System of internal financial control**

Within our overall governance framework specific arrangements are in place as part of the system of internal financial control. This system is intended to ensure that reasonable assurance can be given that assets are safeguarded, transactions are authorised and properly recorded, and material errors or irregularities are either prevented or would be detected within a timely period.

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



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

## **Review**

We review the effectiveness of our Code of Corporate Governance annually. Individual policies and procedures that contribute towards the overall governance framework are also subject to periodic review. This review is informed by:

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

## **Significant issues**

There are no significant issues to report.

## **Corporate governance**

Our strategy is set out in a three-year strategic plan supported by annual business plans. Since October 2019, we report on our financial position, strategic performance and key risks in our assurance report which is scrutinised every quarter by the Audit and Assurance Committee and recommendations made to the Council from the Committee on the assurances that the Council can take.

We review the effectiveness of those arrangements on an annual basis with the last review taking place in December 2020. Other planned corporate governance work includes:



## **Quality assurance**

We continue to use the EFQM model to drive improvement within SSSC. In 2020, our previous partner, Quality Scotland, went into administration. A new EFQM in Scotland group will be introduced in summer 2021 and we are exploring membership to support our plans to embed EFQM within the organisation.

## **Risk management**

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

## **Shared Services**

In collaboration with the Care Inspectorate we are reviewing our joint shared services strategy and revising governance arrangements, management agreement and service specifications. We made progress during 2020/21 and the SSSC Council and Care Inspectorate Board approved the proposals in May 2021. This year we appointed a new SSSC Interim Director of Finance and Resources to replace the shared SSSC/Care Inspectorate post.

## **Areas identified by the Directors' review**

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

- Further work to bring the Business Continuity Management System up-to-date and full effectiveness.
- A need to develop a corporate workforce plan to assist with matching resources to priorities and to support increased diversity.
- Clearly demonstrate that our risk appetite statement informs our decision making.
- Continue to improve on our approach to equality and diversity.





## **Response to COVID-19**

In line with Scottish Government guidance, the directors' annual review asked them about arrangements put in place in response to COVID-19. The directors were able to provide the necessary assurances. We have provided information regularly to Council Members. Further detail on our response to COVID-19 and our arrangements are provided in the section of this report titled 'Our year at a glance' on page 15.

## **Certification**

Our governance framework has been in place for the year ended 31 March 2021 and up to the date of signing of the Accounts. It is my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the SSSC's systems of governance. Although areas for further improvement have been identified the annual review has provided sufficient evidence that the SSSC's governance arrangements have operated effectively and that the SSSC complies with all relevant guidance and generally accepted best practice in all significant respects.



# Remuneration and staff report

## Remuneration report

### UNAUDITED INFORMATION

#### Introduction

This report provides information on the remuneration of SSSC Council Members and senior managers in 2020/2021. Senior managers are members of the EMT.

The EMT is the Chief Executive, the Director of Finance and Resources, the Director of Strategy and Performance, the Director of Regulation, and the Director of Development and Innovation. The Director of Development and Innovation is currently seconded to Scottish Government (5 January 2021 to 4 January 2022) and his duties are being shared between an Acting Director of Development and Innovation (Learning and Development) and an Acting Director of Development and Innovation (Workforce Planning). The Director of Finance and Resources is filled on an interim basis from 1 June 2020 to 31 March 2022.

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

#### Remuneration policy

##### Members

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

##### Executive Management Team

##### Chief Executive

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



## Senior managers

Our permanent directors are on a salary scale of £65.6k to £74.0k. The Interim Director of Finance and Resources is on a salary scale of £75.4k to £82.9k. The Acting Directors of Development and Innovation (50:50 shared post) are receiving additional responsibility payments with salaries being £59.2k and £59.9k.

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

## Notice periods - Members

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

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

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

<b>Council Member</b>	<b>Current term</b>	<b>Date of initial appointment</b>	<b>Date of re-appointment</b>	<b>Date appointment terminates</b>
Sandra Campbell, Convener	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022
Theresa Allison	1 <sup>st</sup>	01 Sept 2018	-	31 Aug 2021
Professor Alan Baird	1 <sup>st</sup>	01 Sept 2018	-	31 Aug 2021
Paul Edie*	4 <sup>th</sup>	15 April 2013	14 Oct 2020	31 Aug 2021
Julie Grace	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022



<b>Council Member</b>	<b>Current term</b>	<b>Date of initial appointment</b>	<b>Date of re-appointment</b>	<b>Date appointment terminates</b>
Lynne Huckerby	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022
Rona King	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022
Linda Lennie	2 <sup>nd</sup>	01 Nov 2017	01 Nov 2020	31 Oct 2023
Peter Murray	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022
Russell Pettigrew	1 <sup>st</sup>	01 Sept 2019	-	31 Aug 2022

\* Paul Edie is the Chair of the Care Inspectorate. There is a reciprocal arrangement where the Convener of the SSSC is a Board Member of the Care Inspectorate and the Chair of the Care Inspectorate is a Council Member.

### **Chief Executive**

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

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

### **Senior managers**

The SSSC has four permanent director posts.

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

All directors have permanent contracts, except the Interim Director of Finance and Resources, whose temporary contract is scheduled to expire on 31 March 2022. The outward secondment of the Director of Development and Innovation is covered by a temporary arrangement where his duties are allocated between two Acting Director of Development and Innovation who receive a temporary additional responsibility allowance in addition to the salary of their substantive posts. This temporary arrangement is expected to continue until 4 January 2022 (the end of the Director of Development and Innovation secondment period).



Termination of the contract requires a notice period of three months by either party.

There are no compensation payments specified in the contracts in the event of early termination of the contract.

### **Discretionary benefits policy**

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

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

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

## **AUDITED INFORMATION**

### **Remuneration – SSSC Council Members**

<b>Salary 2019/20 0 £000</b>		<b>Salary 2020/21 £000</b>
20 - 25	Sandra Campbell – Convener	20 – 25
5 – 10	Theresa Allison	5 – 10
0 – 5	Professor Alan Baird	0 – 5
0 – 5	Julie Grace	0 – 5
0 – 5	Lynne Huckerby	0 – 5
0 – 5	Rona King	0 – 5
5 – 10	Linda Lennie	0 – 5
0 – 5	Peter Murray	0 – 5
0 – 5	Russell Pettigrew	0 – 5



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

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

## Remuneration – EMT

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

	Single total figure of remuneration							
	Salary		Benefits in kind (to nearest £100)		Pension benefits*		Total	
	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20
	£000	£000	£00	£00	£000	£000	£000	£000
<b>Lorraine Gray</b> Chief Executive	85 - 90	85 - 90	0	0	27	33	115 - 120	115 - 120
<b>Maree Allison</b> Director of Regulation	70 - 75	70 - 75	0	0	15	34	85 - 90	105 - 110
<b>Phillip Gillespie</b> Director of Development & Innovation (seconded out from 5 Jan 2021)	TBC	60 - 65	0	0	TBC	30	TBC	95 - 100
<b>Laura Shepherd</b> Director of Strategy & Performance	65 - 70	50 - 55	0	0	26	n/a	90 - 95	50 - 55
<b>Lynn Murray **</b> Interim Director of Finance and Resources (from 1 June 2020)	60 - 65	n/a	0	n/a	20	n/a	80 - 85	n/a
<b>Laura Lamb **</b> Acting Director of Development and Improvement (Learning and Development) (from 1 Feb 2021)	55 - 60	n/a	0	n/a	n/a	n/a	55 - 60	n/a
<b>Cheryl Glen **</b> Acting Director of Development and Improvement	50 - 55	n/a	0	n/a	n/a	n/a	50 - 55	n/a



(Workforce Planning) (from 1 Feb 2021)								
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\*The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increases or decreases due to transfer of pension rights.

\*\* There are no 2019/2020 comparative figures for the Director of Finance and Resources or the Acting Directors of Development and Improvement as they all joined the EMT during 2020/2021.

### Salary

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

### Benefits in kind

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

### Fair pay disclosure

We are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of our workforce.

The Chief Executive was the highest paid director in the financial year 2020/2021 and 2019/2020. The full time annual salary for the Chief Executive is in the salary band £90,000 to £95,000. The mid-point of this band is £92,500 which is 2.80 times greater than the median remuneration of the workforce. One agency employee received remuneration in excess of the Chief Executive during 2019/2020.

	2020/21 £	2019/20 £
Highest paid employee (mid-point)	92,500	87,500
Median salary	33,041	28,707
Remuneration ratio	<b>2.80</b>	<b>3.05</b>
Staff minimum FTE remuneration	18,795	18,158
Staff maximum FTE remuneration (*agency worker)	90,290	*112,485



Total remuneration includes salary, overtime and other taxable allowances as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Salaries are grossed up for employees who have not worked full time or for the full financial year.

## Local Government Pension Scheme (LGPS)

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

	As at 31 March 2021				Cash Equivalent Transfer Values (CETVs)		
	Accrued pension at age 65 £000	Related lump sum £000	Real increase in pension at age 65 £000	Real increase in related lump sum at age 65 £000	As at 31 March 2021 £000	As at 31 March 2020 £000	Real increase £000
<b>Lorraine Gray</b> Chief Executive	30 – 35	0 - 5	0 – 2.5	0 – 2.5	308	281	19
<b>Maree Allison</b> Director of Regulation	40 – 45	-	0 – (2.5)	-	160	148	8
<b>Phillip Gillespie</b> Director of Development & Innovation (seconded out from 5 Jan 2021)	TBC	20 - 25	TBC	TBC	TBC	293	TBC
<b>Laura Shepherd</b> Director of Strategy and Performance	40 – 45	-	0 – 2.5	-	108	93	13
<b>Lynn Murray **</b> Interim Director of Finance and Resources (from 1 June 2020)	15 - 20	-	15 - 20	-	16	-	16
<b>Laura Lamb **</b> Acting Director of Development and Improvement (Learning and Development) (From 1 Feb 2021)	35 - 40	0 - 5	35 - 40	0 – 2.5	121	-	-





	As at 31 March 2021				Cash Equivalent Transfer Values (CETVs)		
	Accrued pension at age 65 £000	Related lump sum £000	Real increase in pension at age 65 £000	Real increase in related lump sum at age 65 £000	As at 31 March 2021 £000	As at 31 March 2020 £000	Real increase £000
<b>Cheryl Glen **</b> Acting Director of Development and Improvement (Workforce Planning) (from 1 Feb 2021)	25 - 30	-	25 - 30	-	22	-	-

\*\* There are no 2019/2020 comparative figures for the Interim Director of Finance and Resources or the two Acting Directors of Development and Improvement as they all joined the EMT during 2020/2021.

#### Cash Equivalent Transfer Values

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

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

#### Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another



pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

**Payment of compensation for loss of office**

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



## Staff report

### AUDITED INFORMATION

#### Staff numbers, permanent and other

The tables below provide analysis of permanent and non-permanent staff engaged to work for the SSSC during 2020/2021 and related costs. Staff numbers are expressed as average full-time equivalents (FTE) employed in the year.

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

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



- (i) There was a Convener and 9 Council Members during the year. Council Members are office holders and are not included in the staff numbers.
- (ii) Other staff costs include the cost of Fitness to Practise Panel Members who take part in hearings and make decisions about workers' fitness to practise. We engaged 64 panel members in 2020/2021 for an average of 22.5 days. External Assessors review overseas qualifications for registration purposes. We engaged four external assessors during 2020/2021.

## 2019/2020 Comparative information

	2019/20		
	Permanently employed FTE	Others FTE	Total FTE
Senior managers	4	0	4
Other employees	235	28	263
Agency workers	0	4	4
Secondments inward	0	0	0
Total staff engaged	239	32	271
Secondments outward	(2)	0	(2)
Net staff engaged on SSSC activity	<b>237</b>	<b>32</b>	<b>269</b>

	2019/20		
	Permanently employed £000	Others £000	Total £000
Senior manager salaries	299	0	299
Other employee salaries	7,245	752	7,997
Social security costs	768	64	832
Pension service costs	2,667	121	2,788
Total cost directly employed staff	10,979	937	11,916
Council Members (i)	0	59	59
Fitness to Practise Panel Members (ii)	0	697	697
External Assessors (ii)	0	5	5
Agency workers	0	319	319
Secondments inward	0	13	13
Total cost of people engaged	10,979	2,030	13,009
Severance costs	6	0	6
Other staff costs	144	0	144
<b>Staff costs (SCNE)</b>	<b>11,129</b>	<b>2,030</b>	<b>13,159</b>
Secondments outward	(136)	0	(136)
<b>Net staff costs</b>	<b>10,993</b>	<b>2,030</b>	<b>13,023</b>



- (i) There was a Convener and 9 Council Members during the 2019/2020 financial year. Council Members are office holders and are not included in the staff numbers.
- (ii) Other staff costs include the cost of Fitness to Practise Panel Members who take part in hearings and make decisions about workers' fitness to practise. We engaged 85 panel members in 2019/2020 for an average of 21 days. External Assessors review overseas qualifications for registration purposes. We engaged three external assessors during 2019/2020.

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

### Staff composition by gender

The table below provides a gender breakdown of directly employed staff at 31 March 2021. Staff numbers are provided on a head count basis.

Role	Permanent		Other staff		Total	
	male	female	male	female	male	female
Executive Management Team	1	5	0	1	1	6
Other staff	73	205	5	20	78	225
<b>Total</b>	<b>74</b>	<b>210</b>	<b>5</b>	<b>21</b>	<b>79</b>	<b>231</b>

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

During 2020/2021 two staff members left the SSSC with an agreed voluntary severance payment. (One staff member 2019/2020).

Exit costs include:

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



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

Exit package cost band	2020/21		2019/20	
	Number of departures	Total cost £000	Number of departures	Total cost £000
Up to £25,000	2	8	1	6

No settlement agreements were paid during 2020/2021 or 2019/2020.

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

## UNAUDITED INFORMATION

### Sickness absence

We lost 2.7% of working time to sickness absence during which is a reduction on last year's figure of 5.1%. The most up to date information from the Chartered Institute of Personnel and Development cites the public sector average at 3.6%. XperTHR cite the public sector average as 3.8% (2019).

	2020/21 %	2019/20 %	2018/19 %
Percentage of working time lost to sickness absence	2.7	5.1	4.9

### Staff turnover data

The SSSC's voluntary staff turnover was 4.3% in 2020/2021. This compares to 8.8% in 2019/2020. XperTHR (2019) median rate for voluntary turnover for all employers was 10.2%.

### Policies in relation to disabled people

The SSSC is committed to mainstreaming all three strands of the general equality duty throughout our organisation - eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010. We seek to make sure that the duty is implemented as part of our human resources policy and practice. For example, we make



adjustments for people with disabilities, regularly review our human resources policies, and deliver training and workshops to raise awareness of issues affecting people with protected characteristics. We also have an equality working group. There are plans to provide further training for staff on how to undertake equality impact assessments.

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

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

### Expenditure on consultancy

	2020/21 £000	2019/20 £000
Establishing programme management office framework	0	39
Shared service future strategy development	0	33
Newly qualified social workers research study	17	17
Covid Research	15	0
Scoping a pay and grading review	9	0
Evaluation post registration training & learning pilot sites	0	10
Shared services future strategy – implementation assistance	5	0
Evaluation advanced placement skills education modules	4	0
Tax services	2	2
Leadership development	0	1
	<b>52</b>	<b>102</b>



## **FACILITY TIME STATEMENT**

### **The Value of facility time**

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

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

The NatCen study' highlighted four main benefits from the use of facility time.

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

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



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

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

Lorraine Gray  
Chief Executive

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



**Trade union facility time (Scott Reid – 2020/2021 to be agreed by Partnership Forum on 23<sup>rd</sup> June)**

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish specific information related to facility time provided to trade union officials. The information for 2020/2021 follows.

**Relevant union officials**

The total number of SSSC employees who were relevant union officials during the 2020/2021 financial year is detailed below:

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

**Time spent on facility time**

The table below provides the number of our employees who were relevant union officials employed during 2020/2021 and the percentage of their working hours spent on facility time.

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

**Percentage of pay bill spent on facility time**

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

Total cost of facility time	
Total pay bill	
Percentage of the total pay bill spent on facility time	

**Paid trade union activities**

The table below provides hours spent by employees who were relevant union officials during the 2020/2021 financial year as a percentage of total paid facility time hours.

Time spent on paid trade union activities as a percentage of total paid facility time hours	
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# Parliamentary accountability report



## Losses and special payments

There were no reportable losses or special payments in the year to 31 March 2021 (nil for the year to 31 March 2020).

## Fees and charges

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

Under section 57 of the Regulation of Care (Scotland) Act 2001, the SSSC can set reasonable fees through changes to our registration rules. This requires the consent of Scottish Ministers. A review of fees and consultation with stakeholders was carried out during 2016-2017 and a fee increase applied from 1 September 2017. We are planning a fee consultation during 2021-2022.

Our budget is funded mainly by a mixture of grant in aid from the Scottish Government, specific grants (mainly from the Scottish Government) and fees paid by registrants. The 2020/2021 budget was based on funding of 67% from grant in aid, 26% from fees charged to applicants and registrants and 7% from specific grants (2019/2020; 68% grant in aid, 24% fees and 8% specific grants).

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

	2020/21			2019/20		
	Budget	Actual	Variance	Budget	Actual	Variance
	£000	£000	£000	£000	£000	£000
Registration fees	5,965	5,675	290	5,314	5,387	(73)

Lorraine Gray  
Chief Executive and Accountable Officer  
xx October 2021



# Independent Auditor's Report (to follow)

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

### Report on the audit of the financial statements

#### Opinion on financial statements

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

In our opinion the accompanying financial statements:

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

#### Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Auditor General for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Auditor General on 31 May 2016. The period of total uninterrupted appointment is four years. We are independent of the body in accordance with



the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

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

### **Risks of material misstatement**

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

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

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to



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

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

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

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

The Accountable Officer is responsible for the other information in the annual report and accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration and Staff Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Auditor General for Scotland to the extent explicitly stated later in this report. In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual report and accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



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

### **Opinion on regularity**

In our opinion in all material respects:

the expenditure and income in the financial statements was incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers, the Budget (Scotland) Act covering the financial year and section 4 to 7 of the Public Finance and Accountability (Scotland) Act 2000; and

the sums paid out of the Scottish Consolidated Fund for the purpose of meeting the expenditure shown in the financial statements were applied in accordance with section 65 of the Scotland Act 1998.

### **Responsibilities for regularity**

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

## **Report on other requirements**

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

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

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

the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the

Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers; and

the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial

statements and that report has been prepared in accordance with the

Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers.

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

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

- adequate accounting records have not been kept; or





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

### **Conclusions on wider scope responsibilities**

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

### **Use of our report**

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

[Signature]

Date:

John P Boyd, (for and on behalf of Grant Thornton UK LLP),  
110 Queen Street, Glasgow, G1 3BX



# DRAFT Annual Accounts



**STATEMENT OF COMPREHENSIVE NET EXPENDITURE  
FOR THE YEAR ENDED 31 MARCH 2021**

	Ref/ note	2020/21 £000	2019/20 £000
<b>Income</b>			
Registration fees	2a	(5,675)	(5,387)
Other operating income	2b	(339)	(418)
		(6,014)	(5,805)
<b>Expenditure</b>			
Staff costs	3a	14,396	13,159
Operating expenditure	6a	3,725	4,522
Disbursements	6b	5,329	6,321
		23,450	24,002
<i>Net operating cost on ordinary activities before interest and (return)/cost on pension scheme assets and liabilities</i>			
		17,436	18,197
Bank charges		34	27
Net interest on defined pension (asset)/liability	5b	156	177
<hr/>			
<i>Net operating cost on ordinary activities after interest and net interest on pension scheme net liabilities</i>			
		17,626	18,401
Total actuarial re-measurements on defined pensions (asset)/liability	5b	2,754	(2,110)
<hr/>			
<b>Total comprehensive net expenditure before Government funding</b>		20,380	16,291

All operations are continuing

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



**STATEMENT OF FINANCIAL POSITION  
AS AT 31 MARCH 2021**

	<b>Ref/ note</b>	<b>2020/21 £000</b>	<b>2019/20 £000</b>
<b>Non-current assets</b>			
Property, plant and equipment	7	15	17
Prepayments - greater than one year	8	3	2
<b>Total non-current assets</b>		18	19
<b>Current assets</b>			
Trade and other receivables	8	1,968	1,385
Cash and cash equivalents	9	5,960	5,956
<b>Total current assets</b>		7,928	7,341
<b>Total assets</b>		7,946	7,360
<b>Current liabilities</b>			
Trade and other payables	10	(4,652)	(5,760)
<b>Total current liabilities</b>		(4,652)	(5,760)
<b>Assets plus current liabilities</b>		3,294	1,600
<b>Non-current liabilities</b>			
Pension (liabilities)/assets	5a	(11,604)	(7,377)
<b>Total non-current liabilities</b>		(11,604)	(7,377)
<b>Net (liabilities)/assets</b>		(8,310)	(5,777)
<b>Taxpayers' equity</b>			
Pensions reserve	SCTE	(11,604)	(7,377)
General reserve	11	3,294	1,600
		(8,310)	(5,777)

All operations are continuing

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

Lorraine Gray  
Chief Executive and Accountable Officer  
xx October 2021



**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 MARCH 2021**

	Ref/ note	2020/21 £000	2019/20 £000
<b>Cash flows from operating activities</b>			
Net operating cost before Government funding	SCNE	(20,380)	(16,291)
Adjustments for non-cash items:			
Pension adjustments and re-measurements	5b, table 2	4,227	(514)
Depreciation and amortisation	7	2	10
(Increase)/decrease in trade and other receivables	8a	(584)	31
Increase/(decrease) in trade and other payables	10a	(1,108)	700
<b>Net cash outflow from operating activities</b>		<b>(17,843)</b>	<b>(16,064)</b>
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment	7	0	0
<b>Net cash outflow from investing activities</b>		<b>0</b>	<b>0</b>
<b>Cash flows from financing activities</b>			
Funding from Government	12a	17,847	17,456
<b>Net financing</b>		<b>17,847</b>	<b>17,456</b>
<b>Net increase/(decrease) in cash and cash equivalents in the period</b>	9	<b>4</b>	<b>1,392</b>
Cash and cash equivalents at the beginning of the period	9	5,956	4,564
Cash and cash equivalents at the end of the period	9	5,960	5,956

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



**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY  
FOR THE YEAR ENDED 31 MARCH 2021**

	Ref/ note	Pension reserve £000	General reserve £000	Total reserves £000
<b>Balance at 31 March 2019</b>		<b>(7,891)</b>	<b>949</b>	<b>(6,942)</b>
<b>Changes in taxpayers' equity for 2019/20</b>				
Pensions adjustment and re-measurement	5b table 2	514	(514)	0
Total comprehensive net expenditure*	SCNE	0	(16,291)	(16,291)
<b>Total recognised income and expense for 2019/20</b>		<b>514</b>	<b>(16,805)</b>	<b>(16,291)</b>
Funding from Government*	12a	0	17,456	17,456
<b>Balance at 31 March 2020</b>		<b>(7,377)</b>	<b>1,600</b>	<b>(5,777)</b>
<b>Changes in taxpayers' equity for 2020/21</b>				
Pensions adjustment and re-measurement	5b table 2	(4,227)	4,227	0
Total comprehensive net expenditure	SCNE	0	(20,380)	(20,380)
<b>Total recognised income and expense for 2020/21</b>		<b>(4,227)</b>	<b>(16,153)</b>	<b>(20,380)</b>
Funding from Government	12a	0	17,847	17,847
<b>Balance at 31 March 2021</b>		<b>(11,604)</b>	<b>3,294</b>	<b>(8,310)</b>



# Notes to the accounts

## 1 Statement of accounting policies

### 1.1 Basis of accounting

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

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

### 1.2 Accounting standards issued but not yet effective

In accordance with IAS 8, changes to IFRS that have been issued but not yet effective have been reviewed for impact on the financial statements in the period of initial application.

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

### 1.3 Accounting convention

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



## 1.4 **Going concern**

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

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

### 1.5.1 **Capitalisation**

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

### 1.5.2 **Valuation**

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

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

### 1.5.3 **Depreciation**

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

## 1.6 **Intangible assets**

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





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

All tangible and intangible non-current assets are reviewed for impairment in accordance with IAS 36 'Impairment of Assets' when there are indications that the carrying value may not be recoverable. If such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

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

## 1.8 **Government grants receivable**

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

## 1.9 **Disbursement grants and bursaries payable**

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

## 1.10 **Leases**

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

### **The SSSC as a lessee**

Costs in respect of operating leases are charged to the operating cost statement on a straight-line basis over the term of the lease. The SSSC has shared service arrangements with the Care Inspectorate and charges in respect of Compass House are disclosed as lease payments. Charges from Scottish Ministers in respect of Quadrant House are also disclosed as lease payments. Costs for operating leases to the value of £0.792m have been recognised in the SCNE.



### 1.11 **Cash and cash equivalents**

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

### 1.12 **Pensions**

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

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

The SSSC's funding rules require the general reserve balance to be charged with the amount payable by the SSSC to the pension scheme and not the amount calculated according to the application of IAS 19. Therefore, there are appropriations to/from the pensions reserve shown in the Statement of Changes in Taxpayers' Equity to reverse the impact of the IAS 19 entries included in the Statement of Comprehensive Net Expenditure to ensure the general reserve balance is charged with the amount payable by the SSSC.

### 1.13 **Short term employee benefits**

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

### 1.14 **Shared services**

The SSSC shares its headquarters and some services with the Care Inspectorate. The Care Inspectorate charges the SSSC for services provided based on a Service Level Agreement (SLA). The SLA contains arrangements akin to a lease for accommodation.



### 1.15 **Value Added Tax (VAT)**

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

### 1.16 **Revenue and capital transactions**

Revenue and capital transactions are recorded in the accounts on an income and expenditure basis i.e. recognised as they are earned or incurred, not as money is received or paid. All specific and material sums payable to and due by the SSSC as at 31 March 2021 have been brought into account.

### 1.17 **Financial instruments**

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

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

#### **Trade receivables**

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

#### **Trade payables**

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

### 1.18 **Changes in accounting policy**

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



### 1.19 **Operating segments**

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

### 1.20 **Contingent assets and liabilities**

Contingent assets and liabilities are disclosed in accordance with IAS 37. There are two contingent liabilities as at 31 March 2021.

## 2 **Operating income**

	2020/21 £000	2019/20 £000
2a Registration fees	<b>5,675</b>	<b>5,387</b>
2b Other operating income:		
Modern apprenticeship fees	197	234
Recharges for seconded staff	98	136
Protection of Vulnerable Groups (PVG) fee recovery	4	5
Other income	40	43
	<b>339</b>	<b>418</b>

## 3 **Staff numbers and costs**

3a An analysis of staff numbers and costs is disclosed in section xx (pages xx to xx) (staff numbers by permanent and other) of this report. A summary of cost is provided in the table below:

<b>Staff cost summary</b>	2020/21 £000	2019/20 £000
Directly employed staff	13,384	11,916
Other people engaged	876	1,093
Other staff costs	136	150
<b>Total staff costs</b>	<b>14,396</b>	<b>13,159</b>



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

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

<b>Analysis of impact of actuarial pension valuation adjustments - staff costs (note 5)</b>	<b>2020/21 £000</b>	<b>2019/20 £000</b>
<b>Actual payments</b>		
Employer pension contributions actually paid	1,541	1,360
Unfunded pension payments actually paid	22	21
Total pension related payments actually paid	1,563	1,381
<b>Accounting entries (IAS 19 note 5)</b>		
Service costs included in staff costs (SCNE)	2,867	2,788
Variance between actual costs and accounting basis	<b>1,304</b>	<b>1,407</b>

**4 Severance and settlement costs**

The total cost of exit packages and settlement agreements in 2020/2021 was £8k (2019/2020: £6k). Details of exit packages are disclosed in section XX's (exit packages) of this report.

**5 Post-employment benefits: pensions**

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

**Tayside Superannuation Fund**

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

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



The employer contribution rate for 2020/2021 was 17% based on the actuarial valuation for financial years 2018/2019 to 2020/2021. Employer contributions are set every three years as a result of an actuarial valuation of the fund required by the Regulations. The most recent actuarial valuation of the fund was carried out as at 31 March 2020. This set the contribution rate at 17% for 2021-2022 to 2023-2024. The next valuation of the fund will be carried out as at 31 March 2023. There are no minimum funding requirements in the LGPS but the contributions are generally set to target a funding level of 100% using the actuarial valuation assumptions.

The contributions paid by the SSSC for the year to 31 March 2021 were £1,541k representing 17.0% of pensionable pay (2019/2020: £1,360k representing 17.0% of pensionable pay). Employee contribution rates were in the range 5.5% to 9.4% based on earnings bands. The employer's contribution rate for the year to 31 March 2021 is 17%.

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

- Investment risk: The fund holds investment in asset classes, such as equities, which have volatile market values and while these assets are expected to provide real returns over the long-term, the short-term volatility can cause additional funding to be required if a deficit emerges.
- Interest rate risk: The fund's liabilities are assessed using market yields on high quality corporate bonds to discount future liability cashflows. As the fund holds assets such as equities the value of the assets and liabilities may not move in the same way.
- Inflation risk: All the benefits under the fund are linked to inflation and so deficits may emerge to the extent that the assets are not linked to inflation.
- Longevity risk: If the members live longer than assumed a deficit will emerge in the fund. There are also other demographic risks.

In addition, as many unrelated employers participate in the Tayside Pension Fund, there is an orphan liability risk where employers leave the fund but with insufficient assets to cover their pension obligations so that the difference may fall on remaining employers.



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

The Court of Appeal ruled transactional protections granted to older members of the Judicial Pension Scheme and the Firefighters Pension Scheme give rise to unlawful discrimination. As the Local Government Pension Scheme (Scotland) (LGPSS) has similar transitional protection arrangements there is likely to be a read across and the implications of remedying the unlawful discrimination will be similar. The implications are it is likely to result in increases to scheme liabilities and service costs. Ultimately this may lead to future increases in employer contribution rates.

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

The SSSC's share of the underlying assets and liabilities have been separately identified on the following basis:

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

	<b>As at 31 March 2021 £000</b>	<b>As at 31 March 2020 £000</b>
Present value of funded obligation	(64,455)	(42,631)
Fair value of scheme assets (bid value)	53,257	35,596
<b>Net liability</b>	<b>(11,198)</b>	<b>(7,035)</b>
Present value of unfunded obligation	(406)	(342)
<b>Net liability in Statement of Financial Position</b>	<b>(11,604)</b>	<b>(7,377)</b>



5b **Statement of Comprehensive Net Expenditure costs for the year to 31 March 2021**

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

<b>Table 1:</b>	<b>Year to 31 March 2021</b>		<b>Year to 31 March 2020</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Service costs		2,867		2,788
Administration expenses		13		12
Net interest on defined liability/(asset)		156		177
Difference between actual employer's contributions plus unfunded payments and actuarial assumptions	21		23	
Return on assets less interest	(10,915)		2,927	
Other actuarial (gains)/losses on assets	(5,012)		0	
Change in financial assumptions	17,223		(5,060)	
Change in demographic assumptions	(968)		0	
Experience loss/(gain) on defined benefit obligation	2,405		0	
Total re-measurements		2,754		(2,110)
<b>Total</b>		<b>5,790</b>		<b>867</b>
Actual return on scheme assets		<b>(11,762)</b>		<b>2,017</b>

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





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

<b>Table 2:</b>		<b>2020/21</b>	<b>2019/20</b>
<b>Actuarial adjustments are made for:</b>	<b>note</b>	<b>£000</b>	<b>£000</b>
Staff costs	3b	1,304	1,407
Administration expenses	5b table 1	13	12
Net interest on defined liability/(asset)	5b table 1	156	177
Total re-measurements	5b table 1	2,754	(2,110)
<b>Total actuarial adjustments</b>		<b>4,227</b>	<b>(514)</b>

5c **Asset and benefit obligation reconciliation - year to 31 March 2021**

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

	<b>Year to</b>		<b>Year to</b>	
	<b>31 March 2021</b>		<b>31 March 2020</b>	
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Opening defined benefit obligation</b>		<b>42,973</b>		<b>44,574</b>
Current service costs		2,867		2,788
Interest costs		1,003		1,087
Estimated benefits paid net of transfers in	(1,190)		(885)	
Contributions by scheme participants	572		490	
Unfunded pension payments	(24)		(21)	
Total scheme transactions		(642)		(416)
Change in financial assumptions	17,223		(5,060)	
Experience loss/(gain) on defined benefit obligation	2,405		0	
Change in demographic assumptions	(968)		0	
Total actuarial (gains)/losses		18,660		(5,060)
<b>Closing defined benefit obligation</b>		<b>64,861</b>		<b>42,973</b>



5d **Fair value of fund assets reconciliation for the year to 31 March 2021**

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

	Year to 31 March 2021		Year to 31 March 2020	
	£000	£000	£000	£000
<b>Opening fair value of fund assets</b>		<b>35,596</b>		<b>36,683</b>
Interest on assets		847		910
Estimated benefits paid plus unfunded net of transfers in	(1,214)		(906)	
Contributions by employer including unfunded	1,542		1,358	
Contributions by scheme participants	572		490	
<b>Total scheme transactions</b>		<b>900</b>		<b>942</b>
Return on assets less interest		10,915		(2,927)
Other actuarial gains/(losses)		5,012		0
Administration expenses		(13)		(12)
<b>Closing fair value of fund assets</b>		<b>53,257</b>		<b>35,596</b>

5e **Projected pension expense for the year to 31 March 2022**

	Year to 31 March 2022 £000
<b>Projected pension expense</b>	
Service cost	4,449
Net interest on the defined liability	217
Administration expenses	20
<b>Total</b>	<b>4,686</b>
Employer contributions	1,506

Note that these figures exclude the capitalised cost of any early retirements or augmentations which may occur after 31 March 2021.



## 5f SSSC fund assets

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

Asset share – bid value	31 March 2021		31 March 2020	
	£000	%	£000	%
Equities	38,134	72%	23,533	66%
Gilts	2,106	4%	494	1%
Other bonds	6,951	13%	6,290	18%
Property	4,868	9%	4,378	12%
Cash	1,122	2%	1,077	3%
Alternatives	76	0%	(176)	0%
<b>Total</b>	<b>53,257</b>	<b>100%</b>	<b>35,596</b>	<b>100%</b>

The SSSC's share of the assets of the fund is approximately 1.1%.

## 5g Financial assumptions as at 31 March 2021

The financial assumptions used for IAS 19 calculations are below.

Assumptions at:	31 March 2021 % pa	31 March 2020 % pa	31 March 2019 % pa
Discount rates	2.00%	2.35%	2.45%
Pensions increases	2.80%	1.85%	2.40%
Salary increases	3.80%	2.85%	3.40%

These assumptions are set with reference to market conditions at 31 March 2021. The estimate of the duration of the SSSC's past service liabilities is 24 years. Estimated cashflows (based on this duration) are used to derive a Single Equivalent Discount Rate (SEDR). The discount rate is such that the net present value of the notional cashflows, discounted at this single rate, equates to the net present value of the cashflows, discounted using the annualised Merrill Lynch AA rated corporate bond yield curve (where the spot curve is assumed to be flat beyond the 30-year point). This is consistent with the approach used at the last accounting date.

Similarly, the approach used to derive the discount rate, the Retail Price Index (RPI) increase assumption is set using a Single Equivalent Inflation Rate (SEIR) approach, using the estimated cashflows described above. The SEIR derived is that which gives the same net present value of the cashflows, discounted using the annualised Merrill Lynch AA rated corporate bond yield curve, as applying the BoE implied inflation curve.



As above, the Merrill Lynch AA rated corporate bond yield spot curve is assumed to be flat beyond the 30-year point and the Bank of England (BoE) implied inflation spot curve is assumed to be flat beyond the 40-year point. This is consistent with the approach used at the previous accounting date.

As future pension increases are expected to be based on Consumer Price Index (CPI) rather than RPI, the actuary has made a further assumption about CPI which is that it will be 0.35% below RPI i.e. 2.80% per annum. The actuary believes this is a reasonable estimate for the future differences in the indices, based on the different calculation methods, recent independent forecasts and the duration of the employer's liabilities. The difference between RPI and CPI is less than assumed at the previous accounting date. This reflects the anticipated reform of RPI inflation following the UK Statistics Authority's proposal to change how RPI is calculated and subsequent announcements from the Chancellor suggesting this reform is now likely to take effect from 2030.

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

## 5h **Demographic/statistical assumptions**

The following previous accounting disclosures as at 31 March 2020 used the following post retirement mortality assumptions.

- The S2PA tables with a multiplier of 130%.
- The CMI\_2018 model to project these tables forward, allowing for a long-term rate of improvement of 1.5%, a smoothing parameter of 7.0 and an initial addition to improvements of 0.0%.

These assumptions were updated as part of the most recent fund valuation as at 31 March 2020. The post-retirement mortality assumptions at the 2020 valuation were as follows.

- The S3PA heavy tables with a multiplier of 110%.
- The CMI\_2019 model to project these tables forward, allowing for a long-term rate of improvement of 1.25%, a smoothing parameter of 7.5 and an initial addition parameter of 0.0%.



For the accounting disclosure as at 31 March 2021, the actuary updated these assumptions again using the CMI\_2020 model, allowing for a long term rate of improvement of 1.25%, a smoothing parameter of 7.5, an initial addition parameter of 0.0% and a 2020 weighting of 25%.

This update has been made in light of the coronavirus pandemic and reflects the latest information available from the CMI. The exceptional mortality experienced due to the coronavirus pandemic has been incorporated without having a disproportionate impact on results.

The assumed life expectations from age 65 are shown below:

Life expectancy from age 65		31 March 2021 years	31 March 2021 years	31 March 2020 years
		(after CMI_2020 update)	(consistent with 2020 valuation and before CMI_2020 update)	
Retiring today	Males	18.9	19.2	19.7
	Females	22.2	22.5	21.7
Retiring in 20 years	Males	20.2	20.7	21.4
	Females	23.8	24.0	23.5

The following assumptions have also been made.

- Members will exchange pension to get 50% of the maximum available cash on retirement. For every £1 of pension that members commute, they will receive a cash payment of £12 as set out in the regulations.
- Members will retire at one retirement age for all tranches of benefit, which will be the pension weighted average tranche retirement age.
- The proportion of the membership that had taken up the 50:50 option at the previous valuation date will remain the same.



## 5i Sensitivity analysis

The following table sets out the impact of a change in the discount rates on the defined benefit obligation and projected service cost along with a +/- 1 year age rating adjustment to the mortality assumption.

	£000	£000	£000
Adjustment to discount rate	<b>+0.1%</b>	<b>0.0%</b>	<b>-0.1%</b>
Present value of total obligation	63,339	64,861	66,421
Projected service cost	4,283	4,449	4,620
Adjustment to long term salary increase	<b>+0.1%</b>	<b>0.0%</b>	<b>-0.1%</b>
Present value of total obligation	65,030	64,861	64,694
Projected service cost	4,451	4,449	4,446
Adjustment to pension increases and deferred revaluation	<b>+0.1%</b>	<b>0.0%</b>	<b>-0.1%</b>
Present value of total obligation	66,238	64,861	63,516
Projected service cost	4,619	4,449	4,285
Adjustment to life expectancy assumptions	<b>+1 year</b>	<b>None</b>	<b>-1 year</b>
Present value of total obligation	67,791	64,861	62,060
Projected service cost	4,657	4,449	4,249

## 5j Remeasurements in other comprehensive income

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

	As at 31 March 2021 £000	As at 31 March 2020 £000
Return on fund assets in excess of interest	10,195	(2,927)
Other actuarial gains/(losses) on assets	5,012	0
Change in financial assumptions	(17,223)	5,060
Change in demographic assumptions	968	0
Experience loss on defined benefit obligation	(2,405)	0
Remeasurement of net assets/ (defined liability)	<b>(2,733)</b>	<b>2,133</b>



## 6a Operating expenditure

	2020/21	2019/20
Operating expenditure	£000	£000
Supplies and services	1,569	1,718
Administration costs	1,390	1,849
Property costs	739	760
Transport costs	9	191
Pension administration costs (IAS 19)	13	12
Depreciation of assets	2	10
Changes in debt impairment allowance	3	(18)
	<b>3,725</b>	<b>4,522</b>

The above total includes £20.3k (2019/2020: £19.8k) for external auditor's remuneration paid to Audit Scotland. Grant Thornton UK LLP (appointed auditors) did not receive any fees in relation to non-audit work.

## 6b Analysis of disbursements

	2020/21	2019/20
Disbursements	£000	£000
<b>Postgraduate bursaries:</b>		
Tuition fees paid to universities	1,000	954
Bursaries paid to students	1,570	1,582
<b>Total bursary disbursement</b>	<b>2,570</b>	<b>2,536</b>
<b>Other disbursements:</b>		
Practice learning fees	1,434	2,508
Voluntary Sector Development Fund - training support	1,148	999
Workforce planning and development	177	278
<b>Total disbursements</b>	<b>5,329</b>	<b>6,321</b>



## 7 Property, plant and equipment

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

	Plant & equipment £000	Furniture & fittings £000	Total £000
<b>Cost or valuation:</b>			
At 1 April 2019	145	154	299
Additions	0	0	0
Disposal/de-recognition	(145)	0	(145)
<b>At 31 March 2020</b>	<b>0</b>	<b>154</b>	<b>154</b>
<b>Depreciation:</b>			
At 1 April 2019	145	127	272
Charged in year	0	10	10
Disposal/de-recognition	(145)	0	(145)
<b>At 31 March 2020</b>	<b>0</b>	<b>137</b>	<b>137</b>
<b>Net book value:</b>			
<b>At 31 March 2020</b>	<b>0</b>	<b>17</b>	<b>17</b>
At 31 March 2019	0	27	27





## 8 Trade and other receivables

8a

Summary of trade and other receivables	2020/21		2019/20	
	£000	£000	£000	£000
<b>Amounts falling due within one year</b>				
Prepayments and accrued income		1,478		807
Trade receivables	465		546	
Other receivables	25		32	
Total unimpaired receivables		490		578
		<b>1,968</b>		<b>1,385</b>
<b>Amounts falling due after more than one year</b>				
Prepayments		3		2
<b>Total trade and other receivables</b>		<b>1,971</b>		<b>1,387</b>

Trade and other receivables are non-interest bearing. Credit terms are generally 30 days. Trade and other receivables are recorded at fair value, reduced by appropriate allowances for estimated irrecoverable amounts. There are no amounts receivable after more than one year.

Prepayments for 2021-2022 include a sum of £531k paid to universities to fund practice learning opportunities for social work students. Due to the COVID-19 pandemic, practice placements were suspended. With agreement from our Scottish Government Sponsor this funding will be used by the universities during 2021-2022 to fund resumed placements.

8b

Provision for impairment of receivables	2020/21	2019/20
	£000	£000
As at 1 April	(35)	(53)
Charge for the year	(467)	(315)
Unused amounts reversed	2	20
Uncollectable amounts written off	462	313
As at 31 March	<b>(38)</b>	<b>(35)</b>

As at 31 March 2021, trade and other receivables of £38k (2019/2020: £35k) were past due and impaired. The amount of the provision is £38k (2019/2020: £35k).



The ageing analysis of these receivables is as follows:

<b>Ageing analysis of past due and impaired receivables</b>	<b>2020/21 £000</b>	<b>2019/20 £000</b>
Up to 3 months past due	6	10
3 to 6 months past due	10	6
6 to 12 months past due	7	6
Over 12 months past due	15	13
	<b>38</b>	<b>35</b>

As at 31 March 2021, trade and other receivables of £490k (2019/2020: £578k)

were due but not impaired. The ageing analysis of these receivables is as follows:

<b>Ageing analysis of unimpaired receivables due</b>	<b>2020/21 £000</b>	<b>2019/20 £000</b>
Not yet due	338	340
Up to 3 months past due	80	171
3 to 6 months past due	21	23
6 to 12 months past due	23	35
Over 12 months past due	28	9
	<b>490</b>	<b>578</b>



8c

	2020/21	2019/20
<b>Analysis of trade and other receivables</b>	<b>£000</b>	<b>£000</b>
<b>Amounts falling due within one year</b>		
Bodies external to Government	1,819	1,254
Other Government bodies	141	122
Local authorities	5	9
NHS bodies	3	0
	<b>1,968</b>	<b>1,385</b>
<b>Amounts falling due after more than one year</b>		
Bodies external to Government	3	2
<b>Total trade and other receivables</b>	<b>1,971</b>	<b>1,387</b>

## 9 Cash and cash equivalents

	2020/21	2019/20
	£000	£000
Balance as at 1 April	5,956	4,564
Net change in cash and cash equivalent balances	4	1,392
Balance as at 31 March	<b>5,960</b>	<b>5,956</b>
The following balances as at 31 March were held at:		
Government banking service	5,752	5,955
Commercial banks and cash in hand	208	1
Balance as at 31 March	<b>5,960</b>	<b>5,956</b>



## 10 Trade and other payables

10a		2020/21	2019/20
	<b>Summary of trade and other payables</b>	<b>£000</b>	<b>£000</b>
	<b>Amounts falling due within one year</b>		
	Trade payables	248	331
	Accruals and deferred income	3,950	5,047
	Other payables	190	168
	Other taxation and social security	253	211
	VAT	11	3
	<b>Total trade and other payables</b>	<b>4,652</b>	<b>5,760</b>

10b		2020/21	2019/20
	<b>Analysis of trade and other payables</b>	<b>£000</b>	<b>£000</b>
	<b>Amounts falling due within one year</b>		
	Bodies external to Government	4,035	3,975
	Higher education institutes (HEIs)	78	1,347
	Other Government bodies	307	272
	Local authorities	232	166
	<b>Total trade and other payables</b>	<b>4,652</b>	<b>5,760</b>

## 11 Sources of financing

11a	2019/20		2020/21		
	Total	Ref/	Revenue	Capital	Total
	£000	General reserve	£000	£000	£000
		note			
	949	Opening balance	1,583	17	1,600
	(16,291)	(deficit) for the year	(20,378)	(2)	(20,380)
	(514)	Pension adjustments and re-measurements	4,227	0	4,227
	17,456	Grants and grant in aid	17,847	0	17,847
	<b>1,600</b>	Closing balance	<b>3,279</b>	<b>15</b>	<b>3,294</b>



## 12 Government funding

12a		2020/21 £000	2019/20 £000
	<b>Grants and grant in aid</b>		
	Grant in aid	16,035	15,519
	Voluntary Sector Development Fund	1,117	1,031
	Workforce development grant	486	623
	Recruitment marketing campaign	120	145
	Cyber resilience	56	16
	Self-directed support grant	33	30
	Social Services Expo	0	30
	Workforce requirements for the Carers Act	0	57
	Promoting excellence: dementia strategy	0	5
	<b>Total funding from Government</b>	<b>17,847</b>	<b>17,456</b>

All grant conditions have been met. The amounts in the table reflect grants drawn down, net of any repayments. Therefore, as at 31 March 2021 no grants are due for repayment.

12b		2020/21 £000	2019/20 £000
	<b>Grant in aid analysis</b>		
	Approved grant in aid from Scottish Government	15,724	15,519
	Grant in aid approved during the year	311	0
	Total approved grant in aid	<b>16,035</b>	<b>15,519</b>
	Grant drawdown during the year	16,035	15,519
		<b>0</b>	<b>0</b>

## 13 Capital commitments

13a There were no capital commitments as at 31 March 2021.

## 14 Commitments under leases

### 14a Operating leases

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



	2020/21	2019/20
<b>Obligations under operating leases comprise:</b>	<b>£000</b>	<b>£000</b>
<b>Buildings:</b>		
within 1 year	792	790
within 2 to 5 years	833	1,621
beyond 5 years	0	0
	<b>1,625</b>	<b>2,411</b>

#### 14a **Finance leases**

There are no obligations or commitments under finance leases.

### **15 Contingent liabilities**

15a There are two contingent liabilities at 31 March 2021.

In relation to the introduction of IFRS 16 – Leases, effective 1 April 2022. The impact of IFRS 16 will be to reclassify leases which were previously treated as operating leases, requiring capitalisation of the underlying assets. The impact in 2022-2023 will be circa £680k and this has been raised as a spending pressure with Scottish Government but there is uncertainty as to whether the Scottish Government will fund this centrally.

A recent Employment Appeal Tribunal decision may have an impact on financial liabilities regarding Fitness to Practise Panel Members if they are considered to have worker rather than self employed status. We are obtaining legal advice on the implications of this decision for Panel Members and any other individuals.

### **16 Related party transactions**

16a The SSSC is a Non-Departmental Public Body (NDPB) sponsored by the Office of the Chief Social Work Adviser of the Children and Families Directorate of the Scottish Government. The SSSC has shared service arrangements with the Care Inspectorate in 2020/2021 totalling £676k (2019/2020 £900k). Both Scottish Government and the Care Inspectorate are regarded as related parties with which the SSSC has had various material transactions during the year.



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

## **17 Post Statement of Financial Position events**

17a There were no events after the Statement of Financial Position date relating to the 2020/2021 financial year.



### **SCOTTISH SOCIAL SERVICES COUNCIL**

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

### **DIRECTION BY THE SCOTTISH MINISTERS**

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

*Kate Vincent*

Signed by the authority of the Scottish Ministers

Dated: 16 January 2006





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please contact the SSSC on 0345 60 30 891

<b>Title of report</b>	People Management Policies
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To ask Council to approve three people management policies.
<b>Recommendations</b>	The Council is asked to approve the following policies: <ul style="list-style-type: none"> <li>• Grievance Policy</li> <li>• Workforce Change Policy</li> <li>• Redeployment Policy</li> </ul>
<b>Author</b>	Lucy Finn Head of Human Resources
<b>Responsible Officer</b>	Lynn Murray, Interim Director, Finance and Resources
<b>Link to Strategic Plan</b>	The information in this report links to: <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.  Risk 6: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and

	skilled workforce to achieve our strategic outcomes.
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was developed.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	<p>Appendix 1 – Grievance Policy</p> <p>Appendix 2 - Workforce Change Policy</p> <p>Appendix 3 - Redeployment Policy</p> <p>Appendix 4 - Policy review timetable</p>
<b>Background papers</b>	<p>Policy review timetable agreed at the Council meeting on 20 August 2020 and revisions on 18 February 2021 and 27 May 2021</p> <p><a href="#">Policy Review Timetable Overview 20.08.2020</a></p> <p><a href="#">Report 12/2021</a></p> <p><a href="#">Policy Review Timetable Overview 27.05.2021</a></p>

## **EXECUTIVE SUMMARY**

1. These policies support the SSSC in managing grievance, workforce change and redeployment situations.
2. The aim of these policies is to make sure that these situations are managed fairly, without unreasonable delay and in accordance with employment law and best practice.

## **OVERVIEW OF POLICIES FOR APPROVAL**

### **Grievance Policy**

3. Our Grievance Policy, appendix 1, provides employees with a course of action if they have concerns which they are unable to resolve through regular communication with their line manager. The aim of the policy is to make sure that we settle any grievance relating to employment fairly and without unreasonable delay.
4. The procedure clearly sets out the stages of the process: raising a grievance informally, raising a grievance formally, a grievance hearing and, if required an appeal. It outlines the level of support that we will give employees, the timescales involved at each stage and clear guidance on how we will manage a grievance hearing. It also sets out the responsibilities of employees, line managers and the HR team.
5. Following discussions with Executive Management Team (EMT) and the working group, we removed a further and final stage of appeal from the policy. However, Partnership Forum felt that members would want the protection and security that this final appeal offers and requested that it remain in the policy. The Chief Executive agreed this request and the policy includes a final stage appeal.
6. The emphasis of the policy is on support for employees who wish to raise a grievance and working effectively to reach resolution.

### **Workforce Change Policy**

7. Our Workforce Change Policy, appendix 2, sets out how we will manage changes that affect our employees in accordance with our legal obligations. It is for use where we have identified potential significant changes that have an impact on employees. A significant change is structural change, employee transfers, change to terms and conditions or voluntary redundancy.
8. The policy clearly sets out the definitions for terms associated with workforce change, the different types of workforce change and the impact of these on employees. It also makes clear how we will consult with employees and work with the Partnership Forum throughout workforce change processes.

9. The procedure clearly sets out the stages of workforce change: business case, consultation, consultation outcome and appeal. It outlines the level of support that we will give employees, the timescales involved at each stage and clear guidance on how we will manage job matching and employee transfers. It also sets out the responsibilities of employees, line managers and the HR team.
10. The emphasis of the policy is on enabling the organisation to adapt and change the way we deliver our services while working with the recognised trade union to make sure that employees are treated fairly and equitably.

### **Redeployment Policy**

11. Our Redeployment Policy, appendix 3, is a new policy that has been drafted as a partner policy to the Workforce Change Policy.
12. The policy sets out how we will aim to find suitable alternative employment for employees who are displaced due to required workforce change, unable to carry out their role due to ill health and/or disability or unable to carry out their role due to an inability to perform (capability) to the required standards.
13. We recommend that the policy is separate to the Workforce Change Policy, as outlined above, employees may be in a redeployment situation due to reasons of ill health and/or disability and capability as well as those related to workforce change.
14. The procedure clearly sets out how we will manage each type of redeployment situation and outlines the level of support that we will give employees, the timescales involved at each stage and clear guidance on how we will manage redeployment. It also sets out the responsibilities of employees, line managers and the HR team.
15. It is recognised that due to the size of the SSSC and the number of specialist posts, we may not always be able to find a permanent alternative position for an employee. However, this policy makes sure that we manage any redeployment situations clearly and fairly.
16. The emphasis of the policy is on support for employees who are in a redeployment situation.

### **Policy Review**

17. We have updated the policy review timetable at appendix 4 to map our progress. Only the Retirement and Redundancy policy is outstanding for review and approval by Council this financial year.
18. Discussions have taken place during the policy review regarding how easy policies are to follow and whether the policy and procedure should be in the same document or separate. We have agreed that we will survey staff in 2022 to ask how easy they find it to follow our policies.

## **CONSULTATION**

19. These policies have been discussed at the short life working group, with two Council Members, which is reviewing people management policies and through the usual cycle of Organisational Management Team (OMT), EMT and the Partnership Forum.
20. We have benchmarked these policies against the following organisations/professional bodies:
  - Scottish Government
  - Care Inspectorate
  - NHS
  - Local Authorities
  - NDPBs
  - Education
  - CIPD
  - Xpert HR
21. These policies are compliant with Advisory, Conciliation and Arbitration Service (ACAS) guidance.

## **RISKS**

22. There are legal, financial and reputational risks to the SSSC if we do not operate grievance, workforce change and redeployment processes appropriately. These policies mitigate these risks by establishing clear principles, processes and guidance to handle these situations.

## **IMPLICATIONS**

### **Resourcing**

23. There are resource implications for managers involved in a grievance procedure whether as an investigating officer or Chair of a grievance hearing as well as for the employee raising the grievance and others asked to attend grievance meetings. This is also the case if the process extends to an appeal. There are also implications for HR resource who are required to support the process.
24. There are resource implications for managers involves in managing workforce change and redeployment processes as well as employees we are consulting with. There are also implications for HR resource who are required to support these processes.
25. These issues are mitigated by clear and comprehensive policies that enable any process to be managed as quickly as possible and sets out clear guidance for involvement.

## **Compliance**

26. These policies comply with our legal obligations.

## **IMPACT ASSESSMENTS**

### **Equalities**

27. Equality Impact Assessments have been undertaken for all these policies.
28. The impact assessments found that the policies met legislative requirements, best practice and did not discriminate.

## **CONCLUSION**

29. We carried out a great deal of consultation on these policies and procedures, which has led to improvements and they are now clearer to follow and meet our legal obligations.

# **Grievance Policy**

August 2021



## Document governance and management

Document owner/author/lead	Interim Director of Finance and Resources
Version number	4
Current version referred for approval to	Council 26 August 2021
Date of next review	August 2024
Date of equality impact assessment (mandatory)	17 February 2021
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
N/A – full consultation log prepared – see separate document.			

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# 1. Introduction

## **Purpose**

Our Grievance Policy provides employees with a course of action if they have concerns which they are unable to resolve through regular communication with their line manager.

The aim of the policy is to make sure that any grievance relating to employment is settled fairly and without unreasonable delay.

We believe that all employees must be treated fairly and with respect. If an employee is unhappy about the treatment that they have received or about any aspect of their work, they should discuss this with their line manager, who will attempt to resolve the situation on an informal basis. If they feel unable to approach their line manager directly, they should approach Human Resources, who will discuss with them ways of dealing with the matter.

Grievances are concerned with a wide range of issues, including the allocation of work, working environment or conditions, opportunities for career development or the way in which an employee has been managed. However, it is important to recognise that managers are responsible for the day to day management of their employees and therefore have a right to manage.

A grievance hearing is not the same as a disciplinary hearing. It is an occasion when discussion and dialogue can lead to an amicable solution.

We recognise that a formal grievance procedure can be a stressful and upsetting experience for all parties involved. Everyone involved in the process is entitled to be treated calmly and with respect. We will not tolerate abusive or insulting behaviour from anyone taking part in or conducting grievance procedures and will treat any such behaviour as misconduct under the disciplinary procedure.

Complaints that an employee has about any disciplinary action taken against them are dealt with as an appeal under the disciplinary procedure.

## **Scope**

This policy applies to all temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members. This policy does not apply to social service employers, workers or social work students.

This policy does not apply to any concerns relating to bullying, harassment, discrimination, victimisation, whistle blowing or disciplinary issues. Separate policies are available to deal with concerns in relation to these areas.

In addition, our grievance policy does not cover the following issues:

- a collective agreement approved by Partnership Forum
- statutory rights or tax concerns, for example where a People Management policy reflects statutory responsibilities as set out in employment law
- grievances raised by a recognised trade union on behalf of several employees are raised under the dispute procedure contained within the Partnership Agreement.

Advice must be sought from Human Resources where there is uncertainty around the most appropriate policy to raise the issue under.

## **Legislation**

- Employment Rights Act 1996.
- Employment Relations Act 1999.
- Data Protection Act 2018.
- General Data Protection Regulation (2016/679 EU).
- ACAS code of practice on disciplinary and grievance procedures, and related guidance.
- ACAS guidance on disciplinary and grievance procedures during the coronavirus pandemic.

## **Data protection**

When dealing with grievances, we will process any personal data collected in accordance with our [data protection policy](#). We will record only the personal information required and keep the information only for as long as necessary.

We will make a written record of all meetings conducted under this procedure. We will hold any data collected securely and make sure this is accessed by, and disclosed to, individuals only for the purposes of completing the grievance procedure.

We will hold data collected as part of informal complaints and the grievance procedure securely and ensure this is accessed by, and disclosed to, individuals only for the purposes of responding to the complaints or conducting the grievance procedure. You must immediately report any inappropriate access or disclosure of employee data in accordance with our data protection policy as this constitutes a data protection breach. It can also constitute a disciplinary offence, which we will deal with under our disciplinary procedure.

## **Monitoring and review**

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

## 2. Principles

### Policy specific

In operating this policy we will follow these principles and make sure we comply with the ACAS Code of Practice.

- We will treat seriously all concerns raised under this policy. All employees can raise concerns without fear of victimisation.
- Wherever possible, employees can raise concerns informally before submitting concerns under the formal stage of this procedure.
- Where appropriate, we encourage the use of formal and informal mediation at every level and stage of the process.
- All grievances must be made in good faith. Where there is evidence that an employee has submitted a grievance irresponsibly, without reasoned purpose or where the employee has not acted in accordance with our organisational values and the code of conduct then we can consider it 'malicious, vexatious or frivolous'. This can be considered under the Disciplinary Policy and Procedure.

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

### Recognition and respect for others

- We treat each other with kindness and respect and value the contribution every employee makes.
- At every stage of the process we will not discriminate on the grounds of protected characteristics as listed in the Equality Act 2010.
- We will treat all employees fairly and consistently under this process and if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, we will accommodate them appropriately.

### Working together

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

### Accept responsibility and accountability

- The timescales detailed in this procedure can be extended with the agreement of both parties and likely timescales discussed.
- Act in a fair and consistent way being open and honest about any performance issues.
- Respect confidentiality and only share information, as appropriate, with relevant employees.
- Deal with issues kindly, sensitively and showing compassion.
- We will carry out all investigations into grievances without unreasonable delay.

## 3. Roles and responsibilities

### 3.1 Council

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

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

Council is accountable for:

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

### 3.2 Executive Management Team

The EMT is responsible for:

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

### 3.3 Operational Management Team

The OMT is responsible for:

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

## 3.4 Line manager

The line manager is responsible for:

- acting in a fair and consistent way, being open and honest about conduct
- always acting promptly to deal with any misconduct on the part of their employees
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- considering our responsibilities under the Equality Act (2010) and, where appropriate, make reasonable adjustments for any individual who may have a disability or other protected characteristic
- considering any health impact and considering supports such as employee assistance programme or occupational health.

## 3.5 Employees

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

Employees are responsible for:

- attempting to resolve grievances informally through discussion with their manager or the person concerned, as soon as reasonably practical
- lodging formal grievances with their line manager if the informal discussions fail
- if an employee's grievance is against their immediate manager, it can be lodged with the manager at the level above or with Human Resources
- cooperating with arrangements to consider the grievance; if they do not cooperate with the timescales and processes the manager can dismiss the grievance
- arranging own representation (work colleague or recognised trade union representative) to attend meetings arranged in connection with the grievance
- seeking a resolution that is reasonable, achievable and within the power of the manager or SSSC to grant
- if any aspect of the grievance procedure causes the employee difficulty on account of any disability or protected characteristic they have, or if they need assistance because English is not their first language, they should raise this with HR who will make the appropriate arrangements to support them to fully participate in the process.

## 3.6 Witness responsibilities

Witnesses can be identified by either the employee raising the grievance or by the manager investigating and hearing the grievance. Where a witness has information important for the investigation, we will contact them and ask them to provide an honest and objective account of the events.

Witnesses must not discuss the events being investigated with any other witnesses or anyone other than those conducting the investigation. Witnesses must make sure their evidence is factual and directly related to the matter under investigation. Witnesses are expected to attend meetings including the grievance hearing and any subsequent appeal hearing if management request them to do so.

Witnesses can refuse to be a witness if requested by a fellow employee but must attend if management ask them. We appreciate that being a witness can be difficult for some individuals. Witnesses can seek support from their recognised trade union representative, line manager and/or HR. If a witness has a clear reason for not wanting to be identified or attend a hearing they can speak to the investigating officer or HR.

Any attendance will be within working hours and therefore witnesses will not suffer financial detriment for attending meetings ie they can claim their working time and any reasonable travel expenses.

## 3.7 Human Resources

Human Resources is responsible for:

- updating this policy and procedure in line with the agreed schedule, or as changes occur, to comply with employment and other pertinent legislation, best practice and the SSSC people strategy
- developing this process and procedure collaboratively to meet legal and business requirements
- keeping all parties up to date, and will make sure that everyone follows the Grievance Procedure and that all employees are aware of their rights and responsibilities
- developing template letters, forms and guidance
- offering advice on how to apply the grievance policy and procedure
- making sure the process is followed in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy and procedure, if required
- no formal investigation will take place into any grievance without full discussion with HR and reference to this policy
- all grievance hearings will have a member of HR in attendance to provide advice and guidance
- monitoring use of the policy and processes and reporting any non compliance to Heads of Department/Directors
- it is not the function of HR to make or unduly influence the final decision and outcome, which is the responsibility of the disciplining officer/Employment Appeals Panel
- provide Council with an overall picture of the number of grievances in line with reporting against the People Strategy and HR metrics.

## 4. Policy

This policy provides a mechanism to fully consider concerns and to resolve them consistently, effectively, fairly and promptly. However, in the first instance, we encourage employees to try to resolve issues through informal discussion with their line manager wherever possible. This often results in an immediate solution and can make it unnecessary to use the formal stages of the procedure.

Grievances are concerned with a wide range of issues including:

- working practices
- the working environment



- health and safety
- implementation of organisational change
- what you are being asked to do as part of your job
- misapplication of terms and conditions.

Timescales will inevitably vary with the facts of each case. What matters is that adequate time is given to consider concerns raised in full before we take any relevant action. We will balance this need for time with the need to resolve an issue and to also avoid the additional stresses that are caused when an employee is aggrieved. Where timescales are given, these are as a guide only.

We will provide advance written notice to employees of any concerns raised against them.

## 5. Procedure

### 5.1 Raising concerns informally

We will make every effort to raise and resolve grievances informally in the first instance. Informal action aims to resolve grievances as close to their point of origin as possible. If an employee has a concern, they must discuss this with their line manager, who will attempt to resolve the situation in an informal way normally within four to six weeks.

The informal stage of the process provides the time and space for the manager and employee to resolve the issue. An informal discussion is often the quickest and easiest way to resolve issues. It also avoids the feeling of escalating issues which can sometimes happen when other parties join the conversation before the employee and manager have had the opportunity to resolve it themselves.

This is however more than just a conversation. Grievances raised informally are taken just as seriously as those raised formally and the employee can seek support from their recognised trade union.

If the grievance is related to the employee's line manager, they must approach their manager's manager or Human Resources, who will discuss ways of dealing with the grievance.

#### **Responding to concerns raised informally**

When a manager receives a grievance, it is important that they understand all the issues raised. The employee must therefore outline the issue/concern they wish to raise and the outcome they are seeking. Where necessary, the manager can decide that further fact finding is required. This can include referring to policies, procedures, other documentation or talking to other colleagues or people outside our organisation. Depending on the nature of the grievance one potential outcome is to recommend mediation.

The employee and their manager can also agree an action plan and meet regularly during the informal stage to monitor and review progress made. The manager will meet the employee again once all agreed actions have been taken to decide whether the matter is resolved. The action plan will include the issue, the action, who is responsible for doing this and timescales.

Actions agreed may include, for example:

- buddying
- clarifying or reviewing policies and procedures
- coaching and mentoring
- meetings with third parties
- training.

The manager will take a record of the steps taken during the informal stage and any agreement reached. Both the employee and their manager will sign this off before sending on to HR (to ensure confidentiality HR will store this information on the personnel file). This is important if we need to revisit the situation in the future. For example, if the employee believes that their grievance remains unresolved and raises a further grievance.

It is not always possible to resolve the grievance in the employee's preferred way. It is important that they feel we have followed a fair process and that we have listened to their concerns and considered them in full. To help conclude matters the manager will write to the employee confirming what they did to resolve the grievance and the outcome of the grievance. This is sent to HR and recorded on the personnel file.

Where informal attempts at a resolution fail, we will consider further mediation. This is on the advice of HR. However, if this is not appropriate, and the employee remains dissatisfied with the action taken to resolve their grievance informally, they can raise the matter formally and without unreasonable delay.

## 5.2 Raising a formal grievance

A formal grievance is concerned with the way in which the employee believes the organisation, or managers acting on its behalf, has treated them on any aspect of their work.

If the employee's grievance remains unresolved after the informal stage, they can proceed to the formal stage of this procedure. They should complete the Grievance Notification Form (appendix 2) within 14 calendar days of the outcome of the informal stage and send it to their line manager and Human Resources. If their grievance is about their line manager then they must send it to their manager's manager. The manager who receives the grievance can appoint a different manager to hear the grievance and notify the employee of this.

This form is the basis of the subsequent hearing and any investigations, so it is important that the employee sets out clearly the nature of their grievance and indicates the outcome that they are seeking and what action was taken during the informal stage. We can ask the employee to clarify their grievance before any meetings take place.

We can make further attempts to resolve the matter informally, depending on the nature of the employee's complaint. However, if the employee is not satisfied with the outcome, we will proceed to a full grievance hearing.

### **Investigation**

It can be necessary to carry out an investigation into the employee's grievance. The amount of any investigation required will depend on the nature of the allegations and will vary from case to case.

We will appoint an Investigating Officer to interview and take statements from the employee and any witnesses, and/or review relevant documents. Where relevant, this can include reference to any fact finding completed at the informal stage of the process.

In some cases, we can hold a grievance meeting first to help the manager hearing the grievance to decide what investigation (if any) to carry out. We can then hold a further grievance meeting with the employee after the investigation and before a decision is reached.

The level of investigation will depend on the individual case. Any employees asked to provide statements are required to cooperate fully and promptly with the investigation. If any evidence is gathered during the investigation, we will give the employee a copy seven calendar days in advance of the hearing for them to consider their response.

In exceptional circumstances, the evidence given by individuals will remain confidential. Where confidentiality is necessary, we will explain this to the employee and give them an appropriate summary of the evidence gathered. The employee must also share any evidence they have gathered in support of their grievance seven calendar days in advance. Their evidence must be factual and directly related to the grievance.

The employee can bring a work colleague or recognised trade union representative with them to the investigation meeting. The meetings will not be unreasonably delayed ie dates won't be reorganised more than once.

We can bring in an external consultant or parties to carry out the investigation or chair the grievance or appeal. In these instances, we will make sure that they follow our processes and conduct them in line with ACAS codes of practice. If an external source is sought, we will appoint an internal contact and usually a member of HR will liaise with them.

## 5.3 Grievance hearing

We will hold the grievance hearing as soon as is reasonably practicable and, subject to any need to carry out investigations. Wherever possible it will begin within 14 calendar days of us receiving the Grievance Notification Form. The manager that the grievance was submitted to will normally chair the hearing and a HR representative will attend to advise on any policy or procedural questions. A note taker is present to record the meeting.

At the meeting, we will ask the employee to explain the nature of their grievance and what action they want taken to resolve the matter. Where appropriate, the meeting will adjourn to allow further investigations to take place. Where more than one employee raises the same or substantially the same issue, we will consider if it is appropriate to deal with the grievances together to achieve a fair and consistent outcome.

We will allow the employee every opportunity to explain their case fully but only on matters directly relevant to their complaint. Focusing on irrelevant issues or incidents that took place long before the matter in hand is not helpful and can hinder the effective handling of their complaint. The manager conducting the hearing will intervene if they think that the discussion is straying too far from the key issue. The manager can also intervene to make sure that the meeting is completed within a reasonable timeframe, depending on the nature and complexity of the complaint.

See appendix 1 for full details on the grievance hearing process.

Where it is not possible to hold a face to face meeting, we will conduct the grievance hearing remotely. We will make sure that the employee has access to the necessary technology to take part in the process.

The employee must make sure that they attend the meeting at the specified time. If they are unable to attend because of circumstances beyond their control, they should inform their line manager as soon as possible. If they fail to attend without explanation, or if it appears that they have not made sufficient attempts to attend, the hearing can take place in their absence.

Following the meeting, we will inform the employee in writing of the outcome within 14 calendar days and tell them of any action we propose to take because of their complaint. They can discuss this outcome informally with either their manager or Human Resources.

If the employee is dissatisfied with the outcome, they can make a formal appeal.

## 5.4 Grievance outcome

Within 14 calendar days of the meeting, the chair of the grievance hearing will write to the employee to confirm the outcome of the hearing and any action proposed because of the grievance. The chair will also advise any employee(s) named in the grievance, in writing, of their decision at the grievance hearing.

The outcomes of the grievance can be:

- grievance upheld (in full or partially) – the employee will be advised which parts of the grievance are upheld and the rationale for this. The chair can make recommendations to resolve the cause of the grievance
- grievance dismissed – the chair will confirm that there is no case to answer
- grievance dismissed but management recommendations made – the chair will confirm that there is no case to answer and will make recommendations in response to information that came to light during the investigation or hearing.

## 5.5 Grievance appeal

If the employee feels that their grievance has not been satisfactorily resolved they can appeal against the outcome to the Head of Human Resources, who will determine the most appropriate senior manager to hear their appeal. Where their grievance is against the Head of Human Resources, they should submit their appeal to the Director of Finance and Resources.

The employee must appeal in writing within 14 calendar days of the written notification of the grievance outcome. They must clearly state the reasons for their appeal (ie the basis that they believe the grievance outcome was wrong or that the action taken as a result was inappropriate), the redress they are seeking and how to resolve the matter, in their opinion. We will arrange an appeal meeting to take place within 14 calendar days of the submission of the employee's formal appeal, wherever possible.

Where an employee lodges an appeal, we will not delay in implementing action from a grievance meeting, although we can subsequently amend the decision because of the appeal process.

Where it is not possible to hold a face to face meeting, we will conduct the appeal hearing remotely. We will make sure that the employee has access to the necessary technology for participating in the process.

The employee must ensure that they attend the meeting at the specified time. If the employee is unable to attend because of circumstances beyond their control, they must inform HR of this as soon as possible. If they fail to attend without explanation, or if it appears that they have not made sufficient attempts to attend, the hearing can take place in their absence.

The Chief Executive, or Director whose area of responsibility it is, should consider, with the support of HR, whether the appeal will be heard by a member of EMT or OMT. If the grievance is in relation to a member of EMT or the Chief Executive, the Employment Appeals Panel of the Council will hear it. This normally comprises a minimum of three and a maximum of five Council Members, drawn from a pool of all Council Members. The Convener will appoint the chair.

The appeal Chair will consider the grounds that the employee has put forward and assess whether the conclusion reached in the original grievance hearing was appropriate. We will notify the employee of the outcome of the appeal hearing as soon as possible after the hearing is concluded. We will share a note of the hearing with the parties involved.

If the employee remains dissatisfied they may refer the matter to the final appeal stage.

If an employee raises any new matters during the appeal, we can carry out further investigations. If any new information comes to light, we will provide the employee with a summary including, where appropriate, copies of additional relevant documents and witness statements. The employee will have a reasonable opportunity, normally at least 48 hours, to consider this information before the appeal hearing.

## 5.6 Following the grievance hearing

It is important to recognise that even when a grievance is concluded things might never be the same, particularly if an employee perceives that the issue is unresolved. In some situations, there will continue to be conflict/tension and fractured relationships. Individuals can need help and support to rebuild professional relationships. The HR team will work with managers and employees to determine the most appropriate way of achieving this, for example, through interventions like mediation and team building.

# 6. Further information

## 6.1 Learning and development

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

## 6.2 Sources of support

Employees can feel emotional, fragile and vulnerable when thinking about raising a grievance even when it is something they consider to be legitimate. An employee who has had a grievance raised against them can also find this difficult. Support available to both is summarised below.

- The Employee Assistance Programme
- Recognised trade union representative
- Advisory Conciliation and Arbitration Service (ACAS)
- Human Resources
- Occupational Health
- Relevant corporate learning and development opportunities.

## 6.3 Related documents

- Code of Conduct
- Corporate Health and Safety Policy
- Dignity at Work Policy
- Disciplinary Policy
- Partnership Agreement
- Whistleblowing Policy.

## 6.4 Special circumstances

### **Withdrawing a grievance**

If an employee wishes to withdraw a grievance, they must put this in writing to the manager hearing the grievance. Depending on the situation it can end the investigation and they must ask for advice from HR on when this is appropriate.

### **Overlapping grievance and disciplinary cases**

Where an employee raises a related grievance during a disciplinary process the disciplinary process can be suspended to deal with the grievance. They must ask HR for advice in this situation. Where the grievance and disciplinary cases are unrelated it can be appropriate to deal with both issues concurrently.

### **Sickness**

Where an employee is well enough, the investigation/hearing can continue even if they are not able to attend work, particularly if concluding a grievance will help them return to work. This relates to both the employee raising the grievance and, where relevant, the individual who has had the grievance raised against them, as well as any key witnesses. If either party feels they are not well enough to participate then we will refer them to Occupational Health to find out if there is any additional support which might enable them to participate in the process.

### **Issues relating to the same grievance**

An employee cannot start the process again in relation to the same grievance where a grievance has been raised and either:

- not progressed within the time limits by them
- withdrawn by them
- not resolved to their satisfaction even at the completion of the appeal process.

**Anonymous complaint**

If an employee makes an anonymous complaint, we will consider it to see if there is enough evidence to substantiate reviewing it. If there is then we will manage the issues through the grievance procedure and resolve. We will make the relevant people aware that a grievance was raised, has been investigated and resolved or found to be unsubstantiated.

# Appendix 1 – Chairing a grievance hearing

## **Preparation for the hearing**

The investigating officer will gather evidence as part of any investigation. They will share this with the employee seven calendar days in advance of the grievance hearing. The employee must also share any evidence they have gathered in support of their grievance seven calendar days in advance.

Make sure there are rooms available for the employee and their representative to use before the hearing starts, during any adjournments and at the end when the chair is deliberating. If there are witnesses for both sides - make sure enough separate rooms are available for them to use.

## **Format of a formal grievance meeting**

The main purpose of a formal grievance meeting at this stage is to make sure that all parties have as full an understanding as possible of the issues so that the chair can make an impartial decision based on facts.

While the employee will be given every opportunity to explain their case fully, they must confine their explanation to matters that are directly relevant to their complaint. Focusing on irrelevant issues or incidents that took place long before the matter in hand is not helpful and can hinder the effective handling of their complaint. The manager conducting the hearing will intervene if they think that the discussion is straying too far from the key issue. The manager can also intervene to make sure that the meeting can be completed within a reasonable timeframe, depending on the nature and complexity of the complaint.

The meeting must take as flexible an approach as possible while adhering to the following.

## **In the hearing**

- The purpose of the hearing is to discuss the employee's grievance.
- Introduce those present and explain the role of each person eg chairing the proceedings, HR representative to provide advice, investigation officer(s) attending to present their report and any witnesses.
- Clarify - if the employee is accompanied and if the representative/companion is presenting the employee's case or attending only to accompany the employee. The representative cannot answer questions on an employee's behalf.
- Clarify that if the employee is not accompanied, that they understand their right to be represented/accompanied.
- Explain how the rest of the hearing will run.
- Both parties will have the opportunity to present their cases, produce supporting documentary evidence and call any witnesses (names of witnesses will be provided in advance).
- All attendees will be present throughout the meeting (except during the adjournment when it will only be the HR representative and the chair).
- Witnesses will be called as and when required.
- Verbatim minutes of the meeting are not taken, the chair will produce a summary of the meeting, but parties are responsible for their own notes. The chair will share a note of the hearing with all relevant parties involved.



## How the hearing will run

- Anyone can ask for an adjournment at any time.
- The employee (or their representative) will put forward the basis of their grievance and their proposed resolutions.
- The chair/panel can then ask questions.
- The other party will then put forward their case. The chair can then ask questions. The employee/rep can also ask questions.
- The employee/rep will then sum up their case. The other party will then sum up their case.
- Adjournment (HR rep and chair stay).
- The chair can ask the employee or the other party back into the meeting if any clarification is needed. If this is the case both parties will be called back to hear what is said.
- The chair will reconvene the hearing and ask the employee (and their representative) to come back into the hearing so they can advise them verbally of the decision and their right of appeal. The employee will also receive the outcome by letter.
- The chair will inform the employee of the outcome of the grievance investigation which can be one of three outcomes:
  1. grievance is upheld – ie the grievance is substantiated. Recommendation can be to resolve the cause of the grievance, and mediation can be included to facilitate an effective working relationship in the workplace.
  2. grievance is dismissed – there is no case to answer, and mediation can be recommended to make sure there is an effective working relationship in the workplace.
  3. grievance is dismissed but management recommendations made because of information that came to light in the investigation and can include mediation.
- Outline any proposed action and when this will be implemented and by whom, if applicable.
- Confirm that the chair will confirm the decision in writing, with a copy to the representative of the employee of the meeting.
- The letter will also confirm the employee's right to appeal the decision if they remain dissatisfied with the outcome.

If the employee does proceed to the next stage ie Grievance Appeal Stage, the chair will have to present the management case at the grievance appeal hearing. They will use the outcome letter indicated above for this purpose.

If another employee was involved in the grievance the chair will write to them and inform them of the decision taken and any actions proposed that could affect them.

The chair will send written confirmation of the decision to the employee as soon as possible after the hearing but no later than 14 calendar days from the date of the hearing.

If it is not possible to come to decision on the day, the chair will inform the employee and their representative verbally of the likely timescales involved and confirm in writing follow up arrangements as soon as possible.

The chair will ask the employee/representative to confirm that they understand the process outlined above.

**General principles to be followed throughout**

The representative can address the hearing to put forward and sum up the employee's case and can discuss with the employee during the hearing. The representative/companion cannot answer questions on the employee's behalf.

During the hearing, either side can request an adjournment to talk privately and consider the evidence presented or to carry out further investigation where new evidence is introduced. If significant new facts emerge, the Chair considers adjourning the hearing to provide both sides with enough time to investigate these fully and reconvene later.

If a particular witness cannot/is unable to attend, consider proceeding with a written statement.

# Appendix 2 – Grievance notification form

This form is for use when an employee wishes to raise a formal grievance or appeal against the outcome of a grievance in accordance with the SSSC’s Grievance Procedure.

**Name:**

**Designation:**

**Work Location:**

**Contact Number:**

**Name of employee’s representative:**

**Please state fully the nature of the grievance.**

--

**Please state what answer was provided at the informal/previous stage (if applicable) and why you remain dissatisfied.**

--

**Please indicate, in your opinion, how to resolve grievance**

--

**Signature:**



Scottish Social Services Council  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

Tel: 0345 60 30 891  
Email: [enquiries@sssc.uk.com](mailto:enquiries@sssc.uk.com)  
Web: [www.sssc.uk.com](http://www.sssc.uk.com)

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

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

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# **Workforce Change Policy**

August 2021

## Document governance and management

Document owner/author/lead	Interim Director of Finance and Resources
Version number	V 4
Current version referred for approval to	
Date of next review	August 2024
Date of equality impact assessment (mandatory)	March 2021
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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
N/A – full consultation log prepared – see separate document.			

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# 1. Introduction

## Purpose

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

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

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

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

This policy is for use where we have identified potential significant changes that have an impact on employees. A significant change is one or more of the following:

- structural change
- employee transfers
- changes to terms and conditions
- voluntary redundancy.

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

The Workforce Change Policy will also not apply where:

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

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

## Scope



This policy applies to all permanent and temporary Scottish Social Services Council employees. This policy does not apply to social service employers, workers or social work students.

## **Definitions**

**Collective consultation** – in circumstances of redundancy (or dismissal and re-engagement), employees may have a right to be collectively consulted which means employers are required to consult with the 'appropriate representatives' of any of the employees who may be affected. For our organisation, appropriate representatives are a colleague or a recognised trade union representative.

**Consultation** - is a two way process through which information is shared and subsequently discussed between different parties. Ideally a consensus is reached at the end of the process, however there is no obligation to reach one.

**Matching protocol** - is part of a restructure scenario to define which methods (eg ring fence, competitive selection criteria) will be used to identify how employees will move across into the new structure and into which positions. It is shared with affected employees and the recognised trade union during the consultation process.

**Organisational change** - is a structural or managerial change in the way services within our organisation are organised or provided which affects the employment, pay and terms and conditions of service, or roles and responsibilities of employees.

**Redeployment** - is a process through which eligible employees are considered for suitable alternative employment with us to preserve their employment. There is a separate redeployment policy.

**Redundancy** – at this time we are committed to the Scottish Government's no compulsory redundancies policy. We may however consider voluntary redundancy/voluntary early retirement if we are:

- downsizing – where the organisation wishes to reduce part of its workplace by a certain amount
- restructuring or reorganisation – where specific posts are deleted from the establishment.

**Restructure** - is the act of reorganising the operational or service functions, or other structures, of an organisation for the purpose of making it better organised for its future needs.

**Suitable alternative employment** - this is a legal definition which means as an employer we need to consider:

- whether the employee has the right skills and experience for the new role or could do the role with some specific retraining
- the terms of the alternative job including status, place of work, job duties, pay, hours and responsibility (ie how similar are these to the old role)
- only in exceptional circumstances would an employee be offered a temporary post (if for 12 months or more) because the employee would be dismissed at the end of the temporary contract if they were unable to secure a permanent post before then. In these circumstances the employee would retain their full employment rights

- the employee's personal situation for example, the impact the change would have on their family responsibilities (for example, childcare, caring responsibilities or the employee's own health)
- the employee will be offered a trial period and will be supported during their transition through the induction process and through an appropriate learning and development plan
- any disabilities and/or adjustments required to help an employee to express an interest or fulfil a different job
- other options such as early retirement or voluntary redundancy if there is no suitable alternative employment.

## **Legislation**

This policy has also considered the following legislation:

- Employment Rights Act 1996
- Equality Act 2010.

More specifically the legal obligations for workforce change are:

- changes to both contractual and non contractual terms can be made with the mutual agreement of both employers and employees
- the duty of collective consultation is triggered where there is a potential of redundancies or a situation of potential dismissal and reengagement of 20 or more employees
- change should be necessary and justifiable, and an employer has a duty to act reasonably. Reasonable practice can be demonstrated through following the principles outlined in the ACAS guidance on redundancies
- where employees do not agree to the change, but the above obligations and duties have been met, the employer can impose change through dismissal and reengagement
- employers have a statutory duty under the Trade Union and Labour Relations (Consolidation) Act 1992 to carry out collective consultation where 20 or more redundancies / dismissals are proposed at one establishment within 90 days. Statutory consultation time periods apply, and the Secretary of State for Business, Innovation and Skills (Insolvency Service) must also be notified through completion of the HR1 form
- where fewer than 20 redundancies are proposed, consultation must still take place on an individual basis and a fair process must be followed.

## **Data protection**

We will process any personal data collected in relation to this policy in accordance with our [data protection policy](#). We will record only the personal information required and keep the information only for as long as necessary.

## **Monitoring and review**

Human Resources and the Partnership Forum are responsible for monitoring and implementing this policy to make sure that it is being fairly and consistently applied and that the stated principles and values are being met. We will review this policy every three years (or earlier should legislation change) and make amendments as appropriate in consultation with the Partnership Forum. Minor amendments will be outlined in the change log and the version control updated.

Major changes will follow the consultation cycle – Equality Impact Assessment, Operational Management Team, Partnership Forum, Executive Management Team and Council.

## 2. Principles

### Policy specific

- We support the Scottish Government's no compulsory redundancy policy.
- We will try to safeguard the employment of all employees during workforce change.
- We will consider all other appropriate measures to reduce our costs/impact before we start to consider workforce change including:
  - employee transfer between teams or Directorates
  - restricting external recruitment
  - minimising the number of temporary and agency workers we use
  - considering not filling posts when employees leave
  - reducing overtime
  - asking employees to consider taking early retirement/voluntary redundancy.
- Employees will suffer little or no detriment because of organisational change, where they do protections will apply such as the salary protection policy.
- We will equip our managers to make sure they have the right leadership skills to manage change effectively.
- We will support employees to adjust and adapt to suitable alternative duties eg through appropriate learning and development opportunities.

### SSSC Values

#### Recognition and Respect for others

- We will always try to manage change in a consensual way.
- We will involve employees, engage with them, and keep them informed throughout the process.
- At every stage of the process we will not discriminate on the grounds of protected characteristics as listed in the Equality Act 2010.
- We will treat all employees fairly and consistently under this process and if any employee requires specific support and assistance due to having a protected characteristic under the Equality Act 2010, we will accommodate them appropriately.

#### Working together

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

#### Accept responsibility and accountability

- The timescales detailed in this policy may be extended with the agreement of the parties and likely timescales discussed.
- Deal with issues kindly, sensitively and show compassion.

- Respect confidentiality and only share information, as appropriate, with relevant postholders.

# 3. Roles and responsibilities

## 3.1 Council

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

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

Council is responsible for:

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

## 3.2 Executive Management Team

The EMT is responsible for:

- overall responsibility for the implementation of the policy and to create a culture in which employees can flourish through interesting and rewarding work
- having early discussions with the Partnership Forum of emerging issues and potential changes
- align change with organisational strategy and provide leadership to make change happen
- allow employees and their representatives the opportunity to influence changes affecting their working lives
- delegate responsibilities related to the policy to Operational Management Team (OMT) and line managers
- make sure that managers and staff receive appropriate development, support and training to implement the policy appropriately
- communicate openly and honestly with employees and their representatives, listening and responding to their views. Our senior managers will work with our colleagues in the Communications team to develop a clear and detailed communication plan
- monitor and evaluate change after implementation
- make sure that the application of this policy and procedure does not breach any statutory requirement placed upon us
- make sure that changes to people management policies not retained for the specific approval of the Council are reported to the Council on a quarterly basis for endorsement.

## 3.3 Operational Management Team

The OMT is responsible for:

- carrying out workforce planning to meet future service need
- making sure their managers and staff are aware of the processes to be followed within this policy and procedure
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

## 3.4 Line managers

Line managers are responsible for:

- providing support to their employees as necessary by providing information directly or signposting employees to other areas of support
- owning their part of the change process, acting as a positive role model for the changes
- facilitating a two way flow of communication
- preparing teams for implementation
- consulting employees who are absent from work (for example those on sickness absence or family friendly related absence) and keeping them informed throughout the process.

## 3.5 Employees

Employees are responsible for:

- complying with our Code of Conduct for Employees. We expect the highest standards of integrity and conduct from all employees
- engaging in a consultation period to ensure it is meaningful and productive
- discussing all genuine concerns with their line manager, another appropriate manager, or human resources
- asking questions and raising concerns directly with their team/line manager. They are also encouraged to use their recognised trade union representatives as a means of coordinating two way feedback relating to general feedback and concerns over the proposals for consultation.

## 3.6 Human Resources

Human Resources are responsible for:

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

## 4. Policy

### 4.1 What is workforce change

This policy defines the steps we will take to make sure change is fair, transparent and complies with our statutory obligations. It also reflects our continuing commitment to working in partnership with employees and the recognised trade union.

It sets out how we will deal with significant change when it affects many employees and/or is likely to have a material impact on terms and conditions.

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

### 4.2 Equality issues

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

### 4.3 Consultation framework

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

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

#### **Low impact**

Examples include reallocation of work between teams, team moves and/or, temporary changes because of long-term sickness. A working example may be "moving 2 Registration Assistants from Team 3 to Team 4" or "reassigning Team 5's Registration Assistants to Team 1's manager if Team 5's manager was off sick".

This type of change does not require any consultation with the recognised trade union. These are management decisions to be discussed with employees.

#### **Medium impact**

This would be where we are either creating new roles or deleting old ones, but nobody is facing redundancy. There is no change that will result in anybody losing their job or being displaced, but the change could have an impact on the workforce. Examples might be "not replacing a manager role so more people will be managed by a different manager" or

“introducing a new role that dilutes the work of others”. This may need some level of discussion with the recognised trade union in the interests of partnership working.

### **High impact – workforce change**

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

## **4.4 Types of workforce change**

A significant change is one of the following:

- structural change
- employee transfer
- changes to terms and conditions
- voluntary redundancy.

### **Structural change**

Applies for proposals to change a current organisational structure, where this will result in substantial changes to posts and roles. This can result in employees being matched into a job (this is different to redeployment as we do not make employees redundant). In this situation, we will not use the normal internal recruitment policy as we have a legal requirement to find suitable alternative employment for our employees who have been affected by the change.

There is further information available in appendix 1 - Guidance for Job Matching.

### **Employee transfers**

When an employee's role/tasks are moving to another part of the organisation. Employees will only be required to transfer post in situations where the post they are moving to is the same as their current role in terms of grade and core duties. In this situation we will provide employees with reasonable notice of any intended transfer, as we appreciate that this may have an impact on employees particularly those with caring or childcare responsibilities. Reasonable notice will be four weeks unless otherwise agreed.

Mobility is a contractual requirement for employees therefore the employee may not unreasonably refuse to transfer. An employee transfer may also involve the employee having to relocate. This means the employee must move because of the change. See the [Relocation Policy](#) for further information.

The senior manager leading the change process will, wherever possible, seek volunteers and try to reach agreement for transfer from the affected group. If agreement cannot be reached, we will follow a fair selection process to identify employees for transfer. This will be designed with support from Organisational Development (OD).

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



workforce and support future challenges. You should seek advice from HR in this situation.

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

There is further information available in Appendix 2 - Guidance for Employee Transfers.

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

This change applies where a proposed change to service delivery or structure may result in variations being made to terms and conditions of employment as a means of achieving business efficiencies.

The range of contractual provisions that can be varied are broad but could include contractual hours and/or working patterns. Before we make any changes to an employee's contractual terms and conditions, we will consider the employee's personal circumstances and their type of work.

If we want to change terms and conditions of employment we will, in accordance with our legal obligations, consult with employees and get their consent before we make any changes to an existing term or condition of the employment contract.

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

Consultation requirements will be triggered where the change may result in significant variations to current terms, conditions or working patterns. You must always seek advice from HR if you are considering any changes to terms and conditions.

During the consultation period, we will make efforts to secure the agreement of employees to the changes to their terms and conditions of employment which we are proposing. As a last resort, if there is no agreement, we may have to serve the appropriate contractual notice on employees and offer to reemploy on new terms and conditions.

### **Voluntary redundancy**

There is a separate policy for [Retirement and Redundancy](#) which you must refer to if this is an option available to employees through workforce change.

## **4.5 The stages of workforce change**

Any workforce change programme will normally have the following three stages:

- business case – planning and informal consultation
- formal consultation

- conclusion of consultation and implementing the change.

Each of these is outlined in more detail in Section 5.

## 5. Procedure

### 5.1 Stage 1 - Business case (planning and informal consultation)

The relevant Director, in discussion with EMT, and with support from HR, will develop a proposal for the changes being considered. This will include the business case for the proposed changes and a proposed implementation plan. It must also include a proposed structure chart based on operational needs. The structure information will identify:

- new/ substantially changed roles (which will be subject to a Job Evaluation/Grading Scheme)
- roles which may be removed from the establishment and
- roles which remain unchanged.

The proposal will be shared with the Partnership Forum as early as possible in the process. An EqIA will also start at this point. Discussions between senior managers and recognised trade union representatives will focus on the proposals and reasons for the structure change.

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

- reason(s) for change
- proposals and options
- impact analysis of options
- cost / benefit analysis and risk assessment
- timescales and key dates to move to implementation
- HR requirements
- financial summary
- equality impact assessment (EqIA).

Consultation starts as soon as possible once the business case is completed. We must allow sufficient time for the completion of any statutory consultation and notice period (if necessary) prior to the proposed change taking place.

The purpose of consultation is to share the proposed workforce change, to seek feedback and consider any concerns. Where there are concerns, we must consider these and work with employees and the Partnership Forum to seek alternatives and other forms of assistance which may lessen the concerns. We must consult with affected employees – both those directly and indirectly affected.

The formality and activities carried out during consultation are appropriate to the proposed workforce change. Where possible we will adopt informal consultation

routes. Consultation may involve, but is not limited to, employee briefings and the option of individual meetings.

## 5.2 Stage 2 - Formal consultation

Wherever possible we will consult on any significant organisational change for up to a maximum of 90 calendar days based on the number of employees affected. In some situations, this will not be possible, but we will consult for no less than 30 calendar days.

For workforce reorganisation resulting in significant change we will structure the formal consultation process around two main areas:

- the proposed new structure
- the proposals for implementation, including how we will match individual employees into posts in the structure we are proposing.

We will develop a communication and consultation plan and share it with the recognised trade union. This will be structured around group and individual meetings, as appropriate.

We will incorporate agreed feedback from employees and the recognised trade union within the final proposals, as well as any changes confirmed through the matching appeals or identified through the EqIA process.

At the end of the consultation period, we will confirm the outcome and finalised new structure to the employees affected and their representatives.

Following the consultation period, the manager must establish the final proposals regarding the workforce change. We will communicate them to affected employees, the employee forum and, if appropriate, the recognised trade union.

## 5.3 – Conclusion of consultation and implementing the changes

The nature of any implementation phase depends upon the type of change taking place and is likely to be tailored to the specific circumstances.

We will confirm to employees the various phases, processes to be followed and key dates. In some cases, the completion of one phase may be necessary before a further phase can begin.

We will not normally implement any changes until we have finished our consultation process, however, there may be times where this is unavoidable. For example, an instruction from Scottish Government or a financial reason to do so. In this situation an emergency Partnership Forum meeting would be held.

To ensure the success of the new structure/workforce change, we will plan and discuss support with employees. The lead EMT and OMT managers will be responsible for ensuring that employees, once in the new structure, have a clear and shared understanding of their revised roles and responsibilities and that we provide any necessary briefing and training. Managers will receive support from HR and OD to help them in this.

## 5.4 Appeals

We are committed to securing the agreement of employees and their representatives where workforce change is proposed. However, if agreement is not reached by the end of the consultation period, then we may deem it necessary to implement the changes proposed. Ultimately, the organisation has the right to reorganise as necessary to best deliver services. We will notify the outcome of the consultation and the final proposals on the new structure to the affected employees and their recognised trade union representatives.

Employees have a right of appeal against decisions that relate to:

- matching proposals for their post in a structural change
- being selected for transfer.

We will advise employees of their right of appeal in the letter confirming their proposed match/transfer which we will issue once the formal consultation period has concluded.

Appeals can only be submitted on one of the following grounds:

- we have not offered the employee a direct match when entitled to one
- we have included the employee in the wrong matching pool, or wrongly excluded them from a more appropriate matching pool
- an employee believes they have been unfairly disadvantaged by the method used to select them
- the circumstances led to us wrongly selecting the employee for transfer.

Employees wishing to appeal should lodge their appeal with the Director of Finance and Resources, within 14 calendar days of their individual consultation meeting.

Where we cannot hear appeals within the implementation timescales, we will place all employees in the relevant matching pool(s) in post on a temporary basis until we have concluded the appeal process. Where an employee(s) submits an appeal or indicates an intention to do so, management and the recognised trade union will consider the circumstances of the case to establish if we can resolve the issue without progressing to a formal appeal hearing. A member of EMT will hear appeals.

## 6. Further information

### 6.1 Learning and development

To support the fair and consistent application of this policy, we will make sure there is full awareness and understanding of the issues relating to whistleblowing for managers by incorporating training on this policy within line management development programmes and make sure that all managers have participated in such a programme. We will also provide refresher training.

## 6.2 Sources of support

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

- are aware of, and understand, the reason for the proposed changes
- understand what will happen during the change process
- know how the proposals directly affect them.

Managers will share information openly as it becomes available during the process. Even if there has been no progress, we will continue to provide updates so that uncertainty, rumour and speculation is minimised. We know that the change process can be very stressful for employees. Managers will support employees as necessary by providing information directly or signposting employees to other areas of support.

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- advice and support from recognised trade union representatives
- coaching and mentoring scheme
- relevant corporate learning and development opportunities eg resilience training
- Unison or other recognised trade union representative
- ACAS
- Human resources.

## 6.3 Related documents

The Workforce Change Policy is not a stand-alone policy and cannot be read in isolation. The policy has strong links to other people management policies and guidance. This is summarised below:

- Establishment control policy (once developed).
- [Recruitment and selection policy](#).
- Redeployment Policy (once developed).
- [Relocation policy](#).
- [Retirement policy](#).
- [Salary protection policy](#).

## 6.4 Special cases

In situations of 20 or more redundancies within 90 days, the organisation must write to the recognised trade union in accordance with section 188 of the Trade Union and Labour Relations (Consolidation) Act 1992 to inform them of the start of the consultation period. An HR1 form must also be lodged with the Secretary of State for Business, innovation and Skills (Insolvency Service) and a copy sent to the recognised trade union.

# Appendix 1 – Guidance for job matching

Job matching will consider the following:

- Identification of the pool – a pool contains all job roles directly affected by the restructure and to which we need to consider matching.
- The option for employees to express an interest in voluntary redundancy - where this is available and meets the business needs.
- Matching – process to look at the degree to which roles in the existing structure match roles in the new structure.
- Slotting – process whereby those employees who we have matched, slot directly across into the new structure because there are enough posts, and no further selection is necessary.
- Ring fence - employees are assigned to a ring fence to give them prior consideration for roles through a competitive selection process. A ring fence is usually necessary where the matching and slotting process cannot fully achieve the outcomes required. There may be more than one ring fence in a restructure programme. Where an employee is not successful in a particular ring fence, they may move into a different ring fence at appropriate selection. Appropriate assessments, including competency-based interviews, may be used to select employees for appointment to posts in the new structure. We will normally carry out selection sequentially on a top down basis, based on the grade of the post. We will consider an employee who is not selected for appointment for any lower graded posts for which they meet the essential criteria.
- Wider recruitment – if posts in the new structure have not been filled by matching or ring fencing then we will open them to the wider workforce.

## **Matching pool**

When there are changes to the structure that result in substantial changes to posts and roles, we will match affected employees into jobs wherever possible. We will undertake an initial matching exercise to define all roles in the old structure against those in the new structure. It is important to note that we make decisions on matching with reference to an employee's substantive post. This means the process does not consider any other temporary acting up or secondment arrangements.

This exercise will involve the senior manager leading on the change exercise with support from HR. This exercise will determine the extent to which there is a match between the duties of the new and old posts and determine the matching pools. This exercise will focus on the similarity of the job roles and not the skills and abilities of the individuals currently carrying out the job roles. In other words, it is an objective process that focuses on posts not people.

Job matching criteria will be based on the overlap between new and existing posts which we will identify by reference to the:

- job profile and grade
- role purpose and key activities
- skills, experience, qualifications and knowledge requirements of the current person specification and the new specification.

The outcome of the initial job matching exercise will be to define all roles under the old structure against roles under the new structure.

A direct match is where the duties and responsibilities of the role remain the same or are substantially the same (ie more than 75% of the duties of the existing post remain as duties of the post following restructuring). We therefore assume that the employee(s) will meet the essential criteria of the person specification.

Where there are the same number or fewer employees carrying out the duties currently as there are posts in the new structure, the implementation proposal will be to confirm these employees in post without the need for any selection process. Where there are more employees carrying out the duties currently than there are posts within the new structure, the implementation proposal will confirm the need for a competitive selection exercise to determine who will fill the new post(s).

### **Ring fenced**

If no direct match is identified (ie less than 75% of the duties of the existing post remain as duties of the post following restructure) the implementation proposals will confirm which posts in the new structure are substantially changed or new. These will be filled through competitive selection from the employees in the identified matching pool for the post.

Posts which are unchanged/ substantially the same and with an implementation proposal to competitively select because there are more employees carrying out the duties currently than there are posts in the new structure will be ring fenced to that pool.

Posts which have changed substantially or are new will be ring fenced to the specific team or service area affected by the reorganisation who meets the essential criteria for the post.

### **Redeployment**

An employee whose post in the existing structure has been removed and who cannot be directly matched to a post or is unsuccessful in securing a post in the new structure will be classified as 'displaced'. In this situation, we will support affected employees to find suitable alternative employment. We will offer a displaced employee a priority interview where a vacancy is identified as suitable alternative employment. This can include vacancies that remain unfilled at lower tiers in the new structure once the transfer, matching and appointment process has been completed in respect of other employees at those tiers.

### **Wider recruitment**

Where no employees in the affected team/ service area meet the criteria for the post, we will advertise any resulting vacancies through the normal recruitment processes and subject to any resourcing restrictions in place at that time.

## Appendix 2 – Guidance for employee transfers

An employee transfer process allows us to ensure we have the right people, in terms of qualification, skills and ability, in the right place at the right time to meet business need. This is an employer initiated process to fill any vacant positions to meet the needs of the service, if required. Should any employee wish to transfer out with this process they should do so through the normal recruitment processes.

We will always seek volunteers for a transfer where possible. There is a mobility clause in contracts of employment which allows employees to be deployed to meet the needs of the service, where necessary. Some examples of the reasons why this may be necessary include:

- the need to fill vacancies when there has been insufficient interest from employees to transfer on a voluntary basis or via an external recruitment campaign
- an increased workload in a particular function
- a requirement to meet a statutory business need.

The appropriate Directorate management team will consider workforce planning on a regular basis. We will undertake any employer initiated transfers in consultation with the Partnership Forum and employees. Transfers may be on a temporary or permanent basis.

The criteria for determining the most suitable employees to transfer will include qualifications, skills and experience. As part of the decision making process we will take into consideration the skill mix of each team and therefore determine the criteria on a case by case basis. We will use discretion to select an employee for a transfer considering how long the employee has been in the role for, the reasonableness of moving an employee (including personal needs), the materiality of the change and the genuine business need for the move. We will give the employee full details of the intended transfer. The Directorate management team will make the final decision based on the genuine business needs of the organisation.

We will issue an employee selected to move with up to four weeks written notice of the transfer and confirm the change in writing.

It should be noted that this process is different from redeployment. We will use redeployment guidance where there is a need to find permanent suitable alternative employment in the following situations:

- for employees affected because of being displaced due to required workforce change
- for an employee following a formal disciplinary process where we identify redeployment as an appropriate outcome
- for an employee unable to carry out the duties of their role due to ill health, disability or capability and reasonable adjustments are required.





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# **Redeployment Policy**

August 2021

**Document governance and management**

Document owner/author/lead	Interim Director of Finance and Resources
Version number	V4
Current version referred for approval to	
Date of next review	June 2024
Date of equality impact assessment (mandatory)	August 2021
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
N/A – full consultation log prepared – see separate document.			

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# 1. Introduction

This policy explains how we will aim to find suitable alternative employment for employees who are:

- displaced due to required workforce change, which means:
  - the role is no longer needed
  - the role responsibilities have reduced
  - the role responsibilities have moved to another role
- unable to carry out their role due to ill health and/or disability
- unable to carry out their role due to an inability to perform (capability) to the required standards.

These situations are specific and in line with the Scottish Government's policy of no compulsory redundancies and in accordance with our legal obligations.

The size and nature of the SSSC (limited vacancies, low turnover and specialised posts) means that we may not always be able to find a permanent alternative position. We can redeploy an employee into a suitable temporary post if we do not have suitable permanent roles available. We do not have any legal requirement to create a new permanent role and for each individual case we will take into account:

- Whether the employee has the right skills and experience for the alternative role and whether the employee can develop those with reasonable support and training, within a reasonable period of time.
- Place of work, job duties, pay, hours, level of responsibility and any other relevant contractual terms.
- Other roles and opportunities which may be appropriate internally and externally that the employee could undertake on a secondment/temporary basis.

We will try and redeploy employees into suitable alternative roles of the same grade and terms and conditions. If this is not possible then we will apply other policies to support the process eg Salary Protection or Relocation. Salary Protection is defined at 5.1.

## Scope

This policy applies to all permanent Scottish Social Services Council employees. This policy does not apply to workers, social work students or people working in social work, social care and early years.

This policy applies to all affected employees when we identify that they will be displaced or that they are no longer able to carry out their role. The process by which employees access redeployment will vary, and individual employee entitlements will be different, depending on why they are looking for redeployment. The following procedures should be read alongside the Workforce Change Policy and any other relevant policies that apply. Human Resources must be contacted for advice at the start of any redeployment process to make sure the correct process is followed, and support is provided.

## Definitions

**Redeployment** - a process through which we consider eligible employees for suitable alternative employment with us to preserve their employment.

**Redundancy** – at this time we are committed to the Scottish Government’s no compulsory redundancies policy. We may however consider voluntary redundancy/voluntary early retirement if we are:

- downsizing – where the organisation wishes to reduce part of its workplace by a certain amount
- restructuring or reorganisation – where we are deleting specific posts from the establishment.

**Suitable alternative employment** - this is a legal definition which means as an employer we need to consider:

- whether the employee has the right skills and experience for the new role or could do the role with some specific retraining
- the terms of the alternative job including status, place of work, job duties, pay, hours and responsibility (ie how similar are these to the old role)
- any exceptional circumstances in which we would offer an employee a temporary post (if for 12 months or more) because we would dismiss the employee at the end of the temporary contract if they were unable to secure a permanent post before then. In these circumstances the employee would retain their full employment rights
- the employee’s personal situation for example, the impact the change would have on their family responsibilities (for example, childcare, caring responsibilities or the employee’s own health)
- a trial period for the employee – we will support them in their transition through the induction process and through an appropriate learning and development plan
- any disabilities and/or adjustments required to help an employee to express an interest or fulfil a different job
- other options such as early retirement or voluntary redundancy if there is no suitable alternative employment.

## Legislation

This policy has also considered the following legislation:

- Employment Rights Act 1996
- Equality Act 2010.

## Data protection

We will process any personal data collected in relation to this policy in accordance with our [data protection policy](#). We will record only the personal information required and keep the information only for as long as necessary.

## Monitoring and review

Human Resources and the Partnership Forum are responsible for monitoring and implementing this policy to make sure that we are applying it fairly and consistently and that the stated principles and values are being met. We will review this policy every three years (or earlier should legislation change) and

make amendments as appropriate in consultation with the Partnership Forum. We will outline minor amendments in the change log and update the version control. Major changes will follow the consultation cycle – Equality Impact Assessment, Operational Management Team, Partnership Forum, Executive Management Team and Council.

## 2. Principles

### Policy specific

- We support the Scottish Government's no compulsory redundancy policy.
- We will give priority within the recruitment process to employees on the redeployment register ie we will consider redeployment before any vacancy is advertised internally or externally.
- We will make sure there is fair treatment with no unlawful discrimination.
- We will try to safeguard the employment of all employees during workforce change, wherever possible.
- We will consider all other appropriate measures before we start to consider workforce change.
- We will always try to manage change in a consultative way with both employees and the Partnership Forum in accordance with the Partnership Forum agreement.
- We will keep employees informed throughout the process through effective communication.
- We will support employees to adjust and adapt to alternative roles eg through appropriate learning and development opportunities.
- We will equip our managers to make sure they have the right leadership skills to manage redeployment effectively.

### SSSC Values

#### Recognition and Respect for others

- We will always try to manage change in a consensual way.
- We will involve employees, engage with them, and keep them informed throughout the process.
- At every stage of the process we will not discriminate on the grounds of protected characteristics as listed in the Equality Act 2010.
- We will treat all employees fairly and consistently under this process and if any employee requires specific support and assistance due to having a protected characteristic under the Equality Act 2010, we will accommodate them appropriately.

#### Working together

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

**Accept responsibility and accountability**

- We may extend the timescales detailed in this policy with the agreement of the parties and likely timescales discussed.
- We will deal with issues kindly, sensitively and show compassion.
- We will respect confidentiality and only share information, as appropriate, with relevant postholders

## 3. Roles and responsibilities

### 3.1 Council and committee

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

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

Council is responsible for

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

### 3.2 Executive Management Team

The EMT is responsible for:

- overall responsibility for the implementation of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- having early discussions with the Partnership Forum of emerging issues and potential changes
- aligning change with organisational strategy and providing leadership to make change happen
- allowing employees and their representatives the opportunity to influence changes affecting their working lives where appropriate
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and staff receive appropriate development, support and training to implement the policy appropriately
- communicating openly and honestly with employees and their representatives, listening and responding to their views. Our senior managers will work with our colleagues in the Communications team to develop a clear and detailed communication plan
- monitoring and evaluating change after implementation
- making sure that the application of this policy and procedure does not breach any statutory requirement placed upon us



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

### 3.3 Operational Management Team

The OMT is responsible for:

- carrying out workforce planning and subsequent redeployments to meet future service need
- making sure managers and employees are aware of the processes to be followed within this policy and procedure
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

### 3.4 Line managers

Line managers are responsible for:

- providing support to their employees as necessary by providing information directly or signposting employees to other areas of support
- identifying, facilitating and supporting any training opportunities for employees to assist with potential redeployment roles
- owning their part of the redeployment process, acting as a positive role model for the changes
- facilitating a two way flow of communication
- preparing teams and individual employees for redeployment changes
- consulting with and keeping informed employees who are absent from work (for example those on sickness absence or family friendly related absence).

### 3.5 Employees

Employees are responsible for:

- complying with our Code of Conduct for Employees. We expect the highest standards of integrity and conduct from all employees
- engaging in a redeployment process to make sure it is meaningful and productive
- identifying and engaging in any training opportunities that may be required for potential redeployment
- discussing all genuine concerns with their line manager, another appropriate manager, or human resources
- asking questions and raising concerns directly with their team/line manager. They are also encouraged to use their recognised trade union representatives as a means of coordinating two-way feedback relating to general feedback and concerns over the redeployment proposals.

## 3.6 Human Resources

Human Resources are responsible for:

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

## 4. Policy

This policy defines the steps we will take to make sure redeployment is fair, transparent and complies with our statutory obligations. It also reflects our continuing commitment to working in partnership with employees and the recognised trade union.

### 4.1 What is redeployment

Redeployment is where suitable alternative employment is sought by the organisation for employees when:

- They have been displaced due to workforce change which means:
  - the role is no longer needed
  - the role responsibilities have decreased
  - the role responsibilities have moved to another role.
- They are unable to perform the duties of their post due to ill health/disability and there is an occupational health report that confirms this recommendation.
- They are unable to perform the duties of their post due to capability (performance).

### 4.2 Job matching

If an employee has been displaced due to a change in workforce requirements, eg organisational change and/or department restructure, our first step is to consider job matching.

This is an assessment of the function and responsibilities of an employee's current substantive post against the duties and responsibilities of new or existing vacant permanent posts.

A successful match is where 75% or more of the functions of a substantive post match the functions of the alternative post. In a restructure we may employ an employee into a similar post (job matched) or to a previous post they have held.

If an employee is not job matched into a suitable post they will be classed as displaced. They will then be placed on the redeployment register held by Human resources and we will follow these steps:

- redeployment process
- salary protection
- appeal process.

Each of these stages is different depending on the reason for redeployment and is outlined in more detail in Section 5.

## 5. Procedure

### 5.1 Redeployment due to workforce change

#### **Redeployment process**

Once you are on the redeployment register you will meet with your manager and Human resources to discuss the process. You can bring a representative of a recognised trade union representative or a work colleague to any redeployment meeting.

You will be asked to complete a Redeployment Form (Appendix 1). This form will capture your experience and skills to help Human resources identify whether you are suitable for future permanent vacancies. Human resources will email you and all other employees on the redeployment register on a regular basis with information on any upcoming internal vacancies.

You will have priority to apply for a post, ahead of any post being more widely advertised. If we identify a vacancy as potentially suitable for you, the recruiting manager, with support from Human resources, will consider your redeployment form against the requirements of the post using the job profile and person specification. If you meet the criteria we will invite you to interview.

You can apply for any vacancy within the SSSC that you feel you have the suitable skills, knowledge and/or experience for. We would prefer to redeploy you to permanent posts, however, in certain circumstances, eg where we do not have a suitable permanent post or a temporary role is preferable for you, we may redeploy you to a temporary post.

If you wish to be considered for a post on a higher grade from your current or most recent substantive post (promoted post) you will need to apply through the normal competitive recruitment process. If you have the skills, knowledge and/or experience required we will invite you to participate in the recruitment process. The recruiting manager is responsible for the final decision.

If we consider you unsuitable for a post after the recruitment process, we will provide clear interview notes stating what skills, knowledge or experience were not demonstrated by you. If no employee on the redeployment register was successful, then we will advertise the post internally and/or externally as appropriate.

If no suitable vacancy is available for you, we are responsible for finding alternative temporary duties for you while on the redeployment register. An appointed line manager will hold regular review meetings with you to provide support.

## Salary protection

If you are job matched or redeployed to a new post with a lower grade than your current substantive post salary protection will apply.

You will remain on your current salary point on a protected basis for a three year period from the date you start in the new role. We will confirm the start and end dates of the three year period to you in writing. At the end of three years, we will reduce your salary to the highest point on the salary scale of your new post.

Salary protection will also end if:

- you apply for and are appointed into a post where the salary level is equal to or higher than the protected salary level
- you voluntarily apply for a different post and are successful
- your new substantive salary catches up with the protected salary (this includes through Job Evaluation).

You will continue to receive any annually agreed cost of living pay increases through the three year period consistent with your contract of employment. For more details please refer to the [Salary Protection Policy](#).

## Appeal process

If we have job matched or redeployed you to a post, and you do not agree with the decision, you can appeal to the Director of Finance and Resources. They will decide who is the most appropriate EMT member to hear the appeal. You can appeal in writing by letter or email and must do this within 14 calendar days of the date of the offer letter for the new post.

You must clearly state the reasons for your appeal and why you do not consider the offered post to be suitable alternative employment. We will arrange an appeal meeting as quickly as possible following receipt of your appeal.

If your appeal is not successful and we consider that you have unreasonably refused suitable alternative employment opportunities which we have matched you to, we will arrange a meeting to consider terminating your employment in line with the relevant policy.

If you voluntarily apply for a post and are successful there is no right of appeal.

## 5.2 Redeployment due to ill health/disability

If you become unable to do your job due to a medical condition, disability or if by continuing in your post you will make your medical condition and/or disability worse, we have a duty to consider reasonable adjustments and this may include alternative employment on a temporary or permanent basis.

In these situations, you must seek advice from Human resources and an Occupational Health report is required. When we consider suitable alternative employment, we will consider each case on its own merits.

If we are considering redeployment for you and you have a disability this may include reasonable adjustments, such as changing your working hours or providing you with special equipment.

## **Redeployment process**

We must have an up to date Occupational Health report that includes redeployment as one of the recommendations to consider you as eligible for redeployment through ill health or disability. Once we have received this we will arrange a Capability Hearing in line with the Capability Policy to agree any redeployment options.

At this hearing we will explore options for redeployment and any adjustments that we need to make to support this.

## **Salary protection**

If you are redeployed permanently through ill health to a post with a lower salary grade, and/or different terms and conditions, we will adjust them accordingly from the start date of the new position and salary protection will not apply.

## **Appeal process**

If we have redeployed you into a post due to ill health/disability, and you do not agree with the decision, you can appeal to the Director of Finance and Resources. They will decide who is the most appropriate EMT member to hear the appeal. You can appeal in writing by letter or email and must do this within 14 calendar days of the date of the offer letter for the new post.

You must clearly state the reasons for your appeal and why you do not consider the offered post to be suitable alternative employment. We will arrange an appeal meeting as quickly as possible following receipt of your appeal.

If your appeal is not successful and we consider that you have unreasonably refused suitable alternative employment opportunities that we have matched you to, we will arrange a meeting to consider terminating your employment in line with the relevant policy.

If you voluntarily apply for a post and are successful there is no right of appeal.

# **5.3 Redeployment due to capability**

This can happen when no matter how hard you try you are simply unable to perform the job to the standard required. This could be down to ability, aptitude, competence, knowledge, skills, or qualifications.

## **Redeployment process**

We will manage any issues around performance capability informally, before moving through the formal capability process. If we have managed you through the formal capability process and your performance has not improved sufficiently a hearing may decide to redeploy you into a suitable alternative role.

## **Salary protection**

If you are redeployed through performance capability to a post with a lower salary grade, and or different terms and conditions, we will adjust your salary and terms and conditions

accordingly from the start date of the demoted position and salary protection will not apply.

### **Appeal process**

If we have redeployed you into a post following a capability hearing, and you do not agree with the decision, you can appeal to the Director of Finance and Resources. They will decide who is the most appropriate EMT member to hear the appeal. You can appeal in writing by letter or email and must do this within 14 calendar days of the date of the offer letter for the new post.

You must clearly state the reasons for your appeal and why you do not consider the offered post to be suitable alternative employment. We will arrange an appeal meeting as quickly as possible following you sending in your appeal.

If your appeal is not successful and we consider that you have unreasonably refused suitable alternative employment opportunities that we have matched you to, we will arrange a meeting to consider terminating your employment in line with the relevant policy.

If you voluntarily apply for a post and are successful there is no right of appeal.

## **5.4 Trial period**

When you are redeployed into a suitable alternative role you will have a four week trial period in that role. This is for both you and your new manager to see whether the role is suitable for you. If the trial period is not successful then you will return to the redeployment register and we will continue to look for another role for you.

# **6. Further information**

## **6.1 Learning and development**

To support the fair and consistent application of this policy, we will make sure there is full awareness and understanding of the issues relating to redeployment for managers by incorporating training on this policy within line management development programmes. We will make sure all managers take part in this training and will also provide refresher training.

## **6.2 Sources of support**

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

- are aware of, and understand, the reason for redeployment
- understand what will happen during the redeployment process
- know how redeployment will directly affect you.

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

redeployment process can be very stressful for employees. Managers will support you as necessary by providing information directly or signposting you to other areas of support.

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- advice and support from recognised trade union representatives
- coaching and mentoring scheme
- relevant corporate learning and development opportunities eg resilience training
- ACAS
- Human resources.

## 6.3 Related documents

The Redeployment Policy is not a standalone policy and cannot be read in isolation. The policy has strong links to other people management policies and guidance. This is summarised below:

- Establishment control policy.
- Workforce change policy.
- [Capability policy.](#)
- [Recruitment and selection policy.](#)
- [Relocation policy.](#)
- [Retirement and redundancy policy.](#)
- [Salary protection policy.](#)



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<b>HR People Management Policy Review – Original Timetable agreed at the Council meeting in August 2020</b>			
<b>Q2 June to Sept 2020/21</b>	<b>Q3 Oct to Dec 2020/21</b>	<b>Q4 Jan to March 2020/21</b>	<b>2021/22</b>
Career Break	Agile Working	Workforce Change*	Suite of Family Friendly Policies
Disciplinary*	Capability*	Exit Interview	Relocation
Grievance*	Code of Conduct*		Retirement and Redundancy*
Health and Wellbeing	Employee Transfer		Time off for Trade Union
Whistleblowing*	Establishment Control		
	Flexi Time Scheme		
	Flexible Working		
	Secondment (part of Recruitment)		
Recruitment and Selection (full review taking place over six months)			
Salary Protection (in line with pay remit			
<b>7</b>	<b>8</b>	<b>2</b>	<b>4</b>

**Key:**

High priority	Medium priority	Low priority	*Identifies proposed Council approval – others are by EMT
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<b>Policies reviewed in past 12/18 months to be reviewed as part of three-yearly cycle in:</b>		
<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
Acting Up	Alcohol and Drugs	Bereavement/Death in Service
Starting Salary	Annual Leave	Carers Leave
	Dignity at Work*	Partnership Agreement
	Flu Vaccine	
	Maximising Attendance	
	Overtime and Additional Hours	
	Reference Requests	
	Smoking	
	Special Leave	
<b>2</b>	<b>9</b>	<b>3</b>

### **Update on Policy Timetable – August 2021**

As outlined, HR resource has been limited due to the impact of COVID-19 and staff vacancies. Given this, the following outlines the progress of timetabled policies in addition to those noted in the report for Council approval.

#### Aug and Sept 2021

- Redeployment – this is an additional policy that was added as a partner policy to the Workforce Change Policy during consultation – presented to Council for approval August.
- Recruitment and Selection (and Secondment) - to EMT for approval in September.
- Salary Protection – to EMT for approval in September
- Exit Interview – this is now part of the Evolve workstream and was due to be reviewed in July 2021, however the departure of a key member of the HR team has delayed this – to EMT for approval in September.
- Agile Working – still being reviewed in line with Agile Working Group and discussions on return to offices.
- Flexi Time and Flexible Working - these are no longer being reviewed in line with the policy timetable and are being considered separately as part of 'agile working'.

### Oct to Dec 2021

- Establishment Control – Policy approved as per timetable – however procedure regarding this still to be finalised to allow policy to be published. To be finalised by end October.
- Employee Transfer – policy drafted but not yet consulted on – for EMT approval in October.
- Retirement and Redundancy – the consultation time for this policy was used to benchmark and gather intelligence from relevant organisations such as our pension provider. It has been agreed to push back Council approval for this Policy due to the departure noted above and the large number of people management policies at August Council – to Council for approval in November.
- Acting Up and Starting Salary policies are due for a three-yearly review in December 2021 – to EMT for approval in December.

### Early 2022

- Family Friendly Policies – resource to be allocated from HR team and policies presented to EMT early 2022.
- Relocation – will be considered under 'agile working' changes.
- Time off for Trade Union – resource has been allocated in the HR team for this and will be undertaken as per timetable.

<b>Title of report</b>	Review of records management policy
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	For approval
<b>Recommendations</b>	The Council is asked to approve the reviewed records management policy attached at appendix 1 to this report.
<b>Author</b>	Caroline Gowans Information Governance Coordinator
<b>Responsible Officer</b>	Lynn Murray Interim Director, Finance and Resources
<b>Link to Strategic Plan</b>	The information in this report links to:  Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.  Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.  Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.  Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.
<b>Link to Risk Register</b>	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
<b>Impact assessments</b>	1. An Equalities Impact Assessment was not required 2. A Data Protection Impact Assessment was not required.

	3. A Sustainability Impact Assessment was not required.
<b>Documents attached</b>	Appendix 1: Records management policy v3.0
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. We have reviewed the SSSC's records management policy and present it to Council for approval. The policy describes how we will manage authentic, reliable and usable records, capable of supporting business functions and activities for as long as they are required. Council approved the current policy in June 2014. Officers have reviewed the policy and made no significant changes. We have made minor changes to reflect the new policy template and organisational restructure since 2014.
2. We are presenting this policy to Council in accordance with Report 31/2020 where Council agreed to review strategic policies periodically. We propose that we review which policies come to Council and if we should continue to bring reviewed policies with only minor changes.

## **INFORMATION**

3. The Public Records (Scotland) Act 2011 ("the Act") requires Scottish public authorities to produce and submit a records management plan setting out proper arrangements for the management of public records for the Keeper of Records for Scotland to agree. The Keeper agreed the SSSC's records management plan in 2014.
4. Element 3 of a records management plan requires that an authority has an appropriate policy statement on records management. The policy statement should have senior management approval, include a statement of the named posts that hold corporate and operational responsibility for records management, and be regularly reviewed.
5. The SSSC's records management plan committed to keep our policy documents under review. The records management policy is due for review and the Information Governance Coordinator notified the Keeper's assessment team that this is now scheduled. We will submit the reviewed policy to the Keeper if approved by Council.

## **CONSULTATION**

6. The Operational Management Team and Executive Management Team have reviewed the policy and made no amendments.

## **RISKS**

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

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

9. The Public Records (Scotland) Act 2011 requires Scottish public authorities to produce and submit a records management plan setting out proper arrangements for the management of public records.
10. The SSSC's records management plan committed us to keep our policy documents under review.

## **IMPACT ASSESSMENTS**

### **Equalities**

11. An Equalities Impact Assessment was not developed because this is a review of an existing policy and no significant changes have been made. It does not propose a course of action that will have an impact on people with protected characteristics.

## **CONCLUSION**

12. This report asks Council to approve the attached records management policy.

# **SSSC Records Management Policy July 2021**



**Document governance and management**

Document owner/author/lead	Head of Legal and Corporate Governance
Version number	3.0
Current version referred for approval to	Council
Date of next review	August 2024
Date of equality impact assessment (mandatory)	No EIA required. No significant changes – minor changes only to reflect updated template and organisational restructure
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

- 1.1 As a result of its functions and activities, the Scottish Social Services Council (SSSC) creates and receives records which are a valuable resource and an important asset, and also support our legal, fiscal, business and administrative requirements. The systematic management of the SSSC's own records is essential to protect and preserve them as evidence of actions, support future activities and business decisions, and ensure accountability to present and future stakeholders.
- 1.2 The aim of this policy is to define a framework for managing the SSSC's records. It sets high level principles and responsibilities for records management within SSSC. This document must be read in conjunction with the [SSSC's Records Management Strategy and Plan](#), which sets out the procedures and arrangements in place for the management of the SSSC's records.
- 1.3 The following policy sets out the practices needed to control and manage the SSSC's own records in such a way that, where appropriate, we efficiently and effectively meet the requirements set out in paragraph 1.7 of the policy.
- 1.4 The specific objectives of the records management policy are:
  - to provide a statement declaring records management standards for the administration of the SSSC's records, throughout their life cycle, from planning and creation through to ultimate disposition
  - to make sure that records are managed efficiently and effectively and contribute to the SSSC's objectives as set out in its Strategic Plan
  - to instil good practice in records management across the SSSC
  - to manage the SSSC's records so that they can be used as an effective information source
  - to improve the speed and efficiency with which information can be retrieved
  - to develop and maintain systems of low cost storage, with appropriate location, with regular and appropriate disposal processes
  - to develop information retrieval systems which facilitate access to specific records, and the identification of their relationship with other records
  - to make sure that records vital to the overall operation of all parts and levels of the SSSC are identified and preserved
  - to make sure that records are managed throughout their lifecycle in the medium most appropriate for the task they perform
  - to make sure that all records are protected and kept secure in a manner commensurate with their value and retention period
  - to make sure preservation of records of permanent value and to maintain and assure continued access to appropriate historical records

- to make sure that definitive records are the responsibility of those parts of the SSSC or persons designated as the official record holder
- to optimise the use of space for storage purposes
- to support both protection of privacy through data protection and freedom of information services throughout the SSSC
- to support the SSSC's Registration and Fitness to Practise Rules.

### **Scope**

1.5 This policy aims to fulfil the requirement for good management of the records which the SSSC creates and receives in the course of administering its own business. The records covered by this policy must meet the legal, operational and archival requirements of the SSSC. Records management is vital to the delivery of our services in an orderly, efficient and accountable manner to present and future stakeholders. Parts of the policy, (specifically on retention and storage), apply to the records of the SSSC's predecessor organisations deposited with SSSC for historical purposes.

1.6 The policy covers:

- the requirements that must be met for the records themselves to be considered as a proper record of the SSSC activity
- the scope of the systems and processes required to ensure the capture, integrity, security, retrievability and correct disposition of SSSC records
- staff responsibilities
- an implementation strategy across the organisation.
- Provision for regular review of the records management policy and its implementation
- all information created or received by SSSC employees in the course of their duties on behalf of the SSSC, preserved in the form of records.

### **Relevant legislation and regulations**

1.7 This policy defines the areas where legislation, regulations, other standards and best practices have the greatest application in the creation of records connected to business activities. In complying with the following acts, regulations and best practice standards, the SSSC will take into account the organisations' environmental and economic considerations.

- Public Records (Scotland) Act 2011
- Data Protection Act 2018
- The UK General Data Protection Regulation 2018
- Human Rights Act 1998

- Electronic Communications Act 2000
  - Freedom of Information (Scotland) Act 2002
  - Freedom of Information (Scotland) Act 2002 Code of Practice on Records Management 2011
  - Model Action Plan for developing Records Management arrangements compliant with the Code of Practice on Records Management Under Section 61 of the Freedom of Information (Scotland) Act 2002
  - International Standard on Records Management, BS ISO 15489-1
- 1.8 In addition, certain records will be subject to other legislation covering their particular subject area. Individual functions within the SSSC should make sure that they are aware of the legislation governing their work and its bearing on their record keeping.
- 1.9 Operation of this policy will be compatible with the SSSC's internal policies and guidelines (current and planned):
- Data Protection Policy
  - ICT Security Policy
  - Business Recovery and Continuity Plans
  - Records Management Strategy and Plan under the Public Records (Scotland) Act 2011
  - Registration and Fitness to Practise Rules.

### **Definitions**

- 1.10 A **record** is information in any medium, created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.
- 1.11 Records can be in a variety of physical forms including:
- paper documents: any paper, book, photograph, microfilm, map, drawing, artefact, chart
  - electronic records: held on servers (internal or hosted), magnetic tape, disk or other electronic storage medium, (including word processing files, databases, spreadsheet files and emails)

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

- 1.12 Records have the following three main **purposes**:

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

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

### **Ownership of Records**

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

## **2. Principles**

### **Principles of good records management**

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

#### **Authentic**

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

#### **Accurate**

Records must accurately reflect the transactions that they document.

#### **Accessible**

Records must be readily available when needed.

#### **Complete**

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

#### **Comprehensive**

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

**Compliant**

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

**Effective**

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

**Secure**

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

## 3. Roles and responsibilities

### 3.1 Council and committee

- 3.1.1 As part of their corporate governance responsibilities, the SSSC Council members will make sure that an appropriate Records Management Policy is in place that enables the SSSC to comply with Data Protection and Freedom of Information legislation.

### 3.2 Executive Management Team

- 3.2.1 The Executive Management Team will be responsible for the approval of the SSSC's retention schedule.
- 3.2.2 The Executive Management Team will receive updates from the Head of Legal and Corporate Governance via the assurance report.

### 3.3 Head of Legal and Corporate Governance

- 3.3.1 The SSSC's Head of Legal and Corporate Governance will have the lead management responsibility for records management within the SSSC and will report to the Executive Management Team and Council via the Assurance Report.
- 3.3.2 The Head of Legal and Corporate Governance will make provision for a regular review of the SSSC Records Management Policy and instigate modifications when necessary.
- 3.3.3 The Head of Legal and Corporate Governance recognises the importance of maintaining a corporate memory of events and activities and is committed to

providing sufficient staffing, technical and organisational resources to make sure that requirements for dealing with records can be achieved and maintained.

3.3.4 The Head of Legal and Corporate Governance will:

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

## 3.4 Information Governance Coordinator

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

3.4.2 The Information Governance Coordinator will:

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

## 3.5 Operational Management Team and Line managers

3.5.1 It is the responsibility of Operational managers and line managers to make sure that the appropriate security measures are observed for maintaining records containing personal or other confidential information. When scheduled for destruction we must securely dispose of this material. Operational managers and line managers will:

- familiarise themselves with, and follow, the SSSC's records management procedures and practices and make sure that their staff do likewise



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

## 3.6 Staff

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

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

### **Collaborative Platforms and Records Management**

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

## 4. Records management processes

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

- comply with standards and best practices taking into account SSSC's organisational and economic considerations
- capture evidence of all activities required

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

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

- maintaining an appropriate registration, classification and indexing scheme for all records, including rules on version control
- designating secure record storage for physical and digital records
- maintaining retention schedules for all SSSC records, coupled with regular disposal of records by designated members of staff
- implementing effective back-up procedures and security of electronic records
- giving responsibility to individuals within the SSSC for the various activities necessary to maintain such systems
- providing appropriate training
- developing and implementing an approved Records Management Plan under the terms of the Public Records (Scotland) Act 2011.



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

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

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<b>Title of report</b>	People Strategy delivery plan
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To present the proposed delivery plan for our People Strategy.
<b>Recommendations</b>	The Council is asked to approve the People Strategy delivery plan.
<b>Author</b>	Pamela Jamieson-Smith Head of Organisational Development Lucy Finn Head of HR
<b>Responsible Officer</b>	Lynn Murray, Interim Director, Finance and Resources
<b>Link to Strategic Plan</b>	The information in this report links to all of our Strategic Outcomes:  Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.  Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.  Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.  Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.
<b>Link to Risk Register</b>	Risk 6: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.

<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment was not required.</li> <li>2. A Data Protection Impact Assessment was not required.</li> <li>3. A Sustainability Impact Assessment was not required.</li> </ol>
<b>Documents attached</b>	Appendix 1 – People Strategy and delivery plan
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. Council approved the People Strategy in May 2021 and asked that we bring a high-level delivery plan to the August meeting outlining the work in years one, two and three (appendix 1). We have also outlined the governance arrangements and performance indicators for the strategy.

## **BACKGROUND**

2. Council approved the People Strategy on 27 May 2021. It is a three year strategy split into six strategic themes:
  - effective leaders and managers
  - recruit and develop excellent people
  - a healthy and inclusive organisation
  - informed, involved and engaged employees
  - investing in young people
  - an agile and innovative workforce.
3. Council asked us to bring a high-level delivery plan outlining the actions for years one, two and three to the meeting in August. This is included at appendix 1 (pages 13-15) and reflects the themes noted above.

## **GOVERNANCE AND PERFORMANCE MEASURES**

4. Council will receive People Strategy updates every six months as agreed in May 2021.
5. In addition to the high level delivery plan, we will put in place an operational implementation plan to deliver the strategy. The Executive Management Team (EMT) will sponsor this and review progress quarterly, building on the success of a similar approach used on the Evolve organisational development programme, which concludes in September.
6. We will make sure the People Strategy has good governance arrangements in place by including key Organisational Development (OD) and Human Resources (HR) metrics in the monthly assurance report, which we will review in light of the People Strategy, and reporting to the quarterly joint Health and Safety and Wellbeing Committee with the Care Inspectorate.
7. Other measures of progress and performance indicators that feed into these reporting and governance methods include:
  - feedback from our staff surveys and Investors in People
  - learning and development activity undertaken
  - feedback on learning and development activities
  - career progression/promotion data

- feedback on our recruitment processes and new start experiences
- accreditations and qualifications achieved
- healthy working lives progress
- diversity reporting
- HR performance measures and metrics
- health & safety performance measures and metrics.

## **CONSULTATION**

8. We have shared the People Strategy with the Partnership Forum.
9. Heads of department have raised awareness in their teams of the People Strategy following its approval in May. Upon approval of the delivery plan, we will formally launch the strategy in September and provide regular updates on its progress.
10. We considered the views of staff gathered from recent surveys, focus groups and Investors in People activities when developing content of the strategy and delivery plan.

## **RISKS**

11. Implementing the strategy contributes directly to mitigating corporate risk 6: we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes. We have an averse risk appetite for people and culture.
12. The risks relating to successful delivery of the strategy are around staff resources and funding. We mitigate these to the best of our abilities through the business and budget planning process and operational work plans.

## **IMPLICATIONS**

13. Staffing: to deliver the strategy effectively requires leadership and commitment from the EMT and Organisational Management Team (OMT) and time from HR, OD and Internal Communications particularly to coordinate employee engagement across the whole organisation.
14. Financial: certain aspects of the strategy will require funding. The business planning and budgeting process will support this. Funding is already in place for activities planned for 2021/22 (corporate training and leadership and management development £150,000, learning management system £30,000).

## **IMPACT ASSESSMENTS**

15. We will carry out Equality Impact Assessments for the projects that are part of the strategy.

## **CONCLUSION**

16. The People Strategy delivery plan sets out our vision and targets for the next three years. It builds on the achievements of the Evolve Programme, brings a range of people and organisational development initiatives together and supports all of our corporate values.





# People Strategy 2021-2024

September 2021-2024



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- 5. How we will measure our progress**
- 6. Our shared commitments**

# 1. A shared vision – a shared commitment

**At the time of writing this People Strategy, we (the SSSC staff) are still working from home during a global pandemic. We have demonstrated that we are a people focused, agile, innovative and collaborative organisation. With the right people and the right technology, we have not only got through this difficult time, we have also seen positive change. It is important that we build on these positives as there is likely more change to come.**



In the last year we have relied on technology more than ever. Because of our significant investment in 2019, we were able to work from home from day one. We must continue to develop our digital skills and use technology in ways that enhance what we do and keep up to date with the latest developments.

We have an ambitious strategic plan and there is a significant change agenda within our areas of work with the planned introduction of the National Care Service as set out in the Independent Review of Adult Social Care (2021).

We must respond to any recruitment challenges so we remain a great place to work and we need to do this with a good rewards package and a great working environment.

Staff are skilled, professional and passionate about the work we do. Across the organisation there is a shared commitment to achieve our vision.

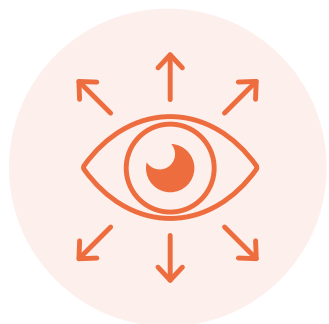
We will work together to make the SSSC a great place to work, where everyone is supported and provided with the tools and infrastructure to do their best work as we know that is what motivates us all – we come to work to do a great job that makes a real difference.

This People Strategy sets out our ambition for our people and our organisation.

*Lorraine Gray.*

Lorraine Gray, Chief Executive

## 2. Our strategic context



### Our vision

The people of Scotland can count on social work, social care and early years services being provided by a trusted, skilled and confident workforce.

### Our strategic outcomes

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

### Our organisational characteristics

We will:

- always focus on the needs of our customers
- produce evidence and intelligence that helps us, and others make the right decisions
- work to improve every area of our organisation
- ensure we are respected and valued by our stakeholders
- make the SSSC a place where people want to work
- work in partnership with others to deliver outcomes.

## Our values

We listen, learn and do the right thing



### Work together

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



### Accept responsibility and accountability

We recognise the trust placed in us to ensure the safety and wellbeing of people who use social services and that is our guiding mission.

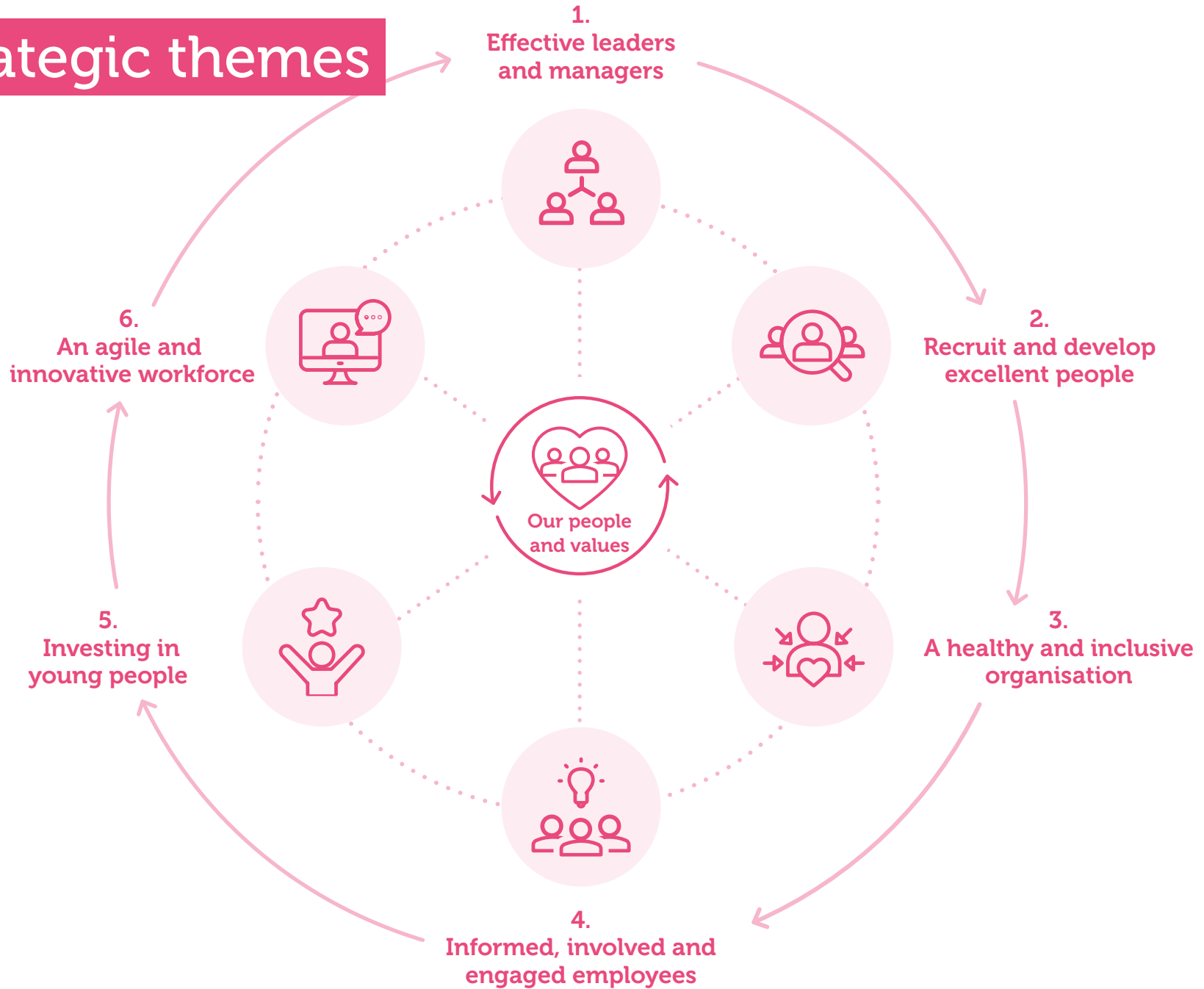


### Recognition and respect for others

We value the social service workforce and the life changing work they do. Our work increases recognition of their role and further develops that role.

All our stakeholders contribute to our success and we recognise and respect their views. Our vision, values and organisational characteristics are at the heart of our People Strategy.

# 3. Strategic themes







## 1. Effective leaders and managers

Develop creative, ambitious and business focused leaders who can inspire and motivate the teams they manage so they can achieve our strategic outcomes, respond to change and continually improve the way we work.

To do this, we must recruit the right leaders who share our ambition and values and have the right skills. We must invest in them to ensure that our senior leadership team provides strong, clear and inspirational leadership. At the same time, our managers will have the confidence and skills to address any staffing issues that arise.

Our leaders and managers are the champions of our values and behaviours and are responsible for making sure we all demonstrate those values and behaviours, as they are important in every aspect of work.

### Actions

- Continue our leadership and management development programme and senior management development activities.
- Equip our managers and leaders with management information to support people planning, decision making and succession planning.
- Make sure all new and existing managers are assigned to their “Managing the SSSC Way” learning journey.
- Continue to support professional leadership and management qualifications.
- Explore the possibility of managers to have or work towards a leadership or management qualification.
- Introduce 360 degree appraisal for senior leaders (OMT/EMT).
- Create a Future Managers Development Programme.
- Refresh and embed our Leadership Competency framework.
- Support our managers and leaders in developing professional networks and mentors.





## 2. Recruit and develop excellent people

Our high performing culture relies on the strength of our people. As a result, attracting, recruiting and retaining the very best talent is central to our success. To do this we must demonstrate the SSSC is a good place to work. And part of this is highlighting our whole rewards package to you, as existing staff and to people who will join us in the future.

People development, leadership, talent management and succession planning are essential in addressing workforce challenges, shaping the current and future workforce to deliver our strategic plan.

We need a culture which requires all of us not only to perform to our full potential but to demonstrate the organisation's values and behaviours.

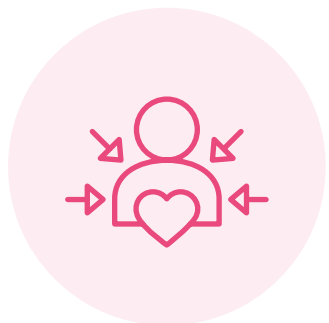
We know from experience that talent already exists in the SSSC and giving the chance for our people to grow is a win win situation for everyone. Providing opportunities for you to move up or, just as importantly, across functions makes sure we have a motivated workforce to help meet our strategic outcomes.

### Actions

- Continue to make improvements in our recruitment and selection processes focussing on candidate experience.
- Continue to develop our employer value proposition to attract the best talent.
- Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcomes and priorities.
- Begin a review of our organisational and role design and rewards structure.
- Explore further options for external accreditations.
- Enhance knowledge exchange and collaboration across the organisation (communities of practice).
- Automate more of our people processes and continue to embrace technology.
- Design and develop a talent management framework which will give us an open and transparent way of identifying, selecting and deploying our people.
- Develop and implement a behavioural framework to support our values and employee development.







### 3. A healthy and inclusive organisation

We want to provide a healthy, happy and purposeful environment for all that promotes our wellbeing and allows us to do our best work.

In the last year, we developed seven wellbeing principles and trained 26 mental health first aiders. Our internal messages have had a strong focus on wellbeing, self care and an understanding of the challenges we have all faced. Throughout the pandemic you have demonstrated outstanding commitment to the organisation, to the social service workforce and people who use services.

We are committed to equality, diversity and inclusion. Our work promotes human rights and the core principles of dignity, fairness, equality, respect and autonomy. We published our fifth report on mainstreaming the equality duty and set out our equality outcomes for 2021-2025.

To grow and transform as an organisation, we must create a safe working environment where we feel able to discuss and ask for support to ensure both our physical and mental wellbeing.

As we come through this global crisis, we want to build on what we have learned.

#### Actions

- Promote our mental health first aider role. Review what this has achieved and how it can evolve.
- Provide all staff training on the Equality Act 2010 and the implications for the organisation.
- Continue to support and monitor employee wellbeing through our occupational health offering and Healthy Working Lives campaigns.
- Make sure wellbeing is at the forefront of one to ones and development discussions.
- Support our staff to become trauma informed using the national trauma training programme materials.
- Work towards gold Healthy Working Lives award.
- Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.
- Create and support virtual employee networks.
- Develop a menopause policy and toolkit.
- Use Healthy Working Lives effectively to promote and support employee wellbeing.
- Adapt to any emerging developments internally or externally, particularly post pandemic working life.
- Monitor impact of agile working on employees and adjust practices accordingly.





## 4. Informed, involved and engaged employees

We want to continue to strengthen our employee engagement. To achieve our strategic outcomes and vision we all need to pull together and have a shared understanding of what we want to achieve.

An engaged workforce is clear about the overall aims of the organisation, where we each see how our own role fits into the bigger picture and where we are all committed to our purpose.

We all want to feel listened to, valued, involved and informed with different opportunities and ways to feedback.

In an engaged workforce, colleagues are accountable for results and enjoy working hard to get things done. An engaged workforce sees value in their work – we are proud of what we do and we like how we do it.

### Actions

- Develop an internal communication strategy involving staff in the design.
- Develop our two way communication methods to suit new ways of working.
- Carry out an annual survey on our internal communication activities.
- Continue to promote and embed our values in all of our work.
- Build on the new communication approaches we have developed during the pandemic.
- Make sure clear and well communicated updates are developed and shared in relation to staff surveys and Investors in People activities.
- Develop online methods for staff to give instant feedback.
- Embed a 'you said, we did' communication updates for staff.
- Review impact and feedback on communication and engagement activity to inform future work.
- Continue with staff surveys and Investors in People activities.





## 5. Investing in young people

At the SSSC we are committed to developing the future workforce and future leaders. We have achieved accreditation as an Investor in Young People. This is something we are very proud of. We are equally proud of the young people who work with us and who bring so much to the organisation.

We want to build on our successes and continue to invest in Young People across the organisation as well as being able to support any potential future young employees.

### Actions

- Reestablish our young people mentoring scheme.
- Introduce a young people's forum/network.
- Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.
- Learn from exit interviews from young employees to gather data on their reasons for leaving.
- Find opportunities to include more apprentices in our organisation.
- Progress our Investors in Young People status.
- Participate in school and further education link work including supporting work experience and placements.
- Include views of young people in our recruitment campaigns.
- Make sure young people's forum has a voice in influencing policies and strategies that support them at work.
- Continue with our Investors in Young People action plan.
- Respond to emerging developments internally and externally to support young people at or into work.



Lorraine Gray receiving our Investors in Young People Award, February 2020.



## 6. An agile and innovative workforce

We will build on our agile working approach, so we continue to support our people in a modern, flexible environment. We will make sure our staff can work in ways that allow them to do their best work. And we will continue to build a culture that encourages innovation and focuses on output, with wellbeing at the heart.

You are our most valuable resource. We will listen to what you need, make sure you have the tools to do your job, wherever you choose to work and we will respond to emerging challenges or opportunities that this way of working presents.

To do this, we must continue to invest in our systems, facilities and people policies so they are aligned and support an agile and innovative workforce.

### Actions

- Review any HR and Health & Safety policies to support agile working.
- Continue to invest in our digital tools and support agile working, including a learning management system.
- Adapt our office space to support agile working.
- Review and respond to the impact of agile working on employee wellbeing.
- Investigate how we can embed, promote and reward innovation.
- Implement innovation initiatives and associated recognition.



# 4. Delivery plan

## Year 1

### 1. Effective leaders and managers



- Continue our leadership and management development programme and senior management development activities.
- Equip our managers and leaders with management information to support people planning, decision making and succession planning.
- Make sure all new and existing managers are assigned to their “Managing the SSSC Way” learning journey.
- Continue to support professional leadership and management qualifications.
- Introduce 360 degree appraisal for senior leaders (OMT/EMT).



## Year 2

- Explore the possibility of managers to have or work towards a leadership or management qualification.
- Assess the impact and development of our “Managing the SSSC Way” programme.
- Respond to emerging leadership and management development needs from year 1.



## Year 3

- Create a Future Managers Development Programme.
- Refresh and embed our Leadership Competency framework.
- Support our managers and leaders in developing professional networks and mentors.
- Respond to emerging leadership and management development needs from year 2.

### 2. Recruit and develop excellent people



- Continue to make improvements in our recruitment and selection processes focussing on candidate experience.
- Continue to develop our employer value proposition to attract the best talent.
- Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcomes and priorities.
- Begin a review of our organisational and role design and rewards structure.



- Explore further options for external accreditations.
- Enhance knowledge exchange and collaboration across the organisation (communities of practice).
- Automate more of our people processes and continue to embrace technology.
- Continued roll out of our organisational and role design and rewards structure.
- Adapt to any emerging developments internally or externally.
- Establish a matrix to review our recruitment reach and impact.



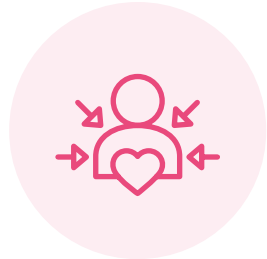
- Design and develop a talent management framework which will give us an open and transparent way of identifying, selecting and deploying our people.
- Develop and implement a behavioural framework to support our values and employee development.
- Adapt to any emerging recruitment practice developments internally and externally.

**Year 1**

**Year 2**

**Year 3**

**3. A healthy and inclusive organisation**



- Promote our mental health first aider role. Review what this has achieved and how it can evolve.
- Provide all staff training on the Equality Act 2010 and the implications for the organisation.
- Continue to support and monitor employee wellbeing through our occupational health offering and Healthy Working Lives campaigns.
- Make sure wellbeing is at the forefront of one to ones and development discussions.
- Support our staff to become trauma informed using the national trauma training programme materials.



- Work towards gold Healthy Working Lives award.
- Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.
- Create and support virtual employee networks.
- Develop a menopause policy and toolkit.



- Use Healthy Working Lives effectively to promote and support employee wellbeing.
- Adapt to any emerging developments internally and externally, particularly post pandemic working life.
- Monitor impact of agile working on employees and adjust practices accordingly.

**4. Informed, involved and engaged employees**



- Develop an internal communication strategy involving staff in the design.
- Develop our two way communication methods to suit new ways of working.
- Carry out an annual survey on our internal communication activities.
- Continue to promote and embed our values in all of our work.



- Build on the new communication approaches we have developed during the pandemic.
- Make sure clear and well communicated updates are developed and shared in relation to staff surveys and Investors in People activities.
- Develop online methods for staff to give instant feedback.



- Embed a 'you said, we did' communication updates for staff.
- Review impact and feedback on communication and engagement activity to inform future work.
- Continue with staff surveys and Investors in People activities.



**Year 1**

**Year 2**

**Year 3**

**5. Investing in young people**



- Reestablish our young people mentoring scheme.
- Introduce a young people's forum/network.
- Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.
- Learn from exit interviews from young employees to gather data on their reasons for leaving.



- Find opportunities to include more apprentices in our organisation.
- Progress our Investors in Young People status.
- Participate in school and further education link work including supporting work experience and placements.
- Include views of young people in our recruitment campaigns.



- Make sure young people's forum has a voice in influencing policies and strategies that support them at work.
- Continue with our Investors in Young People action plan.
- Respond to emerging developments internally and externally to support young people at or into work.

**6. An agile and innovative workforce**



- Review any HR and Health & Safety policies to support agile working.
- Continue to invest in our digital tools and support agile working, including a learning management system.
- Adapt our office space to support agile working.



- Review and respond to the impact of agile working on employee wellbeing.
- Continually review our new ways of working to support our staff and organisational performance.
- Respond to emerging needs from year 1.
- Continue to embed our learning management system.
- Investigate how we can embed, promote and reward innovation.



- Further review HR & Health & Safety policies following a longer period of agile working.
- Implement innovation initiatives and associated recognition.
- Respond to emerging needs from year 2.

## 5. How we will measure our progress

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

- feedback from our staff surveys and Investors in People
- learning and development activity undertaken
- feedback on learning and development activities
- career progression/promotion data
- feedback on our recruitment processes and new start experiences
- accreditations and qualifications achieved
- healthy working lives progress
- diversity reporting
- HR performance measures and metrics
- Health and safety performance measures and metrics.

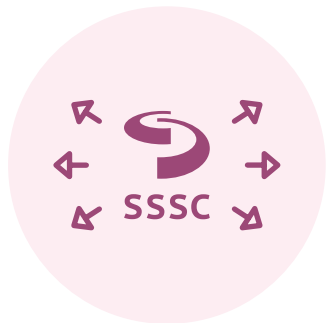
We will report our progress through our Executive Management Team, who will sponsor the work and we will also provide updates to our Council twice per year.





## 6. Our shared commitments

We each have a role to play and a commitment to make to each other and to the organisation, which in turn makes a commitment to all of us. These commitments will help ensure the success of our People Strategy.



### The SSSC will:

- treat you with respect and courtesy
- promote and celebrate inclusion, equality and diversity
- provide constructive performance and development frameworks
- share evidence around our decision making
- listen and take account of all views
- acknowledge and recognise your achievements
- ensure workloads are reasonable and achievable.



### As a manager I will:

- model the SSSC's values in leading my team and how I go about my work
- meet with you regularly
- provide clarity on roles and responsibilities and the ways of working in the team
- celebrate your successes and communicate the team's progress
- raise issues proactively and constructively and support you to resolve them, addressing conflict where it happens
- make time to discuss your development needs and support you to create a career development plan and provide opportunities for your development
- look for ways to involve you in decision making
- listen openly and without judgement to your feedback and ideas for improvement.



### **As a staff member I will:**

- take responsibility for my performance
- support my colleagues and show kindness and respect for others with different working patterns and styles
- look for ways to improve the organisation
- promote my own health and wellbeing and use my annual leave
- keep my manager informed of progress and problems
- raise and resolve issues constructively and promptly and work to find solutions.

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



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

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

<b>Title of report</b>	Assessment of non-UK qualifications for function-based parts of the register
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	The report sets out the actions undertaken by the SSSC to review our approach to the assessment of non-UK qualifications presented for registration for function-based parts of the register, the future options available and our proposed new approach.
<b>Recommendations</b>	The Council is asked to approve Option 1 and the recommendation that we no longer assess non-UK qualifications for function-based register parts.
<b>Author</b>	Audrey Pollock Learning and Development Adviser
<b>Responsible Officer</b>	Laura Lamb, Acting Director, Development and Innovation (Learning and Development)
<b>Link to Strategic Plan</b>	The information in this report links to:  Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.  Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.
<b>Link to Risk Register</b>	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.  Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.
<b>Impact assessments</b>	1. An Equalities Impact Assessment was developed.

	<p>2. A Data Protection Impact Assessment was not required.</p> <p>3. A Sustainability Impact Assessment was not required.</p>
<b>Documents attached</b>	Appendix 1: Assessment of non-UK qualifications and outcomes
<b>Background papers</b>	<a href="#">Council Report 08/2021</a>

## EXECUTIVE SUMMARY

1. Prior to the Brexit transition period ending on 31 December 2020, our policy for assessing non-UK qualifications presented for registration for function-based parts of the register was to only assess qualifications if the applicant held European Economic Area (EEA) mutual recognition rights and, from 1 January 2021, no applicants could hold these rights.
2. In February 2021 Council endorsed Executive Management Team's (EMT) decision to adopt an interim approach to continue to assess these qualifications if an applicant would have met the EEA mutual recognition rights criteria as they were on 31 December 2020 pending a review of our approach to the assessment of non-UK qualifications.
3. The report to Council in February 2021 set out the legal obligations before and after the end of December 2020. The European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019/593 are in force. These 2019 Regulations remove our legal obligation to assess and recognise qualifications that fell within the scope of the general systems rules (the 2015 Regulations).
4. To inform the review and the proposed new approach we:
  - considered the number of assessments which have taken place over the last three years and the outcome of these assessments
  - analysed the resource and cost implications for the applicant and for the SSSC
  - sought legal advice on our legal obligations to inform options available
  - consulted with key stakeholders including employers, employer representative bodies, Scottish Government, the UK Department for Business, Energy and Industrial Strategy (BEIS) and the other UK regulators
  - undertook an analysis of the potential impact of the options available
  - completed an Equalities Impact Assessment.
5. A summary of the analysis of each option is contained within the report.
6. It is recommended that the SSSC no longer assesses non-UK qualifications presented for registration on any function-based part of our register.

## INFORMATION

### Differences in our approaches to assessing UK and non-UK qualifications for function-based parts of the register

7. At present, we treat applicants differently depending on where in the world they gained their practice qualification and the part of the register they are applying to. Our future policy for non-UK applicants should ideally reduce some of these differences.
8. The differences are summarised below.

UK Qualifications (Scotland)	<ul style="list-style-type: none"> <li>• We accept a range of current and legacy awards.</li> <li>• We only accept qualifications we have assessed and accepted before.</li> <li>• We do not assess any new qualifications with the exception of national benchmark awards.</li> </ul>
UK Qualifications (England)	<ul style="list-style-type: none"> <li>• We accept a range of legacy awards.</li> <li>• We partially accept any current adult care awards approved by Skills for Care along with a compensatory measure of the four mandatory SVQ units.</li> <li>• We do not accept current early years awards (with some exceptions such as specific Montessori awards).</li> <li>• We do not assess any new awards.</li> </ul>
UK Qualifications (Wales and Northern Ireland)	<ul style="list-style-type: none"> <li>• We accept a range of legacy awards.</li> <li>• We do not assess any new awards.</li> </ul>
Non-UK qualifications (EEA mutual recognition rights)** <b>interim approach</b>	<ul style="list-style-type: none"> <li>• We do not accept any legacy awards.</li> <li>• We can assess qualifications, and include post qualifying learning in our assessment, regardless of the part of the register.</li> </ul>
Non-UK qualifications (rest of the world)	<ul style="list-style-type: none"> <li>• We do not accept any awards.</li> <li>• We will not assess any qualifications.</li> </ul>

9. Since 2012, following consolidation of our lists of qualifications (i.e. we only accept qualifications we have assessed and accepted before) we no longer assess new UK awards with the exception of benchmark awards in Scotland. We have never assessed qualifications presented for registration on function-based register parts from the rest of the world other than those who met the EEA mutual recognition rights. The current interim position to assess qualifications from EEA applicants is the only assessments we will currently assess for registration for the function-based register parts out with Scotland.

**Consideration of future options for assessment of non-UK qualifications:**

10. There are three approaches to the assessment of non-UK qualifications for functions-based register parts available to the SSSC.
11. Option 1: Do not assess any non-UK qualifications; require applicants to achieve benchmark qualification.

<b>Rationale</b>	<b>Risks</b>
<ul style="list-style-type: none"> <li>• Very few applicants present qualifications for assessment and of those who do, very few are accepted as meeting the required standard.</li> <li>• The cost to assess a qualification is comparable to the cost to gain a qualification.</li> <li>• Potential to recognise previous learning – Recognition of Prior Learning (RPL) by training providers is often an easier, quicker, and less costly process for registrants.</li> <li>• Benefits for career and professional development; they will achieve a Scottish qualification which supports the standards that other registrants work to. The use of RPL may mean an easier process to gaining a benchmark qualification than completing our lengthy qualification assessment process.</li> <li>• Avoids potential challenge of discrimination against applicants without a European qualification.</li> <li>• Aligns closely with our approach to assessing UK qualifications following consolidation of our lists of qualifications (i.e. we only accept qualifications we have assessed and accepted before).</li> <li>• No other UK regulator assesses non-UK qualifications for function-based register parts.</li> </ul>	<ul style="list-style-type: none"> <li>• Could be perceived as creating a barrier to people from Europe working in social services in Scotland.</li> <li>• Could be perceived as not in-keeping with the intention of <a href="#">The European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019/593</a> According to the <a href="#">explanatory memorandum</a> the intention is that EEA workers who can currently get their qualifications assessed will still have a route available (paragraphs 2.6 and 2.10). We have, however, been assessing the qualifications of EEA social service workers as a matter of policy.</li> </ul>
<b>Commentary</b>	
<p>This option would only impact the small number of applicants who would otherwise decide to have their qualification assessed in the future (see appendix 1 for numbers of past applications and outcomes).</p> <p>Assessment of a qualification costs the individual £320, as well as their registration fee. Very few assessed qualifications meet the standard we require. A compensatory measure will then cost the price of a benchmark qualification or an aptitude test which is £790.</p>	



A full qualification assessment can take up to six months to complete. Each assessment requires a significant time commitment from both the applicant and the SSSC. In order to undertake an assessment the individual is required to submit a significant volume of information to support the assessment. Each qualification assessment is completed by two internal Learning and Development Advisers, which on average takes two to three weeks to complete. The outcome is often that they are required to complete a compensatory measure, which is a benchmark qualification.

We encourage applicants to achieve a recognised benchmark qualification. This is often a far shorter process than having their qualification assessed by us, and then still be required to complete part, or all of a recognised benchmark qualification. A training provider can also provide RPL with their qualification.

In order to mitigate the risk of it being perceived that we are creating an additional barrier to working in social services in Scotland, we would make clear that applicants do not need to hold a qualification in order to begin employment.

This option brings us in line with other UK regulators and is in line with our approach to the assessment of qualifications from the rest of the UK and the rest of the world.

12. Option 2: Assess only those non-UK qualifications that come from EEA states (this is most similar to our current policy)

Rationale	Risks
<ul style="list-style-type: none"> <li>• Enables us to continue assessing some non-UK qualifications using our current approach as far as possible.</li> <li>• Supports recruitment from EU member states.</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially leaves us open to challenge of discrimination against applicants without a European qualification.</li> <li>• We would be using our discretion to assess European qualifications but not exercising a similar discretion to assess qualifications from the rest of the world.</li> <li>• Risk of legal challenge that approach is unlawful.</li> </ul>
<b>Commentary</b>	
<p>This option would discriminate against applicants from outside Europe. We previously carried out such assessments because our policy was in line with the European Directive, but we now have no such justification for a difference in approach. Since we have been challenged on this point on a small number of occasions by applicants, it is reasonable to expect such a challenge in the future.</p> <p>It also does not bring us in line with other UK regulators.</p> <p>It continues to use a large amount of resource for a small number of assessments. Each assessment can take up to six months to complete, and involves two internal Learning and Development Advisers for quality assurance and assessment, often resulting in a compensatory measure of a benchmark qualification still being the outcome (see appendix 1).</p>	

13. Option 3: Assess qualifications from anywhere in the world

<b>Rationale</b>	<b>Risks</b>
<ul style="list-style-type: none"> <li>• Sends a message that we are encouraging suitably qualified applicants to work in Scotland in social services from around the world.</li> <li>• Reduced risk of legal challenge.</li> </ul>	<ul style="list-style-type: none"> <li>• Would be a substantial departure from our current approach.</li> <li>• Likely increase in assessments will be resource intensive for the SSSC with potential implications for staffing.</li> <li>• Could raise unrealistic expectations about chances of success of application.</li> <li>• Experience has shown that, for most applicants, better option is to do the main qualification, as so few are accepted when assessed without a compensatory measure of part, or all of a benchmark qualification.</li> <li>• We would be taking a different approach than the other UK regulators.</li> <li>• Over the past year, a small number of individuals with qualifications from outside Europe have made representations to us and Scottish Government to ask why they cannot have their qualification assessed.</li> </ul>
<b>Commentary</b>	
<p>This option would discriminate against applicants from the UK as following our consultation with the sector, a definitive list of consolidated practice qualifications which the SSSC accepts for registration was introduced. This list came into force on 1 April 2012. This list applies to UK based qualifications.</p> <p>Our experience has shown that achieving a main national award is the preferred option. This substantial departure from our current policy would disadvantage applicants without EEA mutual recognition rights who we refused before 31 December 2020.</p> <p>This would increase the amount of resource needed from both Registration and Learning and Development.</p> <p>This would move us further away from other UK regulator approaches to non-UK qualification assessments.</p>	

**CONSULTATION**

14. We have consulted with the UK Department for Business, Energy and Industrial Strategy (BEIS) and Scottish Government in order to achieve clarity on our legal obligations from 1 January 2021. We involved the other UK regulators as part of the review to understand what approach they were taking and any possible impact for the movement of the

workforce. We consulted with employers, relevant national representative organisations and Scottish Government to obtain feedback regarding our proposed recommendation. This included Scottish Care, Coalition of Care Providers Scotland (CCPS), Society of Personnel and Development Scotland (SPDS), Scottish Government Early Years Directorate and the Association of Directors of Education in Scotland (ADES).

15. The key feedback from stakeholders was that
  - any change in policy should not mean a barrier or deter people from EEA countries working within Scotland
  - only a small number of individuals are likely to be impacted by any change
  - the SSSC should ensure that individuals and employers are aware and reminded that individuals can register with the SSSC with a condition to gain a relevant qualification
  - no other UK regulator assesses non-UK qualifications for function-based register parts.

## **RISKS**

16. The relevant legal risks and options should be considered against the risk appetite set by the Council. The section relating to Regulatory and Legal Compliance states "We aim to reduce our risk of failing to meet our legal and financial obligations to a managed position of being "as low as reasonably practicable". We maintain an averse risk appetite towards regulatory and legal compliance. Risk taking is generally limited to those events where there is little chance of any significant repercussion for the SSSC should there be a compliance failure."
17. All options have a low likelihood of legal challenge. Option 1, however presents a level of risk closest to that set out in our risk appetite statement while enabling the SSSC to adopt a proportionate approach.
18. The Professional Qualifications Bill is currently before Parliament to make provision relating to entitlement to practise certain professions, occupations and trades, and for connected purposes. It is intended regulators will have the autonomy to pursue recognition arrangements with counterparts in other countries in the interests of their professions. Given the numbers involved (see appendix 1) and the fact that we individually assessed EU qualifications previously, creation of such arrangements would involve a disproportionate amount of resource considering the numbers of qualifications presented. The Bill, if passed, may create future legal obligations to assess non-UK qualifications for function-based register parts. We will continue to monitor progress of the Bill and, if passed, any Regulations made under the resulting legislation. If necessary, we will amend our process should we become subject to any legal obligations.

## **IMPLICATIONS**

### **Resourcing**

19. Option 1 will reduce the staffing resource currently required to undertake the assessment of qualifications, Option 2 will see limited or no change to the resource required and Option 3 has the potential to significantly increase the demand for assessments and may have staffing implications for the SSSC.

### **Compliance**

20. There is currently no legislation obliging the SSSC to assess non-UK qualifications for function-based parts of the register. Any risk of legal challenge would be by way of judicial review of the SSSC's decision to change its policy.
21. Any option presents a risk of such a challenge however it is noteworthy that we have not received a legal challenge up until this point.
22. From a legal perspective, the safest course of action would be to assess all qualifications, regardless of origin. This option presents the least likelihood of legal challenge.
23. Legally the highest risk is assessing only those non-UK qualifications that come from EEA states. This increases the possibility of a challenge being made. This option would discriminate against applicants from outside Europe. Since we have been challenged on this point on a small number of occasions by applicants, it is reasonable to expect such a challenge in the future.
24. Option 1 represents a departure from existing policy that increases the likelihood of legal challenge. The SSSC is, however, entitled to change its policy subject to any new policy being lawful. To arrive at a lawful decision, it is necessary to consider factors such as the legitimate expectations of applicants, whether appropriate consultation with those likely to be affected has been carried out, whether the decision making is procedurally fair and whether the decision itself is proportionate.

## **IMPACT ASSESSMENTS**

### **Equalities**

25. An EIA has been completed. The recommended policy change will only impact a small number of individuals who might have asked to have their qualifications assessed. It does not raise barriers for people wanting to work in a function-based role on the SSSC register with a non-UK

qualification as they can register and gain a relevant benchmark qualification whilst working. They can also use Recognition of Prior Learning with a training provider to gain such a qualification. The recommended approach removes the inequality of only EU assessments being accepted for function-based parts of the register.

## **CONCLUSION**

26. Taking into account the rationale and risks detailed above Council is asked to approve Option 1, that the SSSC will no longer assess non-UK qualifications for function-based register parts.

**Assessment of non-UK qualifications and outcomes**

Year of assessment	Total applications	Total assessment requests withdrawn	Qualifications accepted for registration	Qualification assessed as requiring compensatory measure
2018	18	12	2	4
2019	2	1	0	1
2020	5	3	1	1
Total			3	6

The number of non-UK qualification assessments is small and has been reducing over the years; however, the time and resource commitments are significant. The above data shows the outcomes of applications for assessment for function-based parts of the register over the past three years.

A number of applicants decide to withdraw their request for assessment at an early stage in their registration application once they understand the volume of information they are required to provide, the timescales and cost involved in the assessment.

Although we only carry out a small number of assessments each year, dealing with queries and screening applications uses a high staffing resource from Registration and Learning and Development and the resource required to carry out an assessment is significant.

**Costs and resourcing implications**

Assessment of a qualification costs the individual £320, as well as their registration fee. If a compensatory measure is required, the applicant will then have the additional cost of the price of a benchmark qualification or an aptitude test which is £790.

In terms of staffing resource, initial screening of a qualification takes on average a day for a Learning and Development Adviser. A full qualification assessment can take up to six months to complete. Each assessment requires a significant time commitment from both the applicant and the SSSC. In order to undertake an assessment the individual is required to submit a significant volume of

information to support the assessment. Each qualification assessment is completed by two internal Learning and Development Advisers, which on average takes two to three weeks to complete. The outcome, as shown in the table above, is often that they are required to complete a compensatory measure, which is a benchmark qualification.

**Council Action Record**

<b>Task Name</b>	<b>Meeting Action Generated</b>	<b>Progress</b>	<b>Assigned To</b>	<b>Due Date</b>	<b>Description</b>	<b>Checklist Items</b>
C71 Rewards Review including pay and grading	Council 27 May 2021	In progress	Chief Executive; Interim Director of Finance and Resources		Creation of Programme Sponsor Group and schedule meetings. Members are Rona King, Alan Baird, Linda Lennie. Two meetings organised. Future dates awaiting Member confirmation of availability	
C70 Council action record	Council 27 May 2021	Completed	Corporate Governance Coordinator		Minute 20 - update Council action record by archiving completed items.	
C69 Effective Voice report	Council 27 May 2021	In progress	Acting Director of Development and Innovation (Workforce Development)		Minute 15.5 - make available to Members, the report to Scottish Government on the Effective Voice. Awaiting confirmation from Scottish Government as to whether this can be shared publicly.	
C68 Digital Strategy Benefits Realisation report	Council 27 May 2021	Completed	Director of Strategy and Performance		Minute 14.2.3 - twice yearly benefits realisation reports to be submitted (to Council?) Check with Laura Shepherd if this is to be included in forward planner and if so, what dates. To Audit and Assurance Cttee possibly November.	
C67 People Management policies	Council 27 May 2021	Completed	Corporate Governance Coordinator		Update policy library master/intranet index and intranet folders with copy of policy approved and updates on revised review dates.	
C66 SSSC People Strategy	Council 27 May 2021	Completed	Corporate Governance Coordinator		Add to forward planner report on progress of actions from people strategy. Check with Lynn Murray when this will be available then add to planner. Report to Council in August.	
C65 - SSSC People Strategy sharing information	Council 27 May 2021	Completed	Interim Director of Finance and Resources		Minute 12.4 - share information from Investors in People with SSSC staff.	
C64 Programme Board and Sponsor Group - future proofing governance	Council 27 May 2021	Completed	Director of Regulation		Minute 11 - set up meetings of the Programme Board and sponsor group for the governance of future proofing programme. Contact Convener for appointees to Sponsor Group. Members are: Peter Murray, Julie Grace, Theresa Allison. Meetings set up.	
C63 Shared services reports to Council	Council 27 May 2021	Completed	Interim Director of Finance and Resources; Corporate Governance Coordinator		Minute 10.4 - add first update report to Council to forward planner; thereafter add annual report to planner. Check with Lynn Murray when first report is likely to be available then add to planners. Added to August meetings annually.	
C62 Timetabling meetings of shared services governance groups	Council 27 May 2021	Completed	Interim Director of Finance and Resources		Set up monthly meetings of shared services oversight group and quarterly meetings of Review Board. Meetings set up	
C61 Joint annual CI and SSSC meeting	Council 27 May 2021	In progress	Interim Director of Finance and Resources; Director of Strategy and Performance		Minute 9 - arrange an annual joint meeting between Council and CI Board to consider Partnership Agreement and shared services matters. Schedule date to receive end of financial year reports. Check that CI Board on 17 June 2021 agree with this approach.	AW checked with CI -This was not discussed at CI Board on 17 June.
C60 Appointment of Counter Fraud Coordinator and Fraud Liaison Officer	Council 27 May 2021	Completed	Interim Director of Finance and Resources		Minute 7.6 - appoint Russell Pettigrew as Counter Fraud Coordinator and Lynn Murray as Fraud Liaison Officer.	
C59 Workforce data sharing	Council 27 May 2021	Completed	Acting Director of Development and Innovation (Workforce Development)		Minute 6.2 - share information with Members on workforce data requested and monitored. This will now be included within the assurance report.	
C58 Feedback from staff conference	Council 27 May 2021	Completed	Head of Strategic Communications		Minute 4.2 - share feedback from staff conference with Members.	



C57 Share information from Public Health Scotland	Council 27 May 2021	Completed	Corporate Governance Coordinator		Minute 4.1 - COVID-19 - share information on vaccination rates.
C56 Minutes of previous meetings	Council 27 May 2021	Completed	Corporate Governance Coordinator		Amend if required, arrange for signature and publication 18 February 2021.
C41 Workforce Data	Council 19 November 2020	Completed	Acting Director of Development and Innovation (Workforce Development); Acting Director of Development and Innovation (Learning and Development)	15/07/2021	Minute 6.6 - engage with employers and then share workforce data information with Council Members from exit interviews, percentage of workers leaving the service. Development session arranged for 15 July 2021(in forward planner).