

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

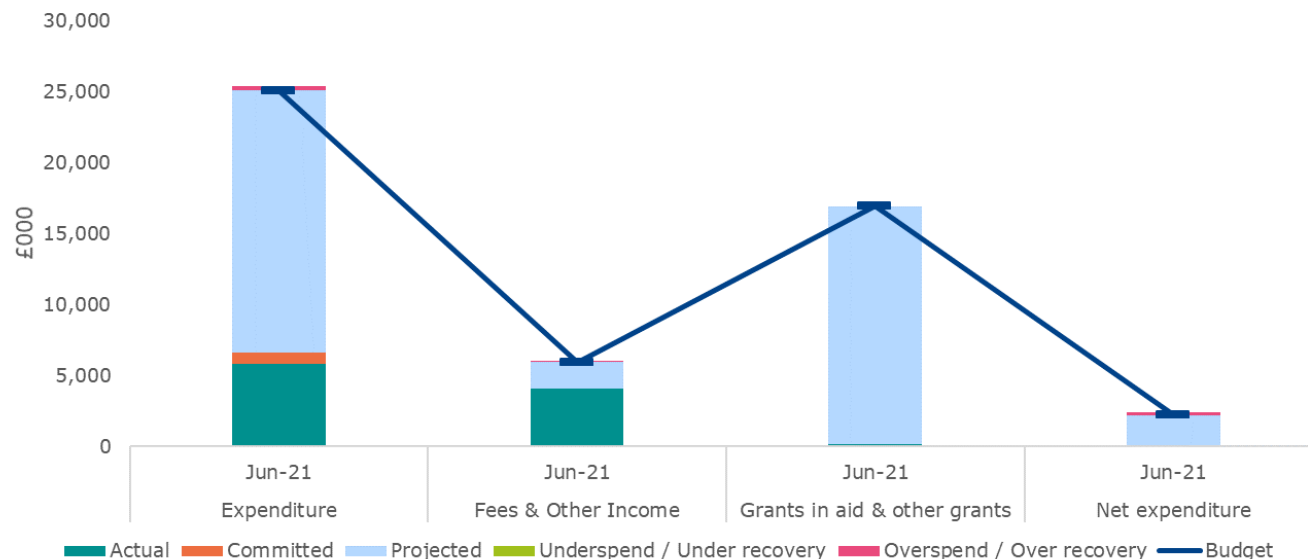
Risk 7 EMT is recommending an increase of the probability score to 4. This is due to several budget pressures that will be seen next year 2022/23. This moves this risk to Red 16.

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
	25,072
Workforce development and cyber resilience grants	833
Total	25,905
Funded by:	
Grant in aid	16,035
VSDF	900
Sub-Total	16,935
Registration fee income	5,644
Other income	290
Sub-Total	5,934
WDG	450
Net deficit – funded from reserves	2,586
Total	25,905

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
Budget	25,072	5,934	16,935	2,203
Actual	5,801	4,066	182	--
Committed	802	--	--	--
Year-end projection	25,360	6,041	16,935	2,384
Projected (under)/over	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

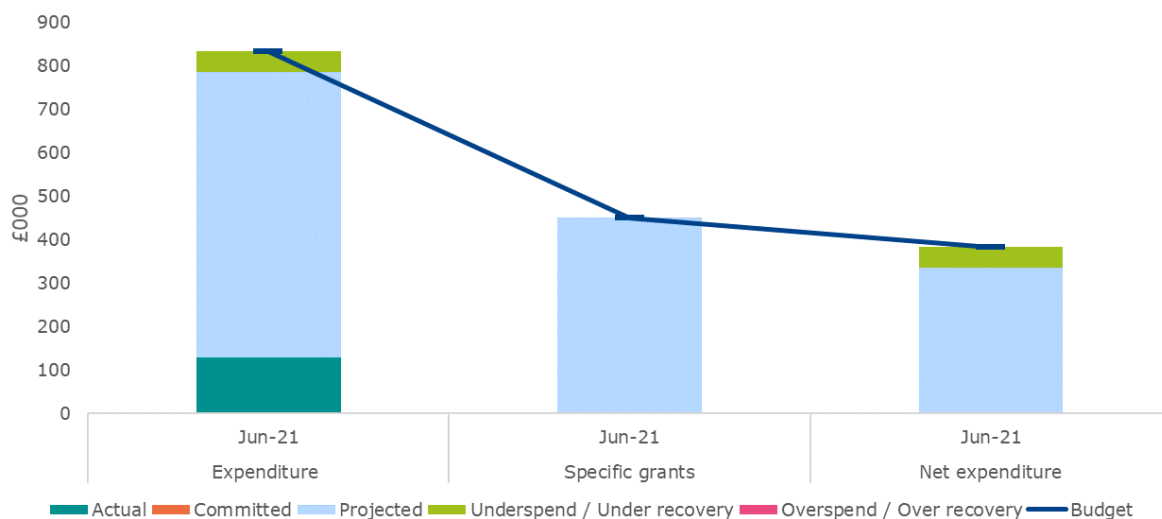
- The patterns of income and expenditure are in line with what we expect at this stage of the financial year.
- There are low levels of actual and committed spend (£6.603m – 26%).
- We have received 67% of our income (£4.066m). Most of this income is fees received in 2020/21 that relate to 2021/22. We 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

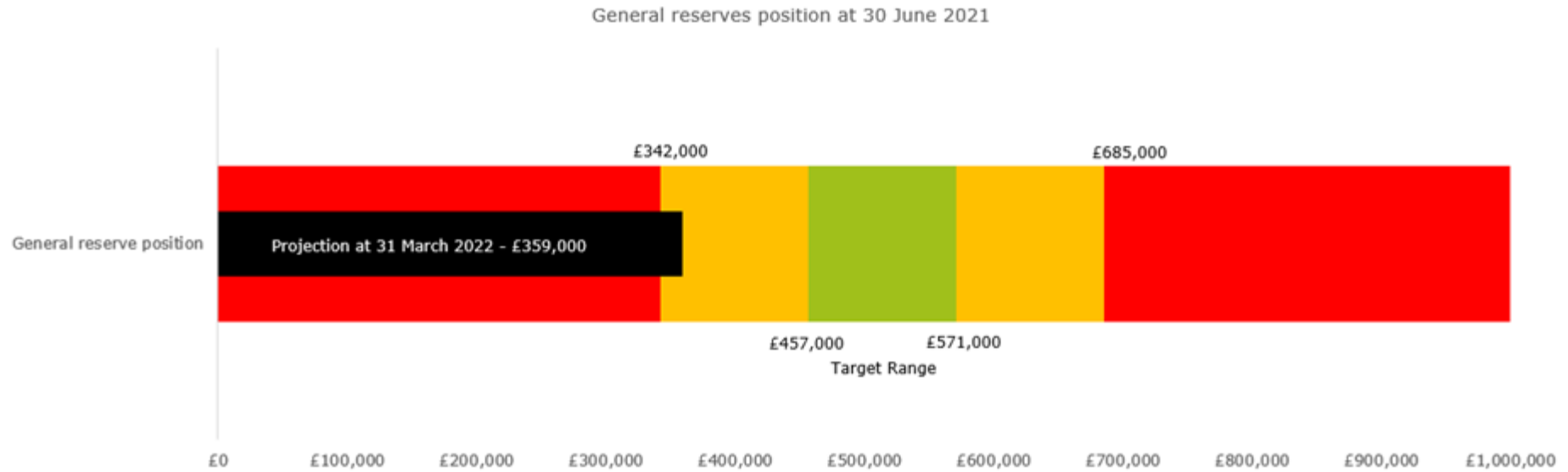


	Expenditure £000	Specific grants £000	Net Expenditure £000
Budget	833	450	383
Actual	129	--	129
Year-end projection	786	450	336
Projected (under)/ overspend	(47)	0	(47)

- 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.

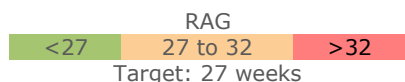
Budget area	Current projection £'000	Projection reported to last A&AC £'000	Risk sensitivity	Likelihood (RAG status)	Reason for variance and reason for movement
Staff costs (outcomes 1,2 and 3)	£174k overspend	n/a	Reduction of up to £100k	High	Vacancy management targets have not yet been met across the organisation. There is £277k overspend built into the FtP staffing budget including £127k overtime. We expect this will be reduced due to vacancy management.
Legal consultancy - Regulation (outcome 1)	£55k overspend	n/a	Too early in the year to project	High	This increase relates to four complex cases.
Fee income (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.



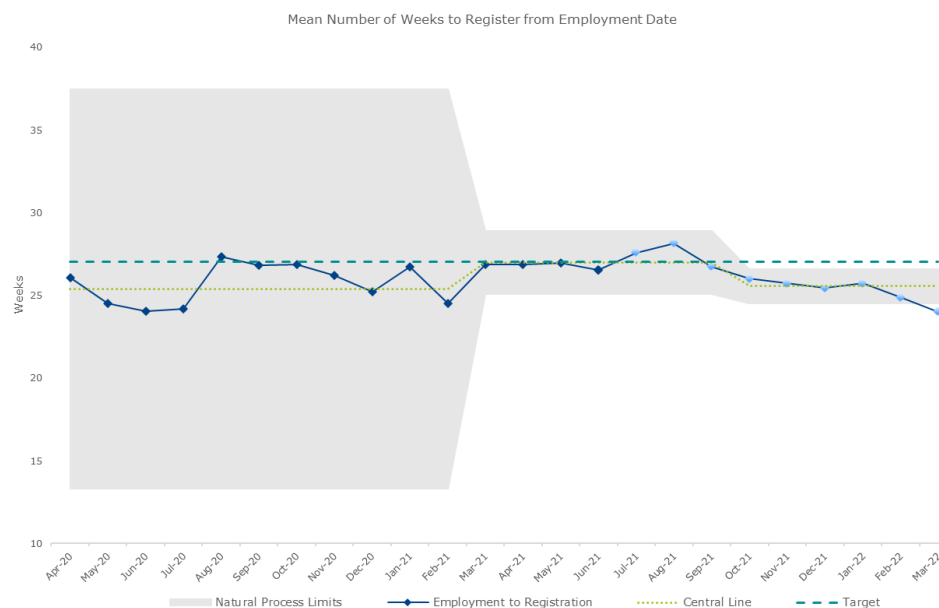
Actual and Reforecast		
Apr-21	26.9	-0.5%
May-21	26.9	-0.2%
Jun-21	26.5	-1.8%
Jul-21	27.6	2.1%
Aug-21	28.1	4.2%
Sep-21	26.7	-1.1%
Oct-21	26.0	-3.7%
Nov-21	25.7	-4.8%
Dec-21	25.4	-5.8%
Jan-22	25.7	-4.8%
Feb-22	24.9	-7.9%
Mar-22	24.0	-11.1%

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.

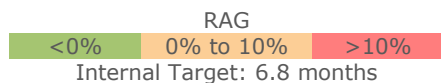
- Internal processing time is stable. We expect internal performance to improve over the year as digital development improves the efficiency of the process.
- The time between starting employment and applying for registration has been significantly affected by the Scottish Government response to COVID-19 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.

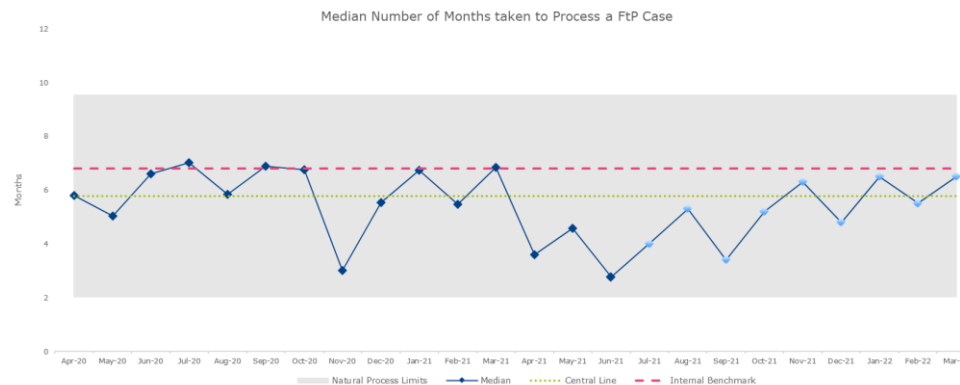


Actual and Reforecast		
Apr-21	3.6	-47.1%
May-21	4.6	-32.6%
Jun-21	2.8	-59.4%
Jul-21	4.0	-41.2%
Aug-21	5.3	-22.1%
Sep-21	3.4	-50.0%
Oct-21	5.2	-23.5%
Nov-21	6.3	-7.4%
Dec-21	4.8	-29.4%
Jan-22	6.5	-4.4%
Feb-22	5.5	-19.1%
Mar-22	6.5	-4.4%

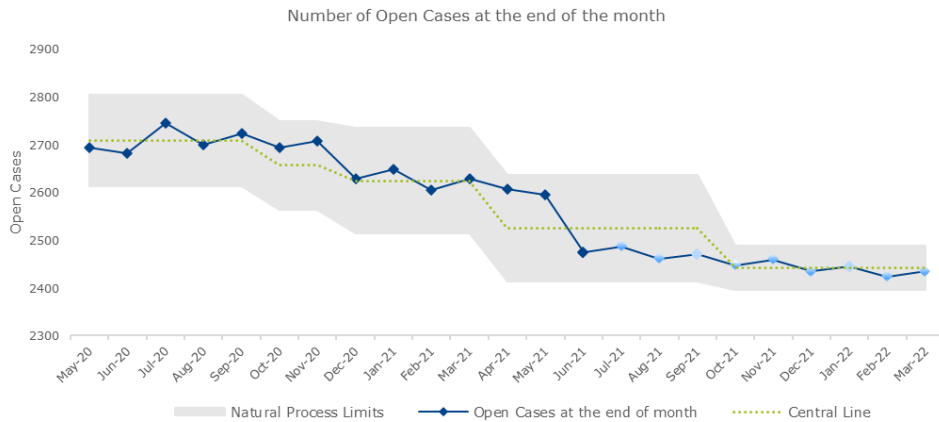
This reduction is due to the increase in cases closed within screening stage. Closures by the screening team at screening stage usually takes one to two months. In June cases closed within screening increased by 37% to 244 cases closed of 366

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.

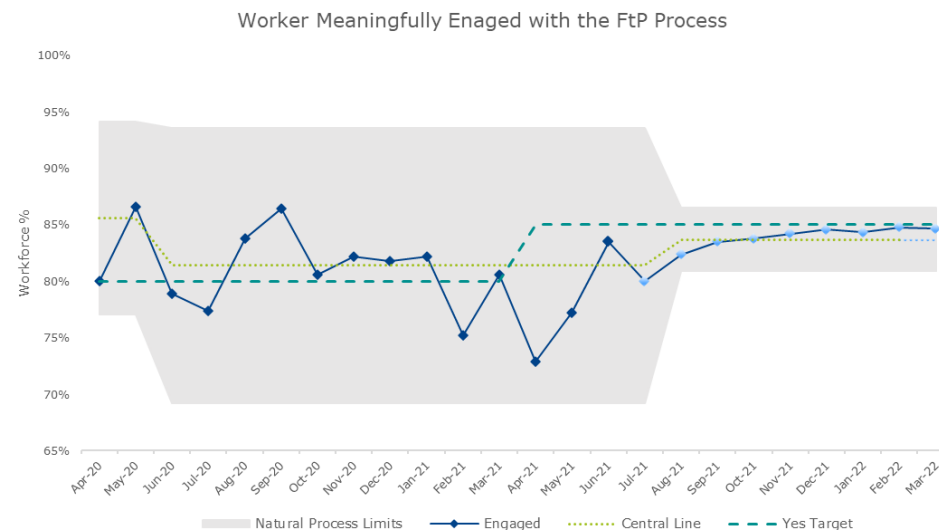
If the worker has provided a response to the allegations, this is likely to amount to meaningful engagement. Regulation set themselves a target of 85% by the end of 2021/22 and 90% by the end of 2022/23.

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).

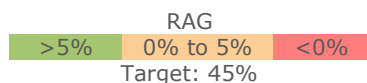
- We have seen an increase in attendance at Fitness to Practise Panel hearings from 30% to 43%. While the overall average remains at 41%, we have seen the monthly average drop in both May and June to 29% and 25% respectively.
- We are planning work on education of the workforce about the importance of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



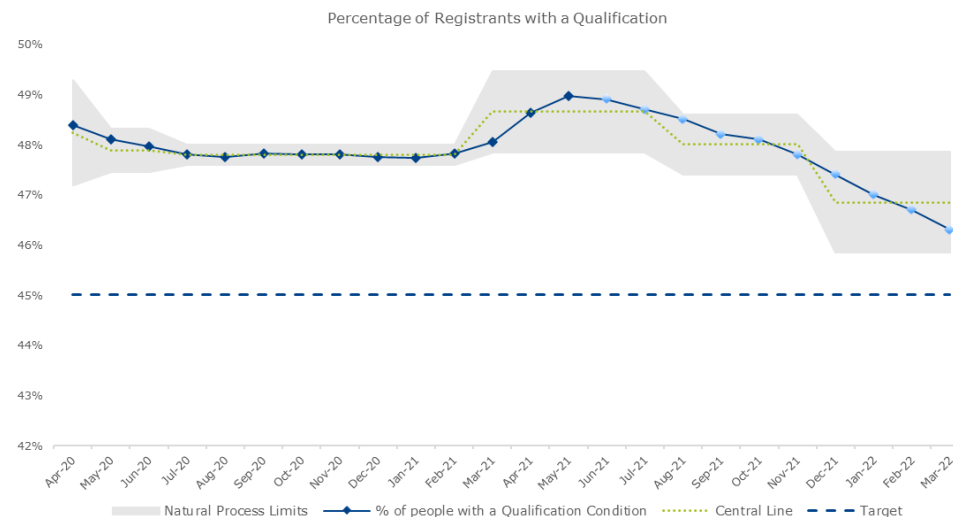
Actual and Reforecast		
Apr-21	48.6%	8.1%
May-21	49.0%	8.8%
Jun-21	48.8%	8.8%
Jul-21	48.7%	8.6%
Aug-21	48.5%	8.2%
Sep-21	48.2%	7.9%
Oct-21	48.1%	7.7%
Nov-21	47.8%	7.4%
Dec-21	47.4%	7.2%
Jan-22	47.0%	7.0%
Feb-22	46.7%	6.8%
Mar-22	46.3%	6.6%

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.

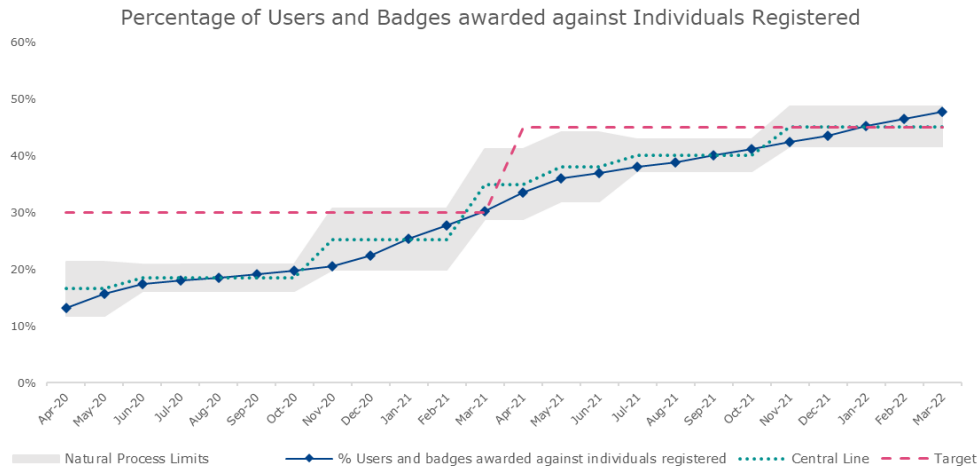
The number of new learner accounts for June was 1,316. This is a reduction of the number of new learner accounts from previous months. This reduction was anticipated given the reasons detailed above however we did not expect such a large reduction.

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%

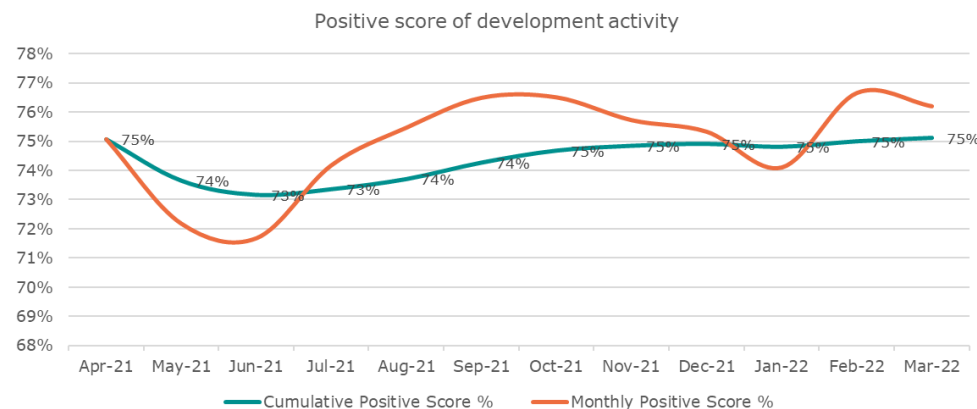
This calculation uses survey information from the users of learning resources including step into leadership and open badges, registrants who have recently renewed or completed a qualification, SSSC annual registrant survey and surveys across our corporate website.

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	3.2 Core IT Systems Procurement – forecast complete 09/07/21	3.2 Core IT Systems Procurement – risk of slippage due to network migration through SWAN. Existing host contract has been extended. 3.4 D365 20-21 Digital changes – 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	SSSC + me – closed Reach – 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 st 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.

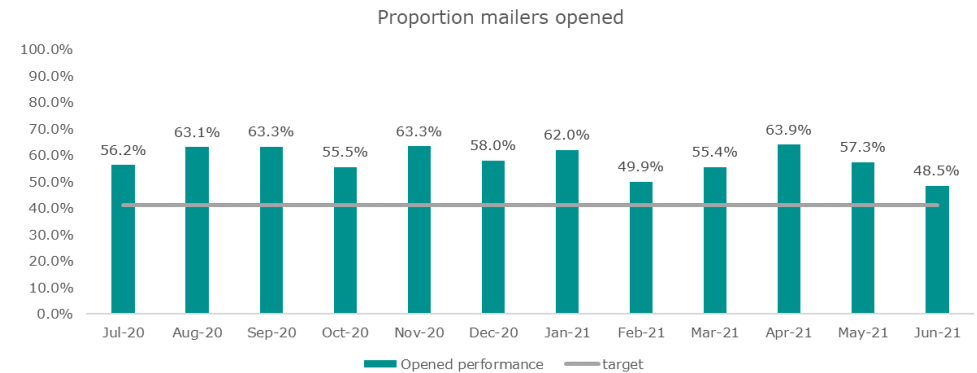
4.2 External Stakeholder Engagement

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.

RAG		
>5%	-5% to 5%	<-5%
Target: 41%		
% Opened		
Apr-21	64%	56%
May-21	57%	40%
Jun-21	49%	18%
Jul-21	%	%
Aug-21	%	%
Sep-21	%	%
Oct-21	%	%
Nov-21	%	%
Dec-22	%	%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

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).

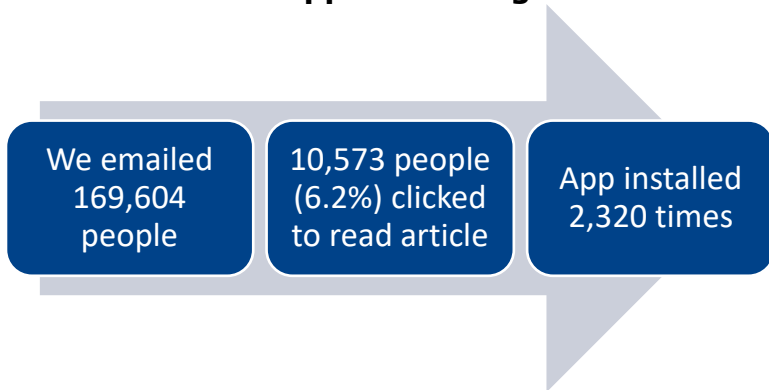
The content and therefore the potential action that might be taken by the reader in each email newsletter, will vary so impact will be different each month. SSSC News emails are one part of the story, and we are working with colleagues to help them set impact measures for the SSSC products and services 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



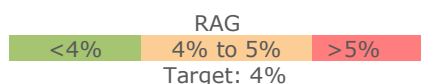
Article: Are you familiar with the Codes of Practice? (CTA watch the Codes video explainer)



HUMAN RESOURCES PERFORMANCE

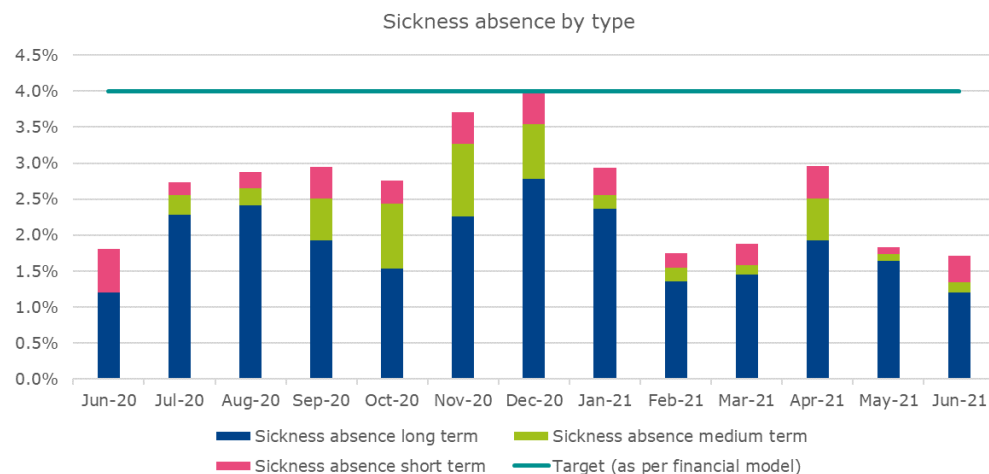
4.3 HR: The overall percentage of staff who are absent from work.

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

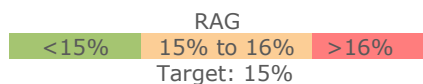
This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

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.

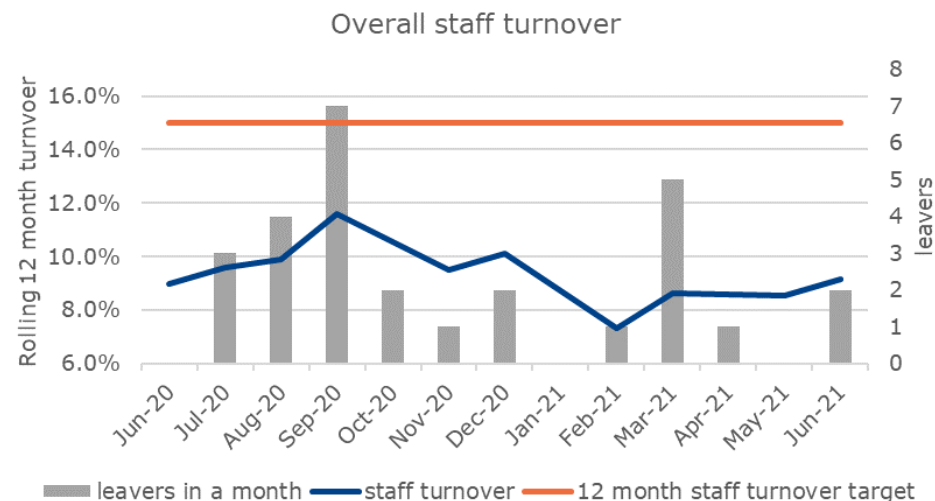
This key performance indicator (KPI) reflects our work to deliver strategic characteristic 5: People want to work at the SSSC.

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.

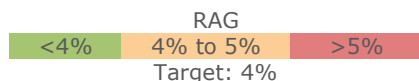
Voluntary turnover is high among those with less than a year’s service which could be caused by problems in the recruitment process or onboarding and how we manage new employees. We can address this by reviewing our recruitment and assessment processes to ensure “right fit” and review how we manage new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

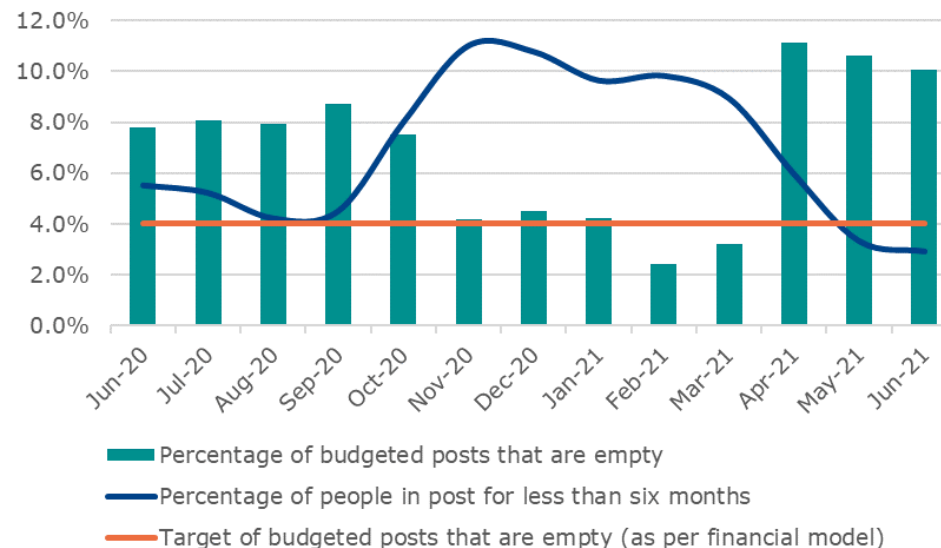


People in posts for less than six months actual and reforecast

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

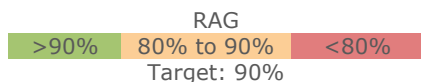
This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

4.6 Strategy and Performance: SSSC complaint information.

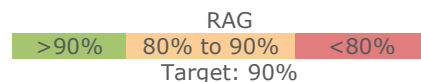
This section looks at complaints SSSC have received about our service. This reflects our work to deliver strategic characteristic 1: Always focused on needs of our customers.

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.

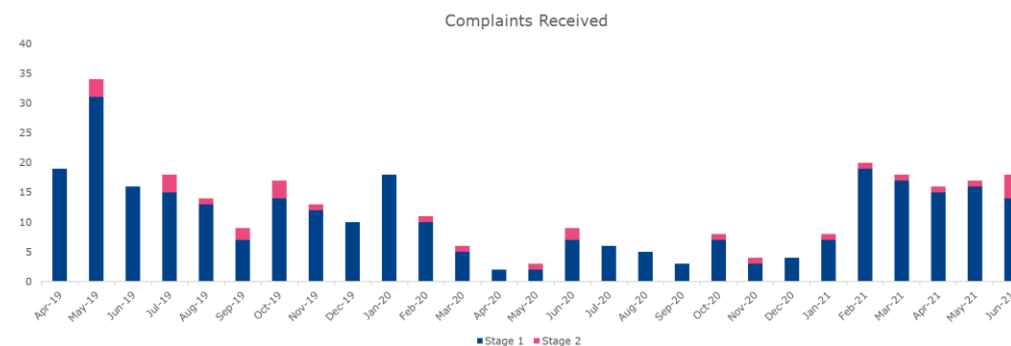
We have twenty days to resolve a stage two complaint and five days to resolve a stage one complaint.



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).

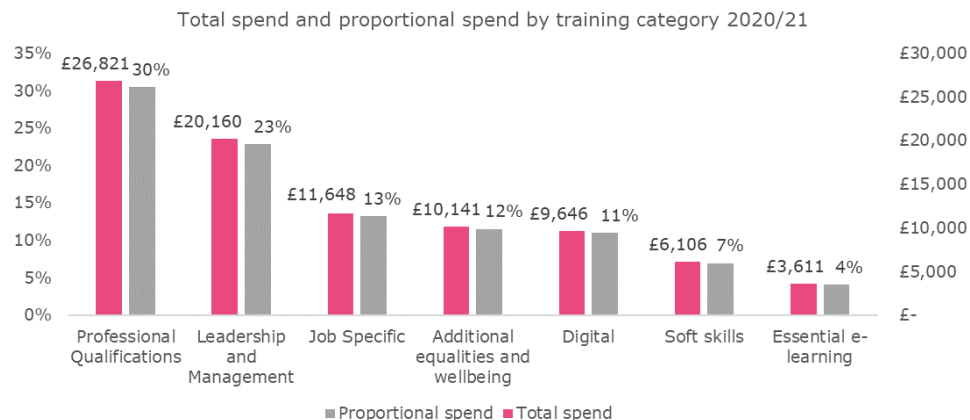
We maintain good performance under these measures. Our performance in June 2021 is comparable with our June 2019 performance which suggests that the decrease in complaints received over the same period in 2019 was because of COVID-19.

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.

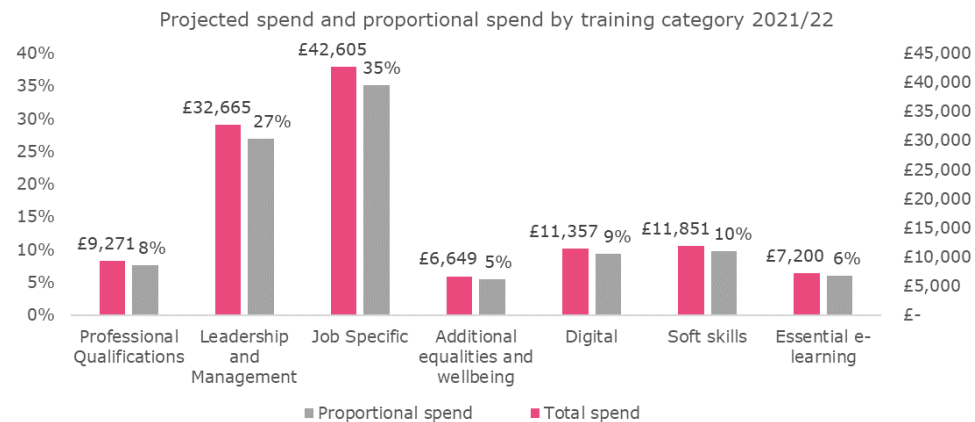


The largest spend for the previous financial year was supporting individuals to achieve professional qualifications. This supported the achievement of 27 professional qualifications across the business.

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.

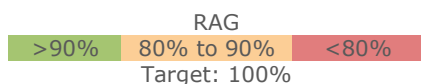
Management Action and Risk

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).

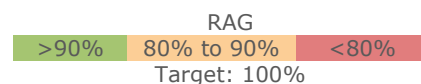
Legal and Corporate Governance

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		



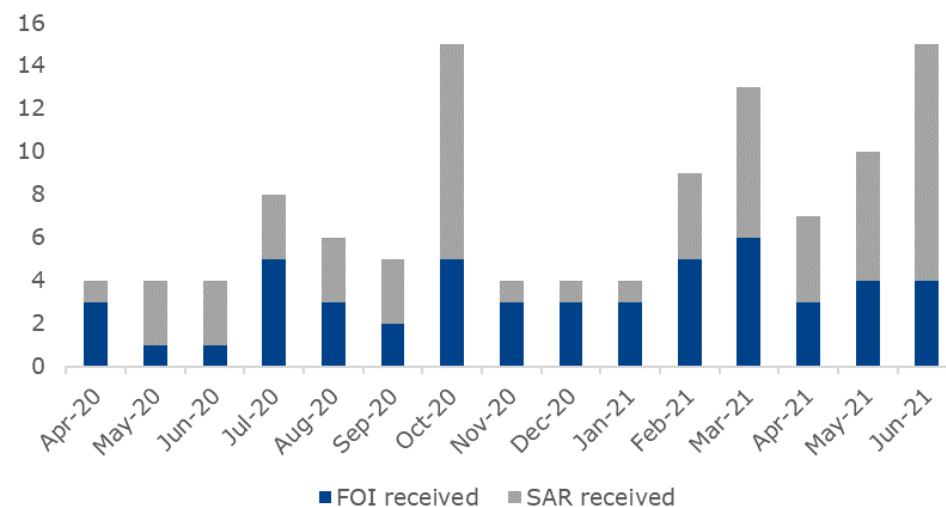
Month	Percentage of FOI requests completed on time	RAG
Apr-21	0%	-100%
May-21	100%	11.1%
Jun-21	100%	11.1%
Jul-21		
Aug-21		
Sep-21		
Oct-21		
Nov-21		
Dec-21		
Jan-22		
Feb-22		
Mar-22		

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

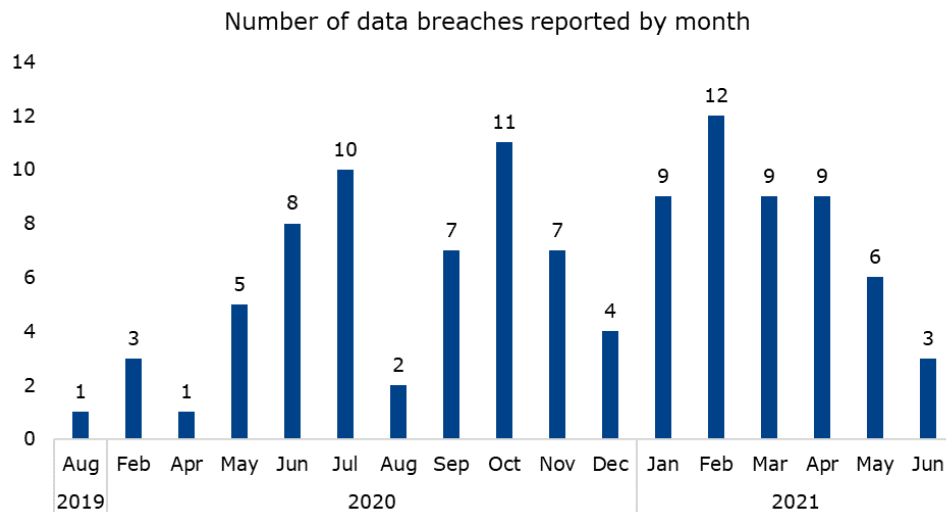
This SPI is linked to strategic risk 3, We fail to meet corporate governance, external scrutiny and legal obligations, which is currently scored as 9 (yellow).

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](#)