

**Date Issued: 21 February 2022**

Members of the Scottish Social Services Council are advised that a meeting of the Council is to take place at 10.00 am on Monday 28 February 2022 by Teams meeting.



**Sandra Campbell  
Convener**

**AGENDA  
PUBLIC SESSION**

<b>Item</b>	<b>Report no</b>
1. Welcome	
2. Apologies for absence	
3. Declarations of interest	
4. Minutes of previous meeting - 25 November 2021	
5. Matters arising	
6. Convener's report	<b>01/2022</b>
7. Chief Executive's report	<b>02/2022</b>
8. Audit and Assurance Committee report to Council	<b>03/2022</b>
9. Draft budget 2022/23 and indicative budget for 2023/24 and 2024/25	<b>04/2022</b>
10. Review of SSSC Corporate Governance Framework	<b>05/2022</b>
11. Annual Report and Accounts timeline	<b>06/2022</b>
12. SSSC Code of Conduct for Members	<b>07/2022</b>
13. People strategy delivery plan: progress update	<b>08/2022</b>
14. Council Action Record	

15. Date of next meeting – the next scheduled meetings of the Council will be held on Friday 25 March 2022, for budget approval only. The next meeting for all usual business will be held on Thursday 26 May 2022.

### **PRIVATE SESSION**

- |     |   |                |
|-----|---|----------------|
| 16. | Audit and Assurance Committee report on private items | <b>09/2022</b> |
| 17. | Staffing retirement                                   | <b>10/2022</b> |

### **Private session items explained**

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

<b>Agenda item</b>	<b>Reason for exclusion</b>
16.	c. matters involving issues of commercial or financial sensitivity or confidentiality
17.	a. matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation)

- a. matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation)
- 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  
Monday 25 November 2021 at 10:00 am via Teams meeting.**

**Present:** Sandra Campbell, Convener  
Theresa Allison, Council Member  
Professor Alan Baird, Council Member  
Julie Grace, Council Member  
Lynne Huckerby, Council Member  
Peter Murray, Council Member  
Russell Pettigrew, Council Member

**In attendance:** Lorraine Gray, Chief Executive  
Maree Allison, Director of Regulation  
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  
Anne Garness, Head of Legal and Corporate Governance  
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 this, the last scheduled Council meeting of 2021. Apologies were received from Paul Edie, Rona King and Linda Lennie, Council Members.

**2. Declarations of Interest**

2.1 There were no declarations of interest.

**3. Minutes of previous meetings**

**3.1 Minutes of the meeting of 26 August 2021**

3.1.1 The minutes of the meeting of 26 August 2021 were approved as an accurate record.

**3.2 Minutes of the private session of the meeting of 26 August 2021**

3.2.1 The minutes of the private session of the meeting of 26 August 2021 were approved as an accurate record.

**3.3 Minutes of 25 October 2021**

3.3.1 The minutes of the meeting of 25 October 2021 were approved as an accurate record.

**4. Matters arising**

4.1 There were no matters arising which were not included within the agenda for the meeting today.

**5. Convener's report**

5.1 Sandra Campbell presented report 44/2021 which provided a summary of her activities as Convener since the last scheduled Council meeting in August. She particularly mentioned that her activities were dominated by the Scottish Government's proposals for a National Care Service.

5.2 The Council

1. noted the Convener's summary of the key issues and activities which she covered in her report.

**6. Chief Executive's report**

6.1 Lorraine Gray presented report 45/2021 which detailed the SSSC's key performance against strategic priorities and the work of the directorates. She highlighted the engagement between the Regulatory Improvement Team and larger employers to improve the fitness to practise processes and also the collaboration with Scottish Government to develop the national induction programme for new entrants to adult social care.

6.2 Lynn Murray updated Members on the budget deficit situation which was discussed at Council in August when it was reported that Scottish Government would meet the deficit next year. Lynn Murray clarified that the amount was £1million based on the 2022/23 indicative budget prepared in March 2021. This figure may be revised in accordance with an updated budget.

6.3 Members commented on the following

- Alan Baird welcomed the judgement of the Court of Session in relation to obtaining information from Police Scotland. He also congratulated the Hearings and Digital Services teams in being shortlisted for the Investors in People Outstanding Technology Award
- Lynne Huckerby welcomed the implementation of the webchat facility for Registrants. Maree Allison confirmed that there was no increase in staff required for this and many people who used this service would have used a different process. Often this allowed issues to be dealt with earlier.

6.4 The Council

1. noted and commented on the information contained in the report.

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

7.1 Alan Baird presented report 46/2021 from the Audit and Assurance Committee meeting of 2 November 2021, along with the assurance report which had been submitted to the Committee and the draft minutes of the meeting.

7.2 Particular highlights were the two reports by Internal Audit, which were Key Performance Indicators/Performance Management and Shared Services. Both

were positive reports. Also to be noted were the benefits realised from the Digital Development and Evolve projects.

7.3 The Council

1. accepted that the assurance report presented 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 give 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 presented no cause for concern relating to outturn of approved budget
  - c. operational delivery and financial spend are consistent
2. noted the endorsement of
  - a. the internal audit reports on Performance measures/KPIs and Phase two shared services, which were each given a 'good' level of assurance and contained no recommendations
  - b. the timetable for presenting two further audit reports
  - c. the timetable for the assurance mapping exercise
3. noted
  - a. benefits realised from the Digital Development and Evolve programmes
  - b. that the annual procurement report will be published on the website
  - c. there were no incidences of fraud, bribery or corruption detected for the period 1 July to 30 September 2021.

**8. Code of Corporate Governance – Special Appeals Committee**

8.1 Anne Garness presented report 47/2021 which proposed amendments to the Terms of Reference and to the procedure of the Special Appeals Committee, which are contained in the Code of Corporate Governance. Members noted that changes were detailed in the appendices to the report.

8.2 The Council

1. approved the proposed amendments to the terms of reference of the Special Appeals Committee as contained in the Code of Corporate Governance
2. approved the proposed amendments to the procedure for the Special Appeals Committee as contained in the Code of Conduct for Fitness to Practise Panel Members.

*Peter Murray joined the meeting*

**9. Policies**

**9.1 People Management Policies**

9.1.1 Lynn Murray presented report 48/2021 which asked Council to approve the Retirement and Severance Policy and to endorse changes to policies which the Executive Management Team (EMT) has approved. Lynn Murray thanked those

involved in the Member/officer group for their work on progressing the people management policies.

- 9.1.2 Russell Pettigrew raised some questions regarding
- the wording around creation of a voluntary redundancy scheme, including the right for anyone to apply for redundancy
  - where decisions will be made should a senior member of staff request redundancy, with no cost involved
  - issues around the possibility of severance packages.

9.1.3 Both Lorraine Gray and Lynn Murray spoke to these issues confirming that the writing of this policy was high level. These issues will also exist across other bodies given the government's stance on compulsory redundancies. Lynn Murray will take forward any work that is required.

- 9.1.4 The Council
1. approved the Retirement and Severance Policy
  2. endorsed the changes to policies, listed in the report, that the Executive Management Team had approved since August 2020.

## **9.2 Data Protection Policy**

9.2.1 Anne Garness presented report 49/2021 which presented Council with a revised Data Protection Policy which had been substantially reviewed to take account of changes in legislation and included more details of roles and responsibilities of officers.

- 9.2.2 The Council
1. approved the revised Data Protection Policy, as attached at Appendix 1 to the report.

## **10. Future Proofing Programme Consultation**

10.1 Maree Allison presented report 50/2021 which asked Council to agree to progress a number of areas of consultation on the future proofing programme. This is a programme of work revising the SSSC's key regulatory functions. Maree Allison updated Members on the progress made to date including various meetings of the Programme Board and Sponsor Group (the Group) which had been held to date and those still to take place before the end of the year. She also highlighted the short window of time available to progress the consultation aspects.

10.2 In answering a query about resourcing the work required, Maree Allison advised Members of plans to recruit staff in the 2022/23 financial year confirming this was included within budget proposals.

10.3 There was some discussion around ensuring that the future proofing programme is aligned with the National Care Service (NCS) and it was noted that officers were working closely with the Sponsor Team to make sure that this alignment would happen where possible. This programme would also assist in pushing forward the influence of the SSSC in the NCS which will help inform the outcomes of the NCS.

- 10.4 However there are challenges and risks, as input from third parties is needed, such as changes to legislation. There is a risk that this will not be achieved but it was noted that some of the future proofing actions can be advanced without legislative changes and options will be explored.
- 10.5 Council was then advised of the proposed timetable which included the Group making some decisions on consultations in December with proposals then coming to Council in May 2022. Maree Allison also advised that information reported in the assurance report to Audit and Assurance Committee will be expanded to include future proofing matters and therefore this will provide regular updates to Members. Sandra Campbell requested that a development session for Members be put in place in order to make sure they are kept fully briefed.
- 10.6 The Council
1. approved the consultation on the structure of the register
  2. approved consultation on function-based qualifications
  3. agreed to delegate consultation authority in respect of the programme to the Future Proofing Sponsor Group.

## **11. Scottish Social Services Council Learning Strategy 2021-2023**

- 11.1 Laura Lamb presented report 51/2021 which asked Council to approve the Scottish Social Services Council Strategy Learning Strategy 2021-2023 appended to the report. The strategy supports the delivery of outcome 2, that the SSSC supports and enhances development of the registered workforce to deliver high standards of practice and drive improvement.
- 11.2 The strategy sets out the key principles for learning and development in the sector, it focusses on priority areas but remains flexible to changing circumstances. Once approved the draft will be rebranded and published.
- 11.3 The strategy was generally welcomed by Members. Laura Lamb agreed to consider wording in the following areas
- use of stronger, more positive language around working with stakeholders to identify training needs
  - ensure the language is forward thinking and vision-based
  - where possible, include reference to the needs of those being cared for
  - consider reference to Nurse Directors as mentioned in the National Care Service
  - consider any benefit in aligning to TURAS, the NHS learning platform
  - take into account that this will converge with the NCS and any issues arising from it will need to be accommodated.
- 11.4 There was also discussion around the support and development of the Newly Qualified Social Workers (NQSW) to ensure that they have the resource and support they require, having qualified during the pandemic. Laura Lamb confirmed that data on their experience would be gathered as part of the evaluation of 120-day placement survey and also from the five-year longitudinal study. Learner Journey plans for NQSWs may be adjusted if thought to be helpful.

- 11.5 The Council  
1. approved the Scottish Social Services Council Learning Strategy 2021-2023.

**12. Rewards Review**

- 12.1 Lynn Murray presented report 52/2021 which provided Council with an update on the progress of the rewards review project. She advised that the next meeting of the Programme Governance Group is scheduled on 1 December 2021 and the project, excluding any appeals process, is scheduled to be finished by the end of March 2022.

- 12.2 The Council  
1. noted the progress on the rewards review.

**13. Fitness to Practise Committee report**

- 13.1 Peter Murray presented report 53/2021 from the Fitness to Practise Committee meeting of 23 September 2021, with the draft minutes of the meeting attached for reference. He advised that being a triennial meeting, this was the first meeting of the Committee held virtually, via Teams. There had been little discussion during the meeting as indicated in the report and minutes.

- 13.2 The Council  
1. noted the contents of the report.

**14. Council Action Record**

- 14.1 The Council approved the Council action record and agreed that completed actions C69, C71, C72, C73, C74, C75, C78, C79, C80, C81 and C82 be archived and filed for future reference.

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

- 15.1 The date of the next Council meeting will be on Monday 28 February 2022 at 10.00 am.

**Council**  
**Start time: 10am**  
**Finish time: 11.15am**

**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 25 November 2021
<b>Recommendations</b>	The Council is asked to note and to approve the format for holding future meetings in a hybrid model.
<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 (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>
<b>Documents attached</b>	None
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. This report summarises the activity of the Convener from 25 November 2022 to date.

## **INTRODUCTION**

2. The winter period has been relatively quiet as normal, with Christmas and New Year holidays and few formal meetings.

## **MEETINGS WITH PARTNER AGENCIES**

3. As an ex-officio member of the board of the Care Inspectorate I attended two board meetings during this period, on 16 December 2021 and 10 February 2022 covering a range of topics. There were also two Development sessions for the board, the first on 2 December 2021 was led by the Young Inspectors and was both enlightening and enjoyable, hearing their perspectives on their work and how the work of the Care Inspectorate can take forward this area of focus. The second session on 10 February reviewed the strategic risk register.

## **MEETINGS WITH THE SCOTTISH GOVERNMENT**

4. 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, the main focus once again being the progress on the plan for a National Care Service but also recommendations regarding Council Member progression to a second term of office and the make-up of the Council with regard to appropriate balance of gender, disability, experience and knowledge.

## **COUNCIL MEMBERS**

5. One of our Members, Russell Pettigrew, has decided not to seek a second term of membership. Russell's tenure ends on 31 August this year and arrangements are in hand to recruit a new Council Member. I would like to thank Russell for his contribution since taking up post. Russell's background and knowledge around financial management have been invaluable, but more than this Russell has been a source of sound advice and balanced challenge, valued by colleague Members and me alike.
6. The Council Members met along with the Chief Executive and her senior management team for our annual Away Day on 17 January 2022. This was held on a virtual basis and although we worked through a detailed

programme of discussion, the usual opportunities for team building were very much missed and I hope that the next Away Day will be held in-person. Despite these restrictions, we covered a busy agenda, including:

- the Skills Matrix of the Council
- future programme of development sessions
- effectiveness review
- calendar of business
- future governance processes
- a presentation on Assurance Mapping by our Internal Auditor
- the new Model Code of Conduct for Members of Boards of Devolved Public Bodies issued by the Scottish Ministers and associated guidance by the Standards Commission Scotland.

7. Looking forward, the main gap identified by Council Members was that it has not been possible to fulfil plans to enable them to visit services and to meet registered workers and service users to gain a fuller understanding of issues from their perspective. It was agreed that whilst Covid restrictions are in place we would incorporate some input into development sessions by inviting speakers.
8. In order to plan ahead for in-person meetings, I have spoken to Members about their thoughts and preferences, balanced against what is reasonably practicable. Whilst it was acknowledged that meetings held by Teams have worked well in terms of keeping the business of the Council on track, the overall view is that in-person meetings bring particular advantages with regard to team-building. This latter is very important when meeting to address the development needs of Members. The hybrid model of meeting is yet to be tested, with some clear advantages but other disadvantages related to the complexity of chairing and ensuring full participation by those who are not physically present. I therefore propose that whilst some choice to attend on a virtual basis is to be welcomed going forward, there should be a requirement for Members to attend at least 50% of formal meetings and development sessions in person over the course of a year, this to be monitored and recorded.
9. Finally I am due to meet with the Investors in People Lead specialist on 15 February 2022 to give my perspective as Convener and I look forward to this.

<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 and 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 (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) 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 25 November 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. We launched our engagement activity for the Future Proofing Programme in December 2021. This resulted in just under 1400 responses and 2359 partial responses. We promoted 13 consultation events most of which have had a capacity audience with 175 people attending the events up to 2 February. We also invited 28 national groups and organisations supporting, advocating for and representing people and groups with lived and learned experience of using social services and carers to reach their networks and respond to the consultation.

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

3. We have published new information on nationally recognised learning resources that we have endorsed, to support continuous professional learning (CPL). Our endorsement gives recognition to training and learning that supports the workforce to gain the specialist skills and knowledge required to carry out particular functions and approaches to practice. Our new web page [Supporting your continuous professional learning](#) highlights five learning resources we have worked on with national partners to support professional development of the social work, social care and early years workforce. The resources listed are:
  - National Joint Investigative Interviewing Training Programme
  - Equal Partners in Care
  - National Trauma Training Programme
  - Palliative and End of Life Care
  - Promoting Excellence for staff working with people with dementia, their families and carers.
4. As part of Scottish Government's Programme for Government (PfG) commitment to develop a national induction framework for new entrants to adult social care, the SSSC and NHS Education Scotland (NES) are working in collaboration with Scottish Government and key partners. The new framework will also support workers moving between employers or undertaking different roles. The full programme will be delivered by the end of spring 2022. In response to winter pressures and current staffing crisis being experienced across social care, SSSC and NES have worked in

partnership to expedite this work and we have launched an initial version of the framework to support workers who are being redeployed to assist frontline care services and may be asked to take on roles which they are unfamiliar with, temporary workers and volunteers are being called upon to support services.

5. To support the development and enhancement of qualifications for the sector, we continue to support the HNC next generation programme reviewing and revising the HNC qualifications. We have held a series of engagement events setting out our proposals for a new health and social care Integrated Award and are now establishing a working group to work with us to map the technical requirements of the award. We are working in partnership with Skills Development Scotland to progress the development of a graduate apprenticeship route into social work.
6. During Cyber Scotland Week (28 February to 6 March) we are holding three one-hour, non-technical online safety and security workshops for social service workers, line managers and service managers. The workshops aim to bring a sense of reality to online safety and security. The events will raise awareness of what we are doing to support the social service sector, enhance attendees' learning in relation to online safety and security and introduce our new cyber security Open Badges.
7. The SSSC in partnership with SQA and Scottish Care hosted an event to celebrate SVQ candidates' achievements and the partnership working between the key agencies, despite the constraints of the pandemic, that ensured a professional, qualified workforce was maintained to enhance the delivery of care across all sectors in extremely difficult times. In turn this allows students to be trained, certificated, and placed in frontline roles to serve the needs of the sector. The event was supported and attended by the Minister Kevin Stewart.
8. We are working closely with the Care Inspectorate and NES to develop a strategy to support quality improvement learning in the social services workforce from 2022/23 and in line with the establishment of an improvement programme for adult social care.
9. We continue to work with national partners to support workforce wellbeing. We have led on the development and delivery of wellbeing and leadership sessions for different groups of workers in social services. Two sets of events are scheduled to be delivered for senior/strategic leaders in social care and social work, funded by the Scottish Government, facilitated by the SSSC, and delivered by Kinharvie. These will focus on reflective practice and learning from the period of the pandemic and leading in a crisis. To date 90 leaders have signed up for both sets of development activity. A similar series of events will be delivered by the SSSC for frontline workers and registered managers in care homes, care at home and housing support, in partnership with Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS).
10. We have developed a version of '23 Things Leadership' for early learning and childcare for the Early Learning and Childcare (ELC) workforce in the

Spring. It uses the content of the existing 23 Things Leadership but will include more specific references to learning and resources in ELC. We have involved the sector in shaping the revised content.

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

11. We have published our joint annual vacancy report with Care Inspectorate and our local authority social worker tool. This allows users to look at data on social worker headcount and Whole Time Equivalent (WTE) per head of relevant population of different types of social workers, by local authority, for each of the last 10 years.
12. The Office for National Statistics has created a new part of its website which provides a database of relevant reports on the social service sector from all four UK nations to help improve accessibility, harmonisation, and coherence of workforce data across the four nations. Around 10 of our workforce reports are currently cited on it including the recently published Workforce Skills Report.
13. Our workforce data is used to inform national workforce planning recommendations. It is also used to inform Audit Scotland's "Social Care Briefing" and "Planning for skills" reports, both published in January 2022. The briefing report used the figures from and quotes our workforce data and vacancies reports. Both reports reference the findings from our Workforce Skills Report.

### **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**

14. We have completed our annual survey cycle. These surveys are currently being analysed and will inform the new strategic plan and be reported via the annual report and accounts 2021/22. We have developed an improvement plan linked to the key findings from the surveys.
15. We launched our MySSSC equalities data collection project in November 2021. Over 20,000 registrants have completed the new forms and we continue to see progress in completion rates. We expect to have data available to analyse and publish in the latter part of 2022. We are now a stakeholder in the Scottish Government's Equalities sub-group, looking at equalities issues across the sector.
16. We asked for people to get involved and help us to improve our present fitness to practise letters to those who are involved in the fitness to practise process. The campaign resulted in 57 volunteers taking part in the project which aims to complete by the end of March.

## **A HIGH PERFORMING ORGANISATION**

17. The planning cycle for Strategic Plan 2023-26 has started. We have engaged with an external research organisation to conduct external/internal stakeholder research, the results of which are due to us by 31 March 2022. This research will take a specific look at what the future issues, priorities and strategy might be over the next three to five years. This research compliments the recent qualitative surveys carried out with registrants, stakeholder groups and workforce planning partners.
18. Additionally, there is significant external engagement happening for the Future Proofing Programme. We will be able to use this to inform our strategic plan priorities.
19. Scottish Government guidance now means that staff can work in the office. However, we are still encouraged to take a hybrid approach. We will bring the Agile Working Policy to Council in May 2022.
20. Progress continues with the Rewards Review which we have reported to the Programme Governance Group. However, it is likely we will see slippage and an April completion date, rather than March, is more realistic. We will continue to meet as the Programme Governance Group.

## **HORIZON SCANNING**

21. National Care Service: The National Care Service (NCS) is due to be up and running by the end of the parliamentary session. The Government has published the analysis of responses and all responses, where they have permission to do so. The Government is due to give an update on the outcomes in early 2022.
22. Immigration: The UK Government has agreed to make Care Workers and Home Carers immediately eligible for the Health and Care Worker Visa and to place the occupation on the Shortage Occupation List (SOL). The changes will apply from early 2022 and are for a twelve-month period. Inclusion on the SOL requires a minimum annual salary of £20,480 to qualify for the visa.
23. Early Learning and Childcare (ELC): The Government is focusing on expanding funded ELC for children aged one and two, starting with low-income households, during this parliament. The Government will also publish a plan for building a system of wraparound school childcare by the end of this parliament.
24. Education Reform: The consultation on Education Reform was chaired by Professor Ken Muir and covered several areas including plans to replace the Scottish Qualifications Authority and to reform Education Scotland. An update on the findings is expected soon.
25. The Inquiry will begin hearing evidence relating to Phase 7 of its investigations into the abuse of children in foster care in May 2022.

26. National Strategy for Community Justice: In February the Scottish Government set out a new transformative vision for a future justice system in Scotland. A new Strategy will follow in 2022/23.
27. Scottish Government Budget: The 2022/23 budget is at stage 3 and sets out plans to increase spending on social care and the Promise. The budget also proposes the introduction of a £10.50 per hour minimum pay settlement for workers in adult social care.
28. Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law and a consultation on the Public Sector Equality Duty (PSED): The Government is considering its response to the Supreme Court judgement on the UNCRC. Their preference is to return the Bill to parliament via the reconsideration stage. The UNCRC Bill and the PSED consultation may amend reporting requirements for public bodies including the SSSC.

## **CONSULTATION**

29. 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.

## **IMPLICATIONS**

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

## **IMPACT ASSESSMENTS**

31. Impact assessments for equalities, data protection and sustainability were not required.

## **CONCLUSION**

32. 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 to Council
<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 Committee recommends that:</p> <ol style="list-style-type: none"> <li>1. the Council accepts that the Assurance report presents a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management. 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 from the internal audit reports, the management's audit report, and the 2022/23 internal audit plan</li> <li>3. the Council approves the revised Risk Appetite Statement and Risk Register which are presented at Appendices 3 and 4</li> <li>4. the Council notes             <ol style="list-style-type: none"> <li>a. approval of the external audit plan for 2021/22</li> <li>b. the progress on assurance mapping</li> <li>c. approval of the revised Financial Regulations and the Debt Management Policy</li> <li>d. the Committee took assurances that there were no instances of fraud or corruption</li> </ol> </li> </ol>

	detected in the period 1 October to 31 December 2021.
<b>Author</b>	Alan Baird Chair, Audit and Assurance Committee
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<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 (EIA) was not required.  2. A Data Protection Impact Assessment (DPIA) was not required.  3. A Sustainability Impact Assessment (SIA) was not required.
<b>Documents attached</b>	Appendix 1: Assurance report as at 31 December 2021 including the Strategic Risk Register  Appendix 2: Draft minutes of the Audit and Assurance Committee meeting of 03 February 2022.  Appendix 3: example Draft Strategic Risk Register 2022-23  Appendix 4: Draft Risk Appetite Statement 2022 - 23
<b>Background papers</b>	None

## **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 recommendations of the Audit and Assurance Committee to SSSC Council following the Audit and Assurance Committee meeting of 3 February 2022.

## **ASSURANCE REPORT**

3. The Audit and Assurance Committee of 3 February 2022 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 areas below.
4. The Committee noted the budget detail along with a verbal explanation from Lynn Murray as to the funding still to be drawn down, advising that the process was in line with the guidance contained in the Scottish Public Finance Manual (SPFM).
5. Maree Allison commented that the progression of Fitness to Practise cases was satisfactory.
6. Laura Lamb advised that data was now being ingathered and that data on effectiveness of learning resources would be available at the next Committee meeting.
7. There was some discussion on the use of resources on exit interviews to gather information if our turnover rate was below the target rate. Lynn Murray explained this was an external target and that a structured exit process can be useful in identifying common issues for future planning.
8. The Committee reviewed and commented favourably on the revised style of the Summary Risk Register.

## **INTERNAL AUDIT**

### **Workforce Planning and Development audit**

9. Members were presented with the Workforce Development and Planning audit report which provided a good level of assurance and contained no recommendations to management.

### **HR Data and Performance Management audit**

10. Members were presented with the audit report on HR Data and Performance Management which provided a good level of assurance and contained five recommendations from the auditors, which were agreed by management.

## **MANAGEMENT AUDIT PROGRESS REPORT**

11. The Committee considered the management audit progress report for internal and external auditors recommended actions. Appendix 2 to the report provided detail on the position of management on competing actions. Committee endorsed the actions which had been taken and those in progress.

## **DRAFT INTERNAL AUDIT PLAN 2021/22**

12. The Committee reviewed the draft annual internal audit plan for 2022/23 and after discussion agreed that an audit on Health and Safety be carried out, instead of Compliance with Legislation. It was considered important in view of staff working from home as well as the issue of few staff members working in the office. Committee also agreed to combine the audits on Digital Transformation and IT Strategy into one audit, as they are both programmed for the same financial year.

## **DRAFT EXTERNAL AUDIT PLAN 2021/22**

13. The external audit plan for 2021/22 was presented and endorsed with any minor amendments to be approved by the Interim Director of Finance and Resources. Some dates and costs are still to be confirmed.

## **FINANCIAL GOVERNANCE DOCUMENTS**

14. The Committee approved both the draft Financial Regulations and the draft Debt Management Policy, both of which had been revised by officers.

## **REVISED RISK REGISTER AND APPETITE STATEMENT**

15. The Committee reviewed the revised risk register and gave comment in order that the Council could consider the revised register at its meeting in February. Committee recommends that Council approves the revised risk register for 2022/23.
16. The Committee also reviewed the draft risk appetite statement and endorsed the changes. Committee recommends that Council approves the revised risk appetite statement.

## **ASSURANCE MAP**

17. The Committee approved the template of the assurance map, which had been prepared in consultation with Henderson Loggie and had been reviewed at the discussion session with Members held in January. Detail would be infilled and submitted to the Committee at its meeting in May.

## **FRAUD AND CORRUPTION ASSURANCE REPORT**

18. The Committee received a report from management indicating that no instances of fraud had been detected in the period 1 October to 31 December 2021. Committee noted that the Director of Finance and Resources would highlight to Members any articles of interest from the quarterly bulletin from Audit Scotland.
19. The Committee took assurances that there were no instances of fraud or corruption detected.

## **CONSULTATION**

20. No specific stakeholder engagement was necessary in the preparation of this report.

## **RISKS**

21. We have an averse risk appetite to governance matters. This report gives assurances to Council that the Committee is carrying out its remit.

## **IMPLICATIONS**

### **Resourcing**

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

## **Compliance**

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

## **IMPACT ASSESSMENTS**

### **Equalities**

24. An EIA is not necessary as this report relates to internal governance matters. It is not therefore a new proposal and has no impact on people with protected characteristics.

## **CONCLUSION**

25. This report gives assurances to Council that the Audit and Assurance Committee is carrying out its remit in accordance with the terms of reference contained in the Code of Corporate Governance. The report makes recommendations to Council on matters requiring Council approval.

<b>Title of report</b>	Assurance Report as of 31 December 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>	<p>The Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. endorse the direction of travel for the strategic measures</li> <li>2. approve the risk register position</li> <li>3. approve the revised summary for inclusion in future reports.</li> </ol>
<b>Author</b>	Laura Shepherd, Director of Strategy and Performance
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive

<p><b>Links to Strategic Plan</b></p>	<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>
<p><b>Link to the Strategic Risk Register</b></p>	<p>Strategic Risk 5: We fail to provide value to our stakeholders and demonstrate our impact.</p>
<p><b>Documents attached</b></p>	<p>Appendix 1: Full 2021/22 Strategic Risk Register.</p>

# ASSURANCE REPORT AS OF 31 DECEMBER 2021

Audit and Assurance Committee Meeting Version  
03 February 2022  
Agenda item: 05, Report no: 01/2022  
Action: For Decision

## PERFORMANCE SUMMARY

Key performance indicator	Current position	Year-end position	Comment
3.1 Reg: Reduce... the time taken to being registered.	Green	Green	
3.2 Reg: Time taken to process a fitness to practise case is... less than organisations we benchmark against.	Green	Green	
3.3 Reg: Increase the percentage workforce who engage... in fitness to practise process.	Amber	Amber	Engagement remains below our financial year-end target of 85%.
3.4 D&I: Increase the percentage of the registered workforce with the correct qualification	Amber	Amber	This current measure is working towards a long-term target of 50%.
3.5 D&I: Increase the percentage of the workforce using learning resources to achieve CPL.	Amber	Green	This amber performance is expected and will improve as more users consume resources throughout the financial year.
3.6 D&I: Percentage of those reporting positively that our development activity is delivering the support required by the workforce	Amber	Amber	This amber performance is expected. We are getting close to our ambitious target and this continues to be an improving position.
3.7 D&I: Percentage of those who report workforce planning resources are effective.	--	--	RAG to be developed once we have enough data.
3.8 D&I: Deliver National Health and Social Care Workforce Plan commitments.	--	--	RAG to be developed once we have enough data.
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.	--	--	RAG to be developed once we have enough data.
4.2 S&P: External stakeholder engagement		--	
4.3 S&P: SSSC complaint information		--	
4.4 HR: The overall percentage of staff who are absent from work	Green	--	
4.5 HR: The overall staff turnover percentage	Green	--	
4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty	Red	--	There are discussions ongoing about what the target should be for this and therefore what RAG should be used.

4.7 OD: Compliance of mandatory courses	--	--	RAG to be developed once we have enough data.
4.8 L&CG: SAR and FOI requests are dealt with within timescales	Green	--	
4.9 L&CG: Number of data security incidents reported	--	--	

## 1. RISK SUMMARY

In December 2021 two strategic risk scores were reduced.

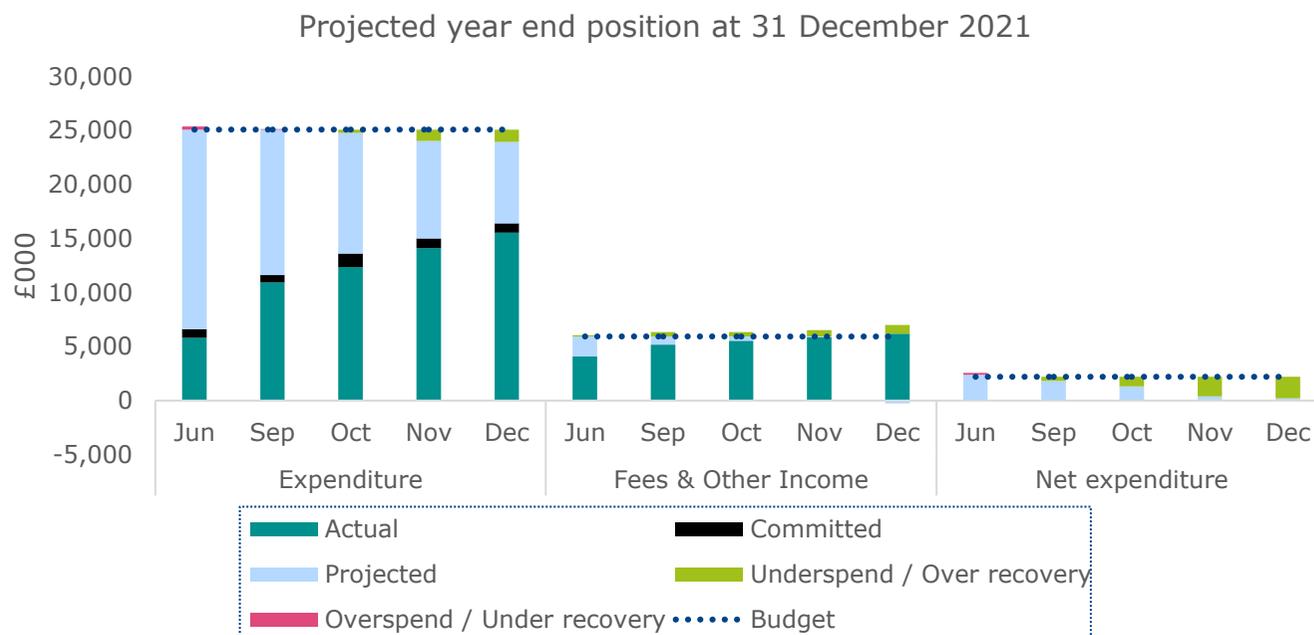
Due to mitigating actions relating to cyber essential accreditation and in-depth cyber security testing, strategic risk 4 'We fail to plan and resource our activities to deliver our digital strategy' was reduced from a score of 4 (green – low) to 1 (green – very low).

Continued stability in our operational recovery phase also led to strategic risk 9 'The SSSC is unable to operate effectively and efficiently due to effects of global pandemic COVID-19' being lowered from a score of 4 (green – low) to 2 (green – very low).

## SSSC – CORPORATE FINANCIAL POSITION

### Financial summary

2021/22 Budget	Revised budget for monitoring purposes £000
Operating budget	18,019
VSDF and 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
<b>sub total</b>	<b>5,934</b>
Workforce development and cyber resilience grants	450
Net deficit - funded from reserves	2,586
<b>Total</b>	<b>25,905</b>



Budget by Strategic Outcome	2021/22 Budget £000	2021/22 percentage %
SO1	13,373	75%
SO2	2,521	14%
SO3	1,413	8%
SO4	620	3%
	<b>17,927</b>	
Disbursements (all inc. o/heads)	7,145	
	<b>25,072</b>	

	Expenditure £000	Fees and other income £000	Grant in aid and disbursement income £000	Net expenditure £000
Budget for monitoring purposes	25,072	(5,934)	(16,935)	2,203
Actual	15,536	6,207	(4,335)	n/a
Committed	863	n/a	n/a	n/a
Year end projection	23,929	(6,710)	(17,117)	102
projected (under)/overspend	(1,143)	(776)	(182)	(2,101)

Net expenditure	Budgeted net expenditure £000	Projected net expenditure £000	Projected (under)/overspend £000
June 2021	2,203	2,384	181
July 2021	2,203	2,404	201
August 2021	2,203	2,063	(140)
September 2021	2,203	1,827	(376)
October 2021	2,203	1,298	(905)
November 2021	2,203	400	(1,803)
December 2021	2,203	102	(2,101)
January 2022	2,203	0	0
February 2022	2,203	0	0
March 2022	2,203	0	0

## Overview

At 31 December 2021 there is a projected corporate underspend of £2,101k (excluding grants). This is an increase of £1,725k since September. The underspend and movements are broken down as follows.

	<b>Overspend/ (underspend/ additional income) at 31 December 2021</b>	<b>Movement: increase/ (decrease) in projection since September 2021</b>
	<b>£'000</b>	<b>£'000</b>
<b>Additional Income</b>		
Registration Fees (NR)	(574)	(309)
Covid-19 exceptional payment (NR)	(182)	(182)
Secondment (P)	(103)	(13)
Modern apprenticeship fees (NR)	(100)	(40)
<b>Underspends</b>		
Panel member allowances (savings - opt in hearings) (NR)	(110)	(39)
Not working in the office (P)	(214)	(158)
Digital (including phone line) (NR)	(126)	(123)
Training – corporate, Member and panel members (NR)	(26)	(11)
Staff costs (P)	(62)	(138)
Other minor	(4)	(18)
<b>Overspends</b>		
Legal fees (NR)	94	-
Consultancy – strategic plan (NR)	42	42
<b>Disbursements – managed on behalf of Scottish Government</b>		
Practice learning (P)	(536)	(536)
Postgraduate bursaries (P)	(200)	(200)

<b>Total</b>	<b>(2,101)</b>	<b>(1,725)</b>
--------------	----------------	----------------

KEY:

R - Recurring - likely to happen in future years

NR - Non-recurring – unlikely to happen in future years

P - Possible – Could happen in future years

- We have set out risks to the underspend position in the significant variances table below. The main risks for changes to projections until the end of the financial year relate to disbursements and registration income.
- We project that our general reserve position will be £2,443k at 31 March 2022. Discussions are in hand with our Sponsor to agree future use of our reserves.
- As further underspend is possible, our Scottish Government Sponsor has indicated it is likely we can carry this forward to next financial year to make sure we deliver objectives and help ease budget pressures. Provided this is the case, we are not concerned about the financial position.

### 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 we estimate a further £65k underspend will be carried forward in reserves.
- The planned budget deficit increased by £1.415m to £2.586m due to increased carry forward of underspends from 2020/21.
- Our reserves balance at 31 March 2021 increased from £2.750m to £2.813m as there were year-end adjustments in 2020/21, a provision for dilapidations and the underspend increased.

### Income and expenditure

- We are continuing to review our processes and procedures to enable us to better predict patterns of income and expenditure.
- Actual and committed spend, excluding disbursements is (£13.5m – 76%) at this point in the year.
- We have accounted for 105% of our expected fees and other income (£6.207m) as income is more than budgeted.

## Unpaid fees

- £162k of registration fees is unpaid. £13k relates to fitness to practise cases where we don't collect fees until the case ends. The remaining £149k relates to invoices issued between April to December 2021. This will vary at any point in time according to the number of registrants being removed from the register.
- We have written off £206k so far this year (budget and projection is £339k). Some of this relates to people being taken off the register from the period where we were not chasing outstanding fees, but 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.

## Specific Grants

- There is a projected underspend of £115k on grants of which £83k relates to workforce development activity and £32k cyber resilience.
- Scottish Government has agreed that the £32k underspend on staff costs in the cyber resilience grant can be carried forward for use in 2022/23.
- Scottish Government has also agreed the carry forward £60k underspend for workforce development activity to 2022/23 and we will request approval for a further £23k carry forward so that we can fully deliver the outcomes.

## Reserves

- Our general reserves target is 2% to 2.5% (£457k to £572k).
- We project that our general reserves will be £2,443k at 31 March 2022. Of this balance, £200k will contribute to our planned digital replacement and £115k relates to specific grants we expect to carry forward. A total of £1,392k remains available in our general reserve which is 6.1% of our target range of 2.0% to 2.5%. We have asked our Sponsor for permission to use balances of £536k from practice learning and £200k from postgraduate bursaries to reduce one-off budget gaps in the 2022/23 financial year.

## Cashflow

- Due to the high level of reserves at the start of this financial year and the current year underspend we did not drawdown any of this year's grant in aid until September 2021. As we are not allowed to draw down funding in advance of need, we project that we will draw down £8m in March 2022 to get our full grant in aid.

## Significant variances from budget & key risk

The key financial risks to the position at the end of March 2022 are shown in the table below with potential sensitivity of a further £339k underspend.

The most significant risks relate to registration fee income (overachievement), practice learning fees and postgraduate bursaries.

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)	£62k underspend	£76k overspend	Reduction of up to £30k	Low	There is £165k overspend in the FtP staffing projection, including a further £36k for overtime.
<b>Fee income</b> (outcome 1)	£574k projected overachievement of income	£265k projected overachievement of income	Increased income of £50k	High	Current projection is mainly due to the budget adjustment of £100k (prudence) and 11,500 more annual fees raised than budgeted. We set the budget too low as we didn't include in fee income registration projections an amount for people removed from the register after the registration date has passed.
<b>Postgraduate bursaries (disbursement)</b>	£200k underspend	At budget	Reduction of up to further £100k	Med	Stirling, Napier, Open University and late applicants estimated. Underspend could increase as Edinburgh not used 17 bursaries.
<b>Practice learning fees (disbursement)</b>	£536k underspend	At budget	Reduction of up to further £100k	High	Budget £3,270k; £725k expenditure to date (budget includes £918k c/forward). Work is ongoing and we

					expect to refine figures in the coming weeks, once modelling information is available from Universities.
<b>Panel member allowances</b> Outcome 1	£110k underspend	£71k underspend	Further increase/reduction of up to £10k	Low	Budget £592k. Savings due to the introduction of opt-in hearings. Currently 50% lower than before introduced.
<b>Digital</b> Outcomes 1 to 4	£40k underspend on licences and £30k underspend on development £28k underspend on Central Government procurement	At budget	Up to £30k underspend	Med	2% (£6k) work not yet planned but delivery still expected by 31 March 2022. 31% (£77k) workplans in place, procurement underway but no commitment made yet. £30k relates to LMS and the remainder relates to intelligence.

### 3. STRATEGIC PERFORMANCE INDICATORS

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

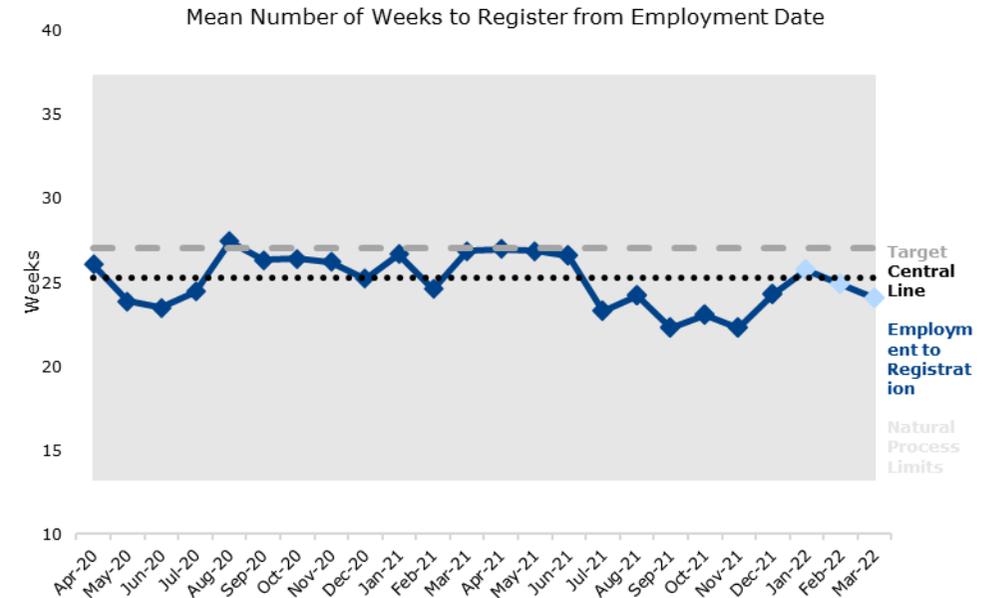
This strategic performance indicator (SPI) reflects our work to deliver strategic outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise. The indicator helps measure how quickly we process applications, that the correct people are registered and ensures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

RAG		
<27	27 to 32	>32
Target: 27 weeks		

Actual and Reforecast		
Apr-21	26.9	-0.2%
May-21	26.9	-0.5%
Jun-21	26.5	-1.7%
Jul-21	23.3	-13.8%
Aug-21	24.2	-10.4%
Sep-21	22.2	-17.7%
Oct-21	23.1	-14.4%
Nov-21	22.3	-17.3%
Dec-21	24.3	-10.1%
Jan-22	25.7	-4.8%
Feb-22	24.9	-7.9%
Mar-22	24.0	-11.1%

Time taken from employment to registration was 24.3 weeks in December 2021. This was below our prediction of 25.4 weeks. Employment to application increased by 1.5 weeks to 20.0 weeks and application to registration increased by 0.3 weeks to 4.2 weeks.

Our aim by March 2023 is to register workers within 12 weeks of employment (8 weeks to submit an application and 4 weeks processing time).



#### 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).

- Both internal processing time and time from employment to application is stable.

- COVID-19 legislation still in place giving workers 12 months to get registered. It is likely that this will be in place until at least March 2022.
- This financial year we have received 3,300 more applications than projected as at 31 December 2021. The numbers on the Register remain static as similar numbers of people have been removed from the register as applications processed. The increase in applications mostly relates to housing support and care at home workers where there appears to be more movement of workers coming off the register and new workers coming on.
- The introduction of the Scottish Government (SG) fee waiver pilot may have an impact on the number of applications we receive and we will need to account accurately for fees waived.
- SG have requested renewed work on the recruitment portal which may divert staff resources from processing applications. Work to mitigate any impact will be concluded before any work on the portal starts.

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

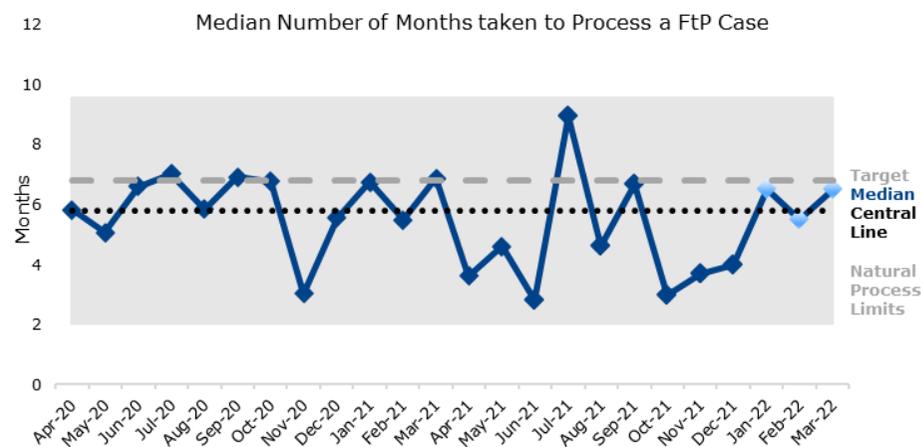
This SPI reflects our work to deliver strategic outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise. Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people registered. We outperform our external target of 17.4 months comparing ourselves to similar bodies so have set our own internal target of 6.8 months.

RAG		
<0%	0% to 10%	>10%
Internal Target: 6.8 months		

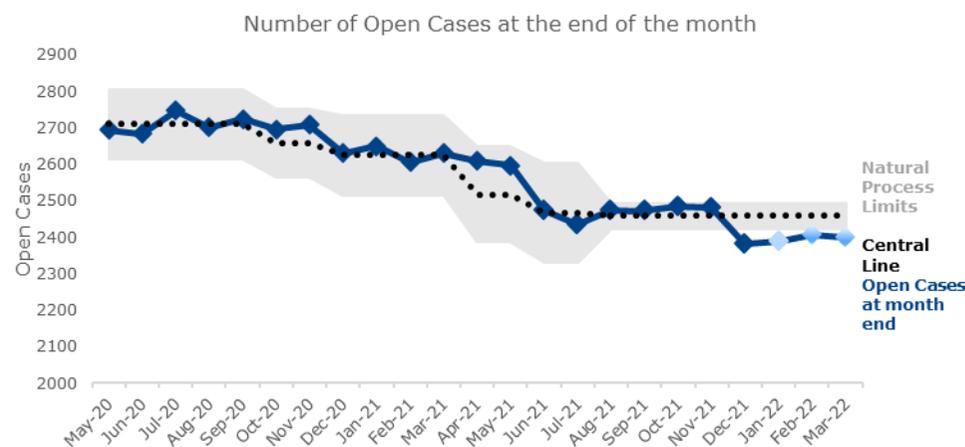
Actual and Reforecast		
Apr-21	3.6	-47.1%
May-21	4.6	-32.6%
Jun-21	2.8	-59.1%
Jul-21	8.9	31.3%
Aug-21	4.6	-32.5%
Sep-21	6.7	-2.1%
Oct-21	3.0	-56.2%
Nov-21	3.7	-45.6%
Dec-21	4.0	-29.4%
Jan-22	6.5	-4.4%
Feb-22	5.5	-19.1%
Mar-22	6.5	-4.4%

December 2021's performance was 4.0 months to process a Fitness to Practise case. This was below our prediction of 4.8 months. Cases closed at screening stage were 54% in December 2021 (137 of 253 cases) compared to 54% in November 2021 (138 of 257 cases) and 56% in October 2021 (122 of 218 cases).

The steady performance in the screening team and higher throughput in the investigation team has resulted in a slight increase in the median time to conclude a Fitness to Practise case.



At the end of December 2021, the number of open cases was 2,379. This was below our prediction of 2,470. It was a decrease of 102 from the previous month and an overall reduction of 250 from December 2020. The median age of open cases at the end of December 2021 was 302 days, an increase of 22 days from the previous month. Four of our older cases (over 5 years) were closed in December.



## Management Action and Risk

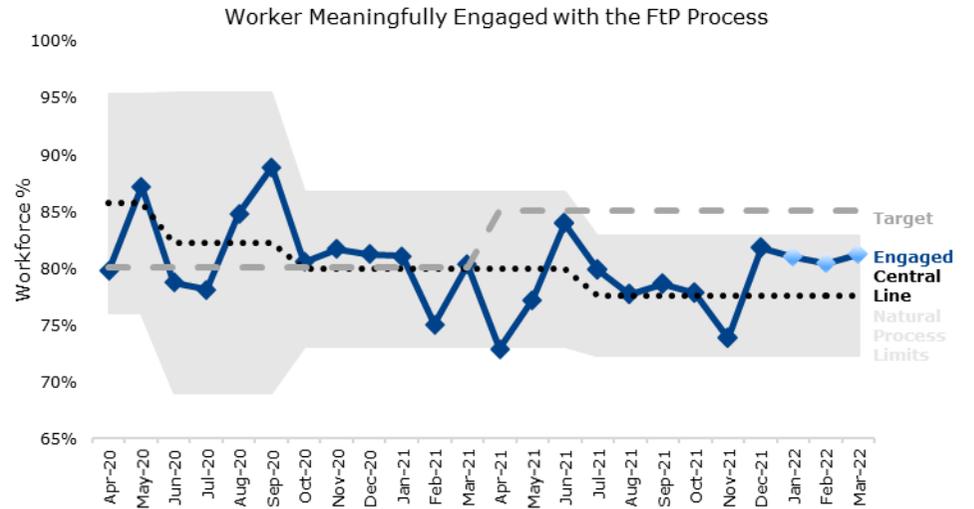
This SPI is linked to strategic risk 1, we fail to ensure that our system of regulation meets the needs of people who use services and workers, which is currently scored as 12 (amber).

- The current position is that of fragile stability.
- Existing staff capacity remains a concern. We have received the first solicitor resignation in 2022.
- New solicitors are taking on live case work and the time taken to train and quality assure key elements of the role has reduced by nine months. We will continue ongoing quality assurance of live cases to make sure decisions remain defensible.
- Opt-in Hearings continues to decrease the number of hearings and a slight reduction in work involved in those cases.
- There has been an increase in throughput in the investigation team which is complimented by steady performance in the Screening Team.
- We are continuing work to highlight challenges in either team in a better way with the introduction of Power BI.
- The age profile of cases remains stable and focus is on older cases alongside high-risk cases.
- We are identifying system and structural improvements that will free up capacity of more experienced people to focus on complex and older cases.
- Updated referral guidance and Employer Advice Telephone support line will be launched before the end of March 2022.

### 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. The Regulation directorate set themselves a target of 85% engagement by the end of 2021/22 and 90% by the end of 2022/23.



#### 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.

- We have seen an increase in attendance at Fitness to Practise Panel hearings from 30% to 45%.
- We are carrying out work with employers on education of the workforce about the importance of engagement and are reviewing the tone and content of correspondence with registered workers. The Regulatory Improvement team is leading this work, the engagement element will be ongoing but the review of letters will conclude by March 2022.

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	83.9%	-1.3%
Jul-21	79.8%	-6.1%
Aug-21	77.7%	-8.6%
Sep-21	78.6%	-7.6%
Oct-21	77.8%	-8.5%
Nov-21	73.8%	-13.2%
Dec-21	81.7%	-8.1%
Jan-22	79.3%	-7.8%
Feb-22	79.5%	-6.9%
Mar-22	80.1%	-6.9%

December 2021's performance was 81.7% engagement (94 of 115 cases). This was above our prediction of 79.0%.

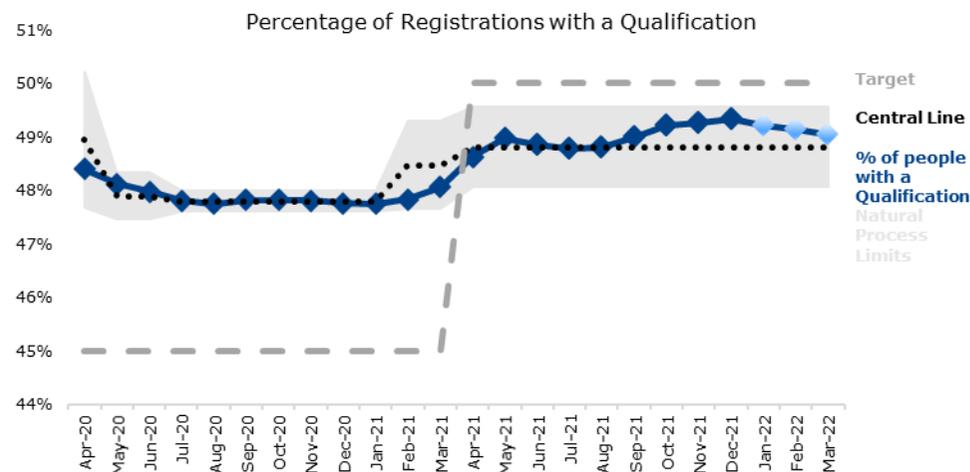
### 3.4 Development and Innovation: increase the percentage of the registered workforce with the correct qualification.

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.

RAG		
>50%	47.5% to 50%	<47.5%
Target: 50%		

Actual and Reforecast		
Apr-21	48.6%	-2.7%
May-21	49.0%	-2.1%
Jun-21	48.8%	-2.3%
Jul-21	48.8%	-2.5%
Aug-21	48.8%	-2.4%
Sep-21	49.0%	-2.0%
Oct-21	49.2%	-1.6%
Nov-21	49.3%	-1.5%
Dec-21	49.3%	-1.6%
Jan-22	49.2%	-1.6%
Feb-22	49.1%	-1.8%
Mar-22	49.0%	-2.0%

December 2021's performance was 49.3%. As current performance and behaviour is different to what was predicted in the long-term five-year forecast, we plan to examine current trends in more depth to understand why the performance is improving slightly rather than downward trend we anticipated.



#### 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 December 2021, 49% of the registered workforce are qualified. This percentage has remained stable for several months within our target range. The five-year longitudinal analysis of the qualified status of the workforce and projected trends has concluded. The Workforce Skills Report (WSR) was published on 6 October 2021. An action plan to address the findings of the WSR and increase the qualified status of the workforce will be developed and published by the end of the financial year.

### 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.

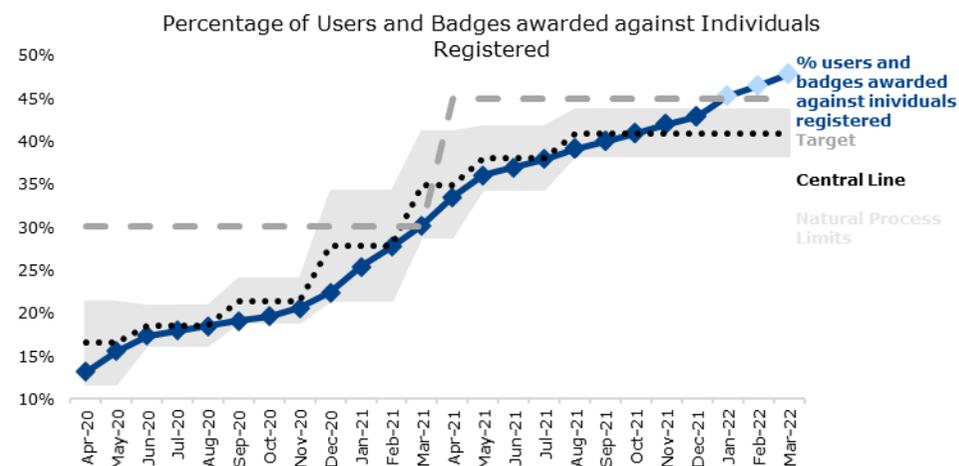
	RAG	
	>45%	<40%
	40% to 45%	
	Target: 45%	
Apr-21	33.5%	-25.6%
May-21	36.0%	-20.0%
Jun-21	37.0%	-17.9%
Jul-21	37.9%	-15.7%
Aug-21	39.0%	-13.3%
Sep-21	40.0%	-11.1%
Oct-21	40.9%	-9.1%
Nov-21	41.9%	-6.8%
Dec-21	42.8%	-4.9%
Jan-22	45.2%	0.4%
Feb-22	46.5%	3.2%
Mar-22	47.8%	6.1%

December 2021 performance was 42.8% and lower than the prediction of 43.5%. The number of monthly new learner accounts was less than anticipated.

We have been tracking how many people have been actively using the MyLearning app in the last 30 days, which was 2,442 in December 2021 compared to 4,129 in November 2021. We also monitor the number of learning logs created in the last 30 days which was 7,574 in December 2021 compared to 13,604 in November 2021.

The number of new learner accounts for December 2021 was 716 compared to 1,184 in November 2021. The number of badges awarded in December 2021 was 307 compared to 377 in November 2021.

The lower figures for December may be reflective of current pressures in the sector because of the new variant. Staffing shortages are significant and time for professional development will be limited. As the impact of the current variant on services begins to ease the performance should improve and we would anticipate returning to previous performance around February 2022.



#### 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 MyLearning app is helping us identify trends, target resource promotion and gauge promotion success.
- Responses to the currently recent registrant stakeholder survey about use of our learning resources will provide valuable insights and intelligence about how registrants are using our resources to achieve their CPL requirements.
- Planned further development of new open badges to support implementation of national guidance in respect of the Age of Criminal Responsibilities and the Keeping Brothers and Sisters Together siblings guidance and development of 23 things leadership for ELC is anticipated to increase the update of open badges when launched.
- Our open badge resources will also be a feature within the Scottish Government Programme for Government commitment to develop a national induction framework for adult social care by May 2022.

### 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.

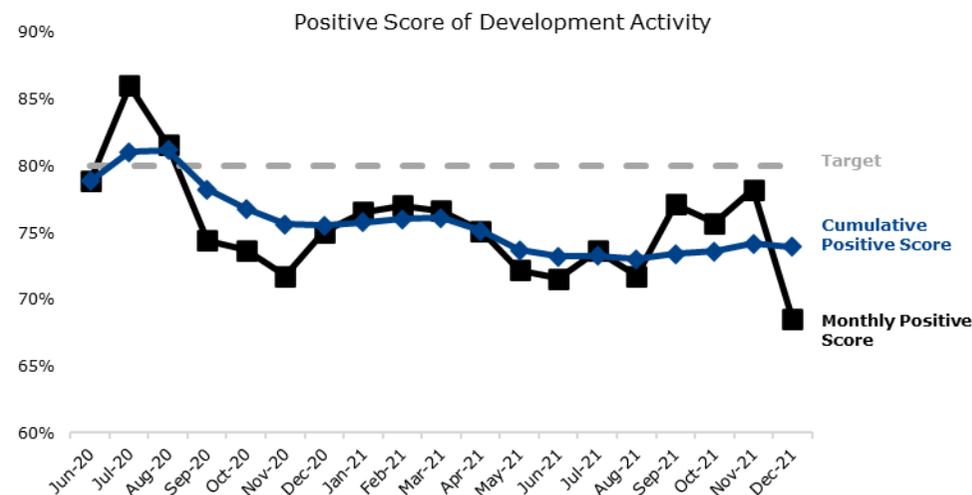
RAG			RAG		
>80%	70% to 80%	<70%	>80%	70% to 80%	<70%
Target: 80%			Target: 80%		
Monthly Performance Actual and Reforecast			Cumulative Performance actual and Reforecast		
Apr-21	75.1%	-6.1%	Apr-21	75.1%	-6.1%
May-21	72.2%	-9.8%	May-21	73.7%	-7.9%
Jun-21	71.5%	-10.6%	Jun-21	73.2%	-8.6%
Jul-21	73.6%	-8.0%	Jul-21	73.2%	-8.5%
Aug-21	71.7%	-10.3%	Aug-21	73.0%	-8.7%
Sep-21	77.1%	-3.6%	Sep-21	73.4%	-8.3%
Oct-21	75.7%	-5.4%	Oct-21	73.5%	-8.1%
Nov-21	78.2%	-2.3%	Nov-21	74.1%	-7.3%
Dec-21	68.5%	-14.4%	Dec-21	73.9%	-7.6%
Jan-22	74.1%	-7.4%	Jan-22	74.8%	-6.5%
Feb-22	76.6%	-4.2%	Feb-22	75.0%	-6.3%
Mar-22	76.2%	-4.8%	Mar-22	75.1%	-6.1%

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
- surveys across our corporate website
- post-event feedback

From the above sources, the number of responses in December 2021 was 200 compared to 555 in November 2021. Although performance in December was red there are no indications or themes, we can derive from the free text comments we received as part of the responses. We will monitor to see if performance improves next month like anticipated. We have received 4,478 responses to date this financial year.

The annual learning resources survey found 74% of respondents agreed the SSSC's learning resources were useful in developing their practice and skills (2,215 out of 2,993 respondents).



### 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).

Although currently amber our performance against this measure remains strong and is close to reaching our ambitious target. Performance and Improvement and D&I 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.
- analysis of registrant usage of our digital learning resources, digital insights and the results of the learning resources registrant survey will inform development of an improvement action plan.

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

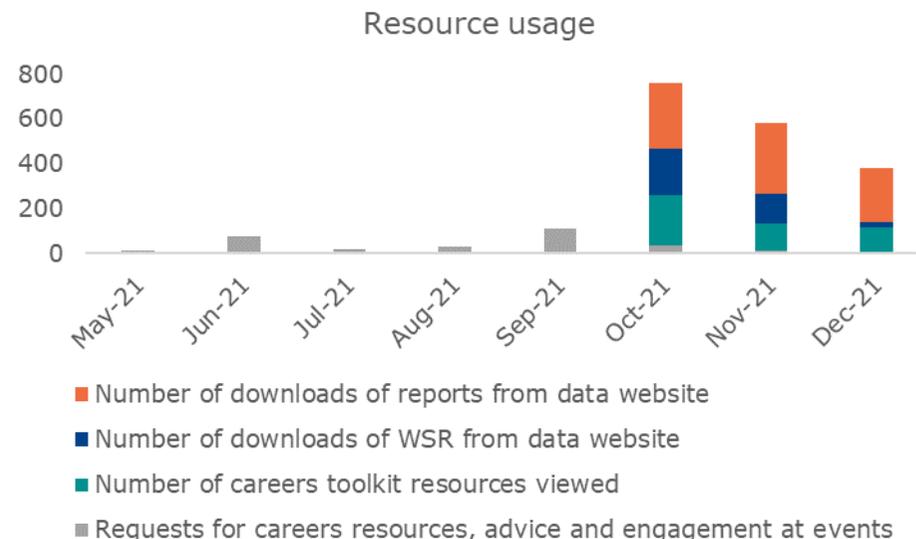
This SPI reflects our work to deliver strategic outcome 3: Our workforce planning activities support employers, commissioners, and policy makers to deliver a sustainable, integrated and innovative workforce. The indicator reflects the number of people using our workforce planning resources and their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

The data sources used to measure positive awareness of resources monthly are:

- number of requests for careers resources, advice and engagement at events including use of our dementia ambassadors
- number of careers toolkit resources viewed including use of modern apprenticeship promotional guide
- number of downloads of reports from our data website
- use of pre-employability resources
- number of downloads of planning scenarios (once developed)
- use of workforce planning assumptions (once developed)
- monthly workforce planning / intelligence data requests.

To measure the satisfaction of the resources, we will use the annual stakeholder engagement survey. The survey will include satisfaction questions on workforce planning resources and will create a baseline for the next financial year.

We have post event feedback which currently indicates an 85% satisfaction rating for events conducted by SSSC.



The number of resources used in December decreased slightly. The number of careers toolkit unique views reduced from 121 to 106. The number of downloads of the workforce skills report decreased from 135 to 23 and the numbers of downloads of reports from the data website reduced from 317 to 246. We do not have a complete data set for these measures and will require further data before we carry out any trend analysis.

Several of the resources that inform this SPI continue to be developed throughout the remainder of 2021/22 and our measurement of awareness and effectiveness will commence once they are live and/or promoted.

## 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).

Resource usage trends will be developed once sufficient data is available.

In order to gain a benchmark measure of stakeholder satisfaction and the positivity score we have launched a workforce planning stakeholder survey which is live until the end of January 2022. This will help us to understand the impact of workforce planning activity and to monitor performance going forward.

Satisfaction will be monitored through:

- A workforce planning and intelligence blog will be published quarterly, with the first blog launched before the end of the financial year, which will have an embedded survey link to provide ongoing satisfaction feedback.
- The employability group (monthly) and career reference group (quarterly) flash report is distributed to all members after each meeting. The report includes an embedded survey link to capture feedback and satisfaction.

A network of workforce planners has been established and we are working in partnership with the network and Scottish Government policy teams to develop a programme of activity based on priority needs including the production of planning scenarios and assumptions to support national and local workforce planning for demand for social workers and MHOs.

### 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.

Commitments from Part 2 of the National Integrated Health & Social Care Workforce Plan are regularly reported and monitored by the Scottish Government (SG).

Our update for commitment 6 'Career Pathways' and commitment 7 'Training & Education' highlighted some of the key activities we have achieved since June 2020.

These activities include informing and contributing to Social Care recruitment campaign; delivering on developing the Young Workforce strategy, contributing to Fair Work workstreams; the further development of Careers Ambassador model and careers toolkit including resources for Personal Assistants, Podcasts with DWP and Disclosure Scotland and advanced practice key characteristics have informed the development of the now published framework of Self Directed Support standards, in particular the standard on worker autonomy.

The Scottish Government National Workforce Planning Group highlighted the future approach to workforce planning and the intention of the Scottish Government to articulate a Workforce Strategy. This strategy will be the next iteration of the National Health and Social Care Workforce Plan. The NHS Recovery Plan sets out the approach to Scotland's Health and Social Care

recovery from the pandemic. A key requirement to delivering the Recovery Plan is having the right workforce in place at the right time and it was therefore agreed that the workforce planning group would develop a new supporting workforce strategy to enable delivery of the recovery plan. The strategy will articulate a holistic, long-term health and social care workforce vision, alongside our strategic priorities for workforce growth, recruitment, retention, training and development.

This will be predicated on the population health outcomes articulated within the four care programmes and directly aligned to the trajectory set out in the Recovery Plan for the remobilisation of services. This will be the first time the Scottish Government has articulated a Workforce Strategy of this nature and it represents a significant strategic shift from the approach taken hitherto in relation to workforce planning. Our commitments are still to be finalised.

#### 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 continue to deliver on our commitments from Part 2 and are working closely with the Scottish Government, OCSWA and COSLA around the development and subsequent actions of the Workforce Strategy.

The Workforce Planning and Workforce Intelligence Teams along with colleagues from Learning and Development have provided information and direction towards the development of this Workforce Strategy and will continue to be involved through our work of the Workforce Planning Group and the Workforce Forum. The Strategy was expected to be published by December 2021 but has been delayed by the pandemic. The strategy will be

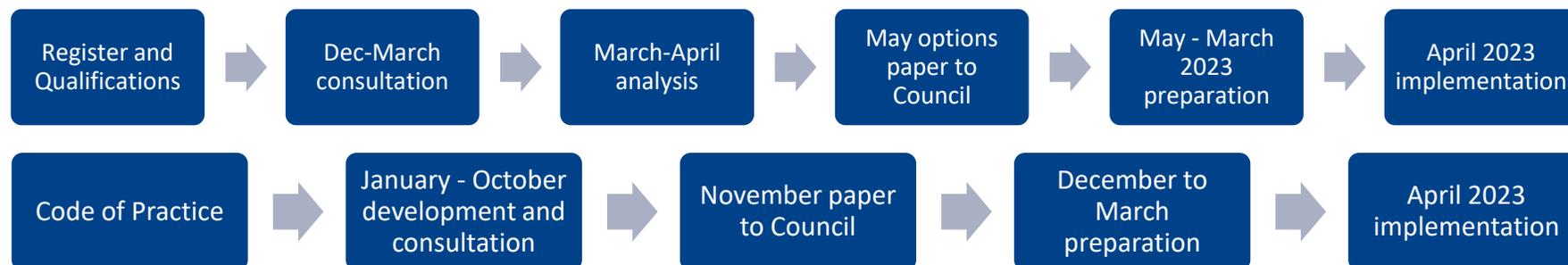
published before the end of this financial year and will set the direction of our workforce planning activity in 2022/23.

### 3.9 Regulation: Deliver the Future Proofing Programme.

This SPI reflects our work to deliver strategic outcome 1: To deliver the restructure of the register to support the sector. The indicator reflects the development of improvements to be made through the SSSC Future Proofing Programme.

Progress against project milestones are in the quarterly update provided to the Audit and Assurance Committee. Project updates will also be included in assurance reports.

Delivery is projected to take up to three years. The high-level timeline is:



#### 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 now forms part of the Future Proofing Programme approved by Council in May 2021.

- The biggest risk to progress remains the potential lack of Scottish Government time to implement legislative change required to change the structure of the register. Sponsor team is working on this with the Scottish Government Legal Department.
- The consultation on the Register and qualifications is live and will close in mid-March. The Project Leads have established a schedule of online and targeted events to reach stakeholders which have high levels of attendance and key stakeholders who are part of the Stakeholder Advisory Group have started requesting individual sessions from the SSSC.
- Whilst Sponsor Group have approved the Programme expanding to include consideration of fees, any progress on fees remains dependant on the approval of Ministers.

- A budget case to support the Programme in the next financial year is included within the SSSC draft budget. The most significant cost is likely to be digital system changes. The budget contains an estimate of this cost which will be more reliable after discovery workshops with the supplier conclude before the end of the financial year.
- We are meeting with Scottish Government's Centre of Excellence to discuss external scrutiny of the Programme.

### 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 will involve surveying registrants across the year as well as some of our key stakeholders.

The measures:

- 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.

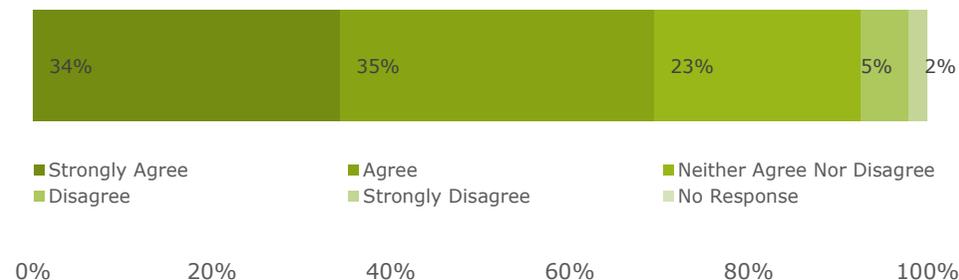
The first of our 2020/21 impact measurement surveys was the main registrant survey which was live over July 2021 for a period of four weeks.

The survey asked several questions to help us understand how Registrants view our promotion of the sector. Registrants were asked 'How well do you think these articles promote the positive value of social work, social care and early years services.'

'Articles' refers to the information that we provide through our SSSC Newsletter, Website and Social Media channels. We received 7,547 responses to this question, of which 5,241 or 69% were positive.

Given the sample response number of 5,241 we can say that we are 99% confident that the overall result for the registrant population would sit between 67.5% and 70.5%.

How well do you think these articles promote the positive value of social work, social care and early years services?



Registrants commented that they would like to see positive media coverage including the role and benefits of the SSSC.

Registrants also commented why they had not read our 'articles'. The most common reasons were work / personal life balance (lack of time), they were not relevant to their individual role and they were not aware of them.

#### 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 stakeholder survey is due to end in January 2022. Once the responses are available the data will be analysed and relevant results reported in the assurance report. Recommendations will also be provided to OMT and EMT on next steps.

## 4. ORGANISATION INFORMATION

### 4.1 Programme Management Office

#### Overall Summary: Programmes

Programme	Project Sponsor	Phase	Budget RAG	Risk/ Issues RAG	Stakeholder Buy In RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Digital Programme	Director of Strategy and Performance	Implement	Green	Amber	Green	Green	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	<ul style="list-style-type: none"> <li>MFA Phase 1 in D365 rollout completed 2<sup>nd</sup> December.</li> </ul>	Risk and Issues tracking amber: <ul style="list-style-type: none"> <li>Mattersphere portal customisation – due to staff resource supplier unable to provide training dates.</li> <li>LMS System- supplier delays in providing costs.</li> </ul>
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 functional groups meet on a fortnightly basis to monitor and provide support. Updates with PMO		<ul style="list-style-type: none"> <li>Ongoing data warehouse costs not yet confirmed.</li> <li>Current risk of budget underspend, working with Finance to confirm.</li> <li>Non provision of HR Data.</li> </ul>
Future-Proofing Programme	Director of Registration	Define	Amber	Amber	Amber	Amber	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	<ul style="list-style-type: none"> <li>Consultation for “a register for the future” launched.</li> <li>Stakeholder advisory group held 6<sup>th</sup> Dec 2021.</li> <li>Draft DPIA and EQIA complete</li> </ul>	<ul style="list-style-type: none"> <li>Impact of Programme Manager leaving resulted in PMO Manager revisiting whole Programme scope. This has impacted the entire Programme.</li> <li>Several key milestones have now been delivered and the Programme is forecast to be</li> </ul>

								<ul style="list-style-type: none"> <li>External stakeholder engagement commenced.</li> <li>Programme passed Gate 3 Review.</li> </ul>	back on track in the next period.
Rewards Review Programme	Interim Director of Finance and Resources	Define	Green	Red	Green	Amber	Programme approved and monitored by the Rewards Review Programme Governance Group monthly. Updates with PMO.	<ul style="list-style-type: none"> <li>Approval to recruit Programme Manager on FTC – advert live.</li> </ul>	<ul style="list-style-type: none"> <li>The external contractor has not updated project documentation in line with the requirements of the PMO. We are now seeking dedicated programme management resource externally.</li> </ul>

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	<ul style="list-style-type: none"> <li>Round 1 supervision training delivered.</li> <li>Working group established to develop guidance on evidencing NQSW standards.</li> <li>Transitions work development sessions with social work programme leads delivered.</li> </ul>	Risks and issues level will remain at amber given the activity surrounding policy drivers such as the Review of Adult Social Care and The Promise.

## 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.

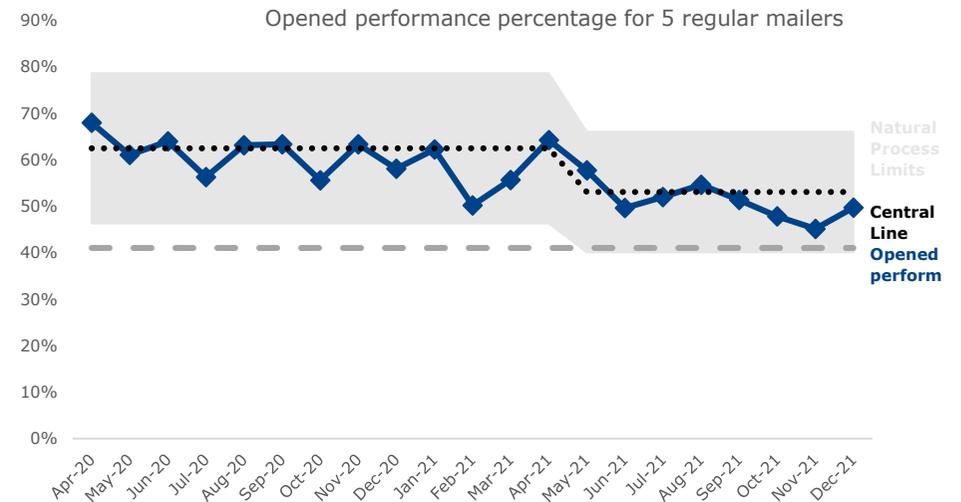
RAG		
>5%	-5% to 5%	<-5%
Target: 41%		
% Opened		
Apr-21	64.2%	16.0%
May-21	57.7%	49.3%
Jun-21	49.6%	71.3%
Jul-21	52.0%	37.5%
Aug-21	54.6%	49.2%
Sep-21	51.3%	56.5%
Oct-21	47.8%	78.7%
Nov-21	45.1%	70.8%
Dec-21	49.7%	75.0%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

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.

December 2021's performance was 49.7%, an increase of 4.6% from the previous month. Although all categories saw an increase the biggest proportion increases were for the categories "Children" which saw a 6.8% increase and then "Adults" which saw a 4.1% increase.

Less content in November resulted in lower engagement which makes the increase in December stand out however it is bringing engagement back to more usual levels. The December engagement increase results from the content in the mid-month newsletter as there was no particular content that stood out for recipients in the first December newsletter.

The article on the "Staff Vacancies in Care Services Report" was the most popular in both December newsletters and for both the children's and adult's editions followed by "Lorraine Gray's Christmas Message". The "Staff Vacancies in Care Services Report" also had media coverage with nine articles as well as several mentions referring to the report in other contexts.



## 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 have several actions in place to maintain and continue to grow engagement in our direct email content:

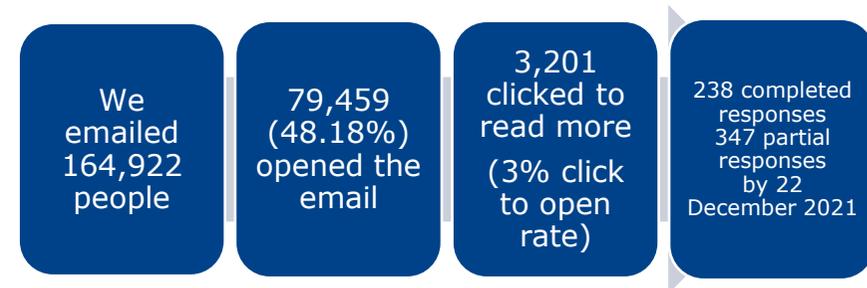
- departments must set expected targets or outcomes from engagement where there is a specific call to action and to provide context for the activities reported here
- departments discuss work with Communications beforehand to set outcomes or targets for content included in SSSC News. SSSC News is not always the best way to reach our audiences and we can advise on appropriate routes and channels
- we are reviewing how we report on engagement to see if we can provide a breakdown of the different versions of the newsletter for each part of the register. This would give a more accurate picture of the engagement for each part of the register.

## December impact

### A register for the future consultation

We launched the consultation with an email to stakeholders. We calculated that we need a sample of size of approximately 384 responses for the consultation. This response rate will allow us to be 95% confident in the result with a 5% margin of error so the

early response rate to date is encouraging with the deadline of March 14 sometime away.



### Article: Can you help us improve our letters and emails?

We sent out a request for volunteers to help us review our fitness to practise communications. Although this is a small number, it covers the various parts of the register and is more than we expected with a target of 15 volunteers.

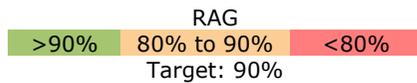


### 4.3 Strategy and Performance: SSSC complaint information.

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 of complaints at stage one and complaints at stage two using the date when a complaint has been recorded as resolved. The graphic will show the trend in number of complaints received so that we can track any trend changes.

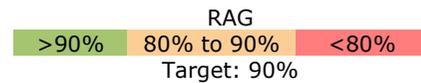
We have 20 days to resolve a stage two complaint and five days to resolve a stage one complaint.



Percentage of stage one complaints resolved on time

Apr-21	100.0%	11.1%
May-21	100.0%	11.1%
Jun-21	91.7%	1.9%
Jul-21	71.4%	-20.6%
Aug-21	100.0%	11.1%
Sep-21	100.0%	11.1%
Oct-21	100.0%	11.1%
Nov-21	100.0%	11.1%
Dec-21	100.0%	11.1%

Jan-22  
Feb-22  
Mar-22



Percentage of stage two complaints resolved on time

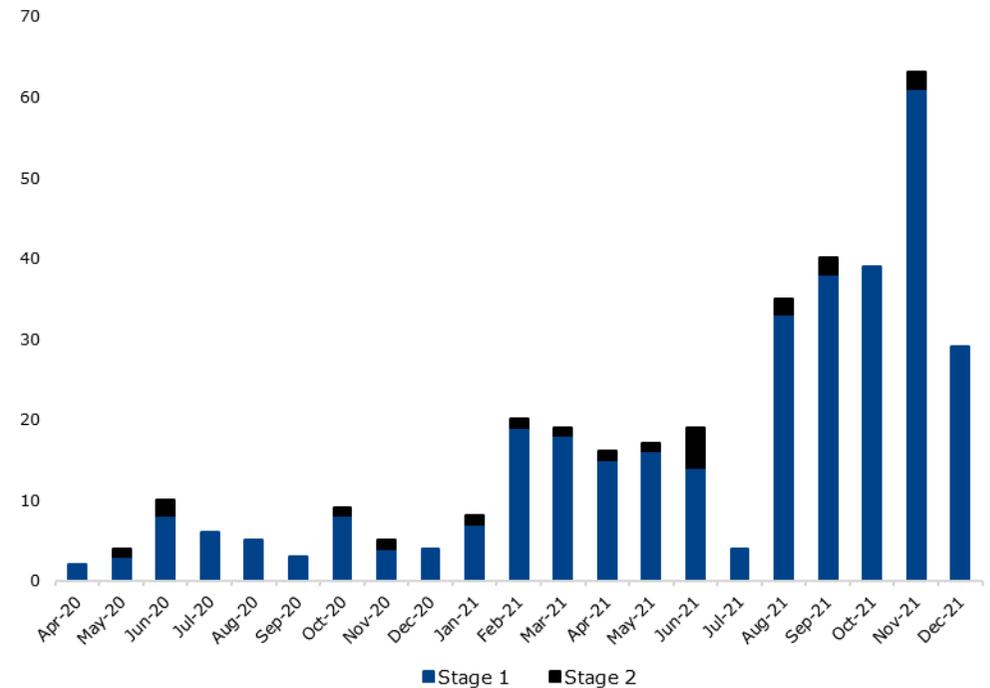
Apr-21	0%	-100.0%
May-21	100.0%	11.1%
Jun-21	100.0%	11.1%
Jul-21	100.0%	11.1%
Aug-21	-	-
Sep-21	100.0%	11.1%
Oct-21	100.0%	11.1%
Nov-21	100.0%	11.1%
Dec-21	-	-

Jan-22  
Feb-22  
Mar-22

We resolved 29 stage one complaints in December 2021 all within timescales.

In December 2021 we received 29 complaints a decrease from November 2021 which was 63.

Complaints Received



### 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).

## HUMAN RESOURCES PERFORMANCE

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

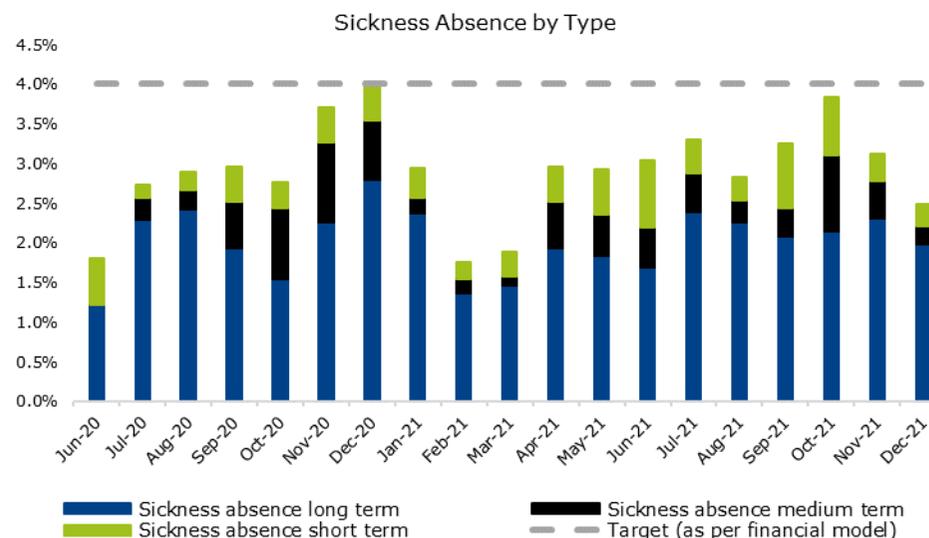
This metric combines all types of absence across the SSSC to give an overall metric. The assessment will focus on any areas of concern or risk by looking at sickness absence by directorate or team. We will identify any emerging reasons that could cause more staff absence in the future.

RAG		
<4%	4% to 5%	>5%
Target: 4%		
Actual and Reforecast		
Apr-21	3.0%	-26.2%
May-21	2.9%	-27.0%
Jun-21	3.0%	-24.0%
Jul-21	3.3%	-17.5%
Aug-21	2.8%	-29.6%
Sep-21	3.2%	-19.0%
Oct-21	3.8%	-4.3%
Nov-21	3.1%	-22.3%
Dec-21	2.5%	-38.0%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

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

Ten employees were absent due to long term sickness in December 2021 with seven of these absences related to psychological/mental health or stress. Three of the ten have now returned.

There were 15 Covid related absences in December, ten short term (six due to positive cases and four due to side effects related to vaccinations), four medium and one long term which were all linked to positive Covid cases.



### Management Action and Risk

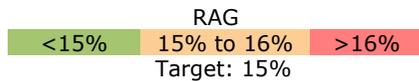
This SPI is linked to strategic risk 6, we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes, which is currently scored as 12 (amber).

As in previous months, the main factor contributing to absence is long term sickness. There are no indications of any trends in certain Directorates and/or groups of employees.

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

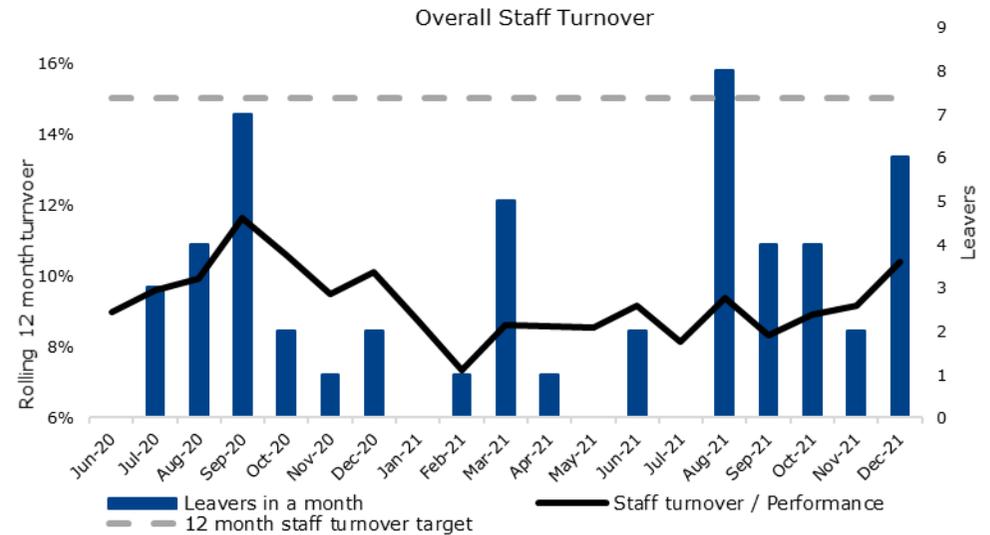
This key performance indicator (KPI) reflects our work to deliver strategic characteristic 5: People want to work at the SSSC

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%	-42.8%
May-21	8.5%	-43.1%
Jun-21	9.1%	-39.0%
Jul-21	8.1%	-45.9%
Aug-21	9.4%	-37.6%
Sep-21	8.3%	-44.5%
Oct-21	8.9%	-40.6%
Nov-21	9.2%	-38.9%
Dec-21	10.4%	-30.8%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%

There were six leavers in December 2021 ie five resignations and one early retirement.



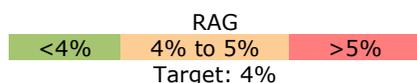
#### Management Action and Risk

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).

Exit interview are to be examined and reported quarterly. Any themes will be reported, department level information will be made available in due course.

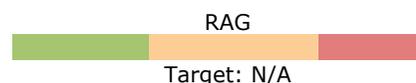
## 4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty.

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



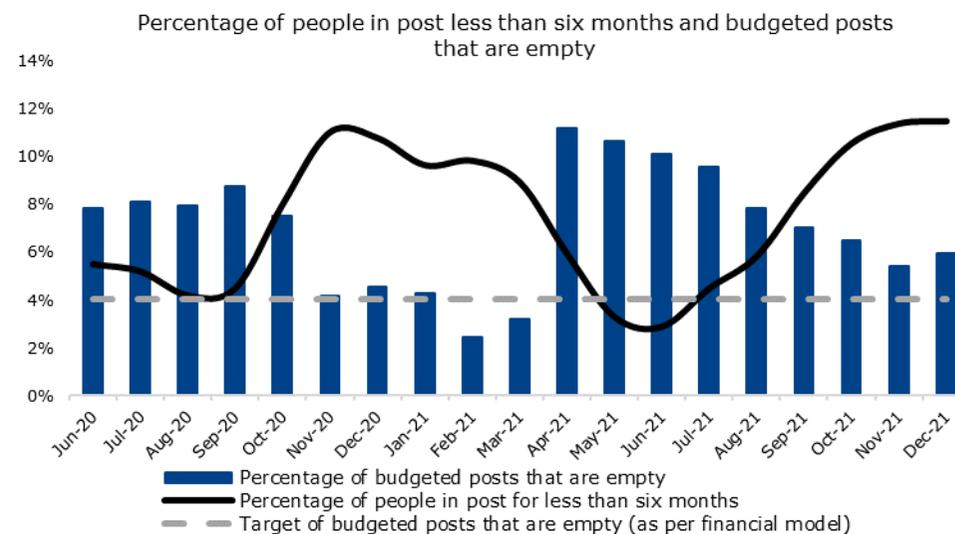
Budget posts that are empty actual and reforecast

Month	Actual	RAG
Apr-21	11.1%	178.2%
May-21	10.6%	165.8%
Jun-21	10.1%	151.8%
Jul-21	9.5%	138.6%
Aug-21	7.8%	94.9%
Sep-21	7.0%	75.6%
Oct-21	6.4%	61.2%
Nov-21	5.4%	34.7%
Dec-21	5.9%	48.6%
Jan-22	%	%
Feb-22	%	%
Mar-22	%	%



People in posts for less than six months actual and reforecast

Month	Actual	RAG
Apr-21	5.9%	--
May-21	3.3%	--
Jun-21	2.9%	--
Jul-21	4.5%	--
Aug-21	5.8%	--
Sep-21	8.5%	--
Oct-21	10.5%	--
Nov-21	11.4%	--
Dec-21	11.5%	--
Jan-22	%	--
Feb-22	%	--
Mar-22	%	--



### 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).

Department level information and impact will be introduced before the end of the financial year. Assurance report will highlight any at risk departments or directorates.

Vacant posts versus budgeted posts remains low with only a slight increase in December 2021. Turnover was higher with people resigning and a gap while we wait for new starts to begin in the new year.

## **ORGANISATIONAL DEVELOPMENT**

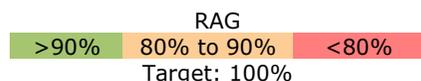
### 4.7 OD: Compliance of mandatory courses

This measure will be removed from the assurance report going forward. This measure will form part of the People Strategy update which will be reported to Council on a six-monthly basis.

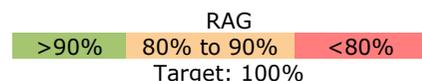
## LEGAL AND CORPORATE GOVERNANCE

### 4.8 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.



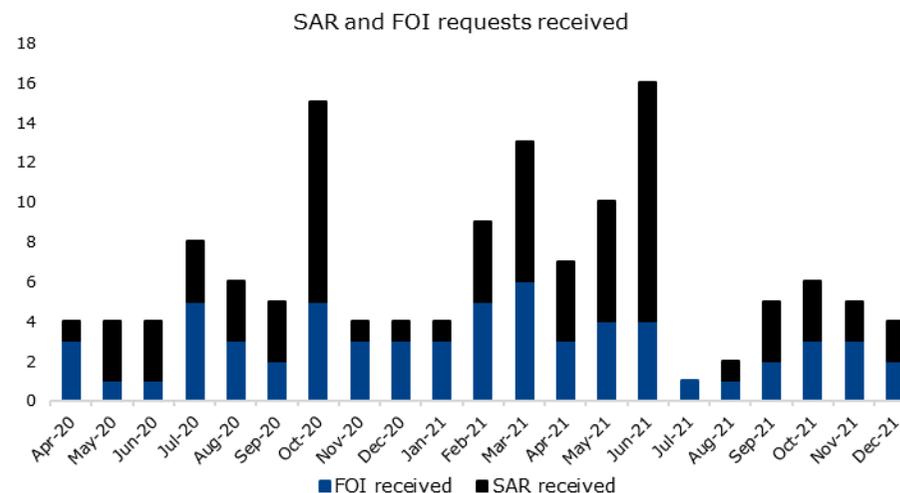
Month	Percentage of SAR completed on time	RAG
Apr-21	86%	-14%
May-21	100%	0%
Jun-21	100%	0%
Jul-21	100%	0%
Aug-21	0%	-100%
Sep-21	100%	0%
Oct-21	100%	0%
Nov-21	75%	-25%
Dec-21	100%	0%
Jan-22		
Feb-22		
Mar-22		



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

We must respond to Freedom of Information (FOI) requests within 20 working days. In December 2021 we responded to three requests and met the statutory timescales.

We must respond to 100% of SAR requests within one calendar month. In December 2021 we responded to three requests and met the statutory timescales.



### 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).

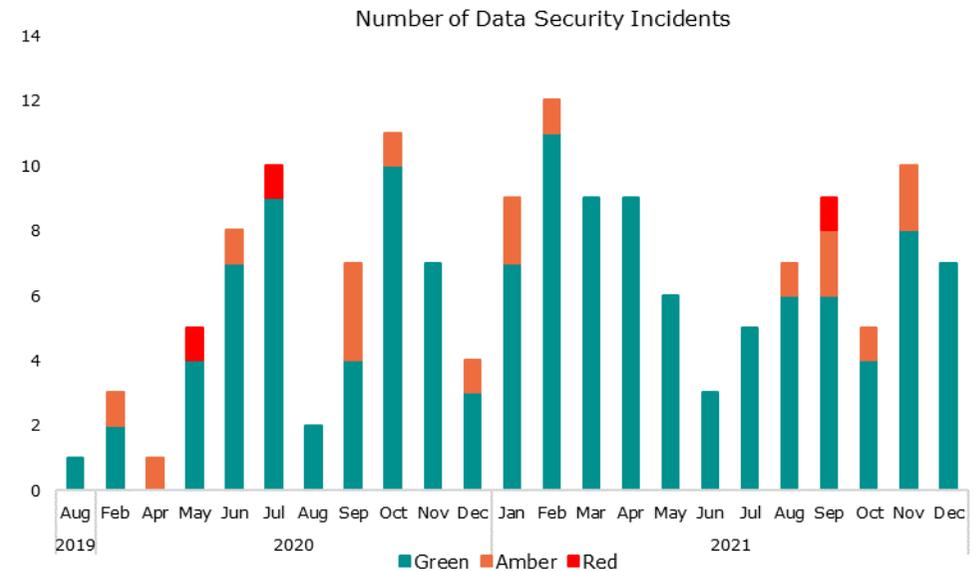
#### 4.9 L&CG: Number of security incidents/data breaches reported.

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 decide if the incident is a data breach. A data breach is a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. We also note when we must refer a data breach to the ICO.

As part of the risk assessment process, we categorise data security incidents as low/green, medium/amber, or high risk/red, dependent on factors such as the volume of data released, the sensitivity of information released and the risk to affected individuals.

The Information Governance team assessed seven data security incidents in December 2021 and concluded that six were breaches and categorised all six as low/green.



#### 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 who make recommendations to make sure that a repeat of the incident does not happen.

We send the breach investigation report with the recommendations to the Head of Department. The DPO follows up recommendations for an amber or red categorised incident.

The Information Governance team will look at trend analysis of security incidents and improved reporting to departments.

## RISK REGISTER as at 31 December 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	3	12	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	1	1	1	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	2	1	2	Chief Executive	↓

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

### **CONTROL CHARTS**

This section gives 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.

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>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving legislation</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><b>Planned Mitigation and Controls</b></p> <p>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</p> <p>Work with sector in embedding revised thresholds. <del>2021/22</del> <u>March 2022</u>. Owner - Director of Regulation</p> <p>Systems design work started November 21, Regulatory</p>	4	3	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					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>Improvement Team established in July and working with employers. Owner – Director of Regulation</p> <p>Request to Scottish Government to revert 12-month rule back to six-month rule. Estimated implementation Spring 2022. – Owner - Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by 2023. – Owner – Director of Regulation</p> <p>Work with Police Scotland and Crown Office Procurator Fiscal Service on information sharing and decisions – ongoing <a href="#">with next meeting scheduled in February 2022</a> – Director of Regulation</p> <p>Insufficient budget in future years to fund permanent posts agreed by Council in 23/24 financial year 2021. (Owner – Interim Director of Finance and Resources-June 2021).</p>							
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p><b>Cause:</b></p> <p>Our contribution to developing resources does not meet the needs of registrants and employers.</p> <p>Our standards don't meet the needs of employers.</p> <p>Limited funding for individuals and employers to support formal learning.</p> <p>Our legislative framework is a structural barrier to flexible working across care.</p>	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> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p>	4	3	12 (Moderate)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>Individuals are not able to complete qualifications.                      Extension to qualification condition timescale due to COVID-19.                      Effects of COVID-19 may limit workforce capacity is spent responding to regulatory requirements.                      Failure to respond timeously to requests for data due to lack of correct skills/capacity</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.                      Risk to our reputation with external partners when we cannot provide the information or data requested</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 – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</b></p> <p>Working with partners to develop an interim award and a pathway for HNC students unable to complete the SVQ to meet registration requirements.                      (Head of Learning and Development Team - February 2021)</p> <p>Develop Workforce Skills action plan to address identified skills gaps and training/learning needs, including shortage of provision.                      ( Head of Workforce Planning – December 2021)</p> <p>Developing national induction resource for adult social care to support sector and SG commitment in PFG ( Head of L&amp;D March 2022)</p> <p><del>Virement of budget to support increased capacity in the central Intelligence Team to develop further skills and capacity to support work until the end of the year.</del></p>							
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level.</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>	3	3	9 (Low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>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> <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>				<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> <p>Shared services – Council agreed governance documents and EMT agreed operational documents. Positive internal audit reports. Regular review meetings with CEOs and senior managers from SSSC and CI.</p> <p><b>Planned actions</b></p> <p>Assurance mapping exercise to be carried out during 2021/22 (Head of Legal &amp; Corporate Governance – March 2022).</p> <p>Further discussion required about Committee restructure with Council (Chief Executive – March 2022).</p>							
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. Insufficient cyber security infrastructure</p>	Director of Strategy and Performance	4	3	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>Digital Programme for 2021/2022 developed and agreed at Digital Sponsor.</p> <p>Digital Strategy for 2021-2024 agreed and published</p> <p><b>Cyber essentials accreditation</b></p> <p><b>Planned actions</b></p>	1	1	1 (Very low)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>A major cyber security and information loss incident</p> <p><b>Consequence:</b>  <b>Complete loss of business systems</b>                      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.</p>				<p>Planned Digital Programme for 2022/23 currently under development</p> <p>Internal audit Cyber security (Director of S&amp;P November 2021)</p> <p>In depth cyber testing (Head of Digital March 2022)</p>							
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>                      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.                      Unable to respond timeously to requests for internal data due to lack of resource                      Effects of COVID-19 may limit workforce capacity is spent responding to stakeholder requirements</p> <p><b>Consequence:</b>                      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.                      Risk to reputation with our external partners who rely on SSSC data</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><del>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)</del></p>	3	3	9 (Low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
							Development of SSSC equalities data and potential publication of data held about the sector to support and drive policy changes (Dir of S&P April 2022)							
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> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.                      Lack of effective monitoring of workload and capacity.                      Effects of COVID-19 may limit workforce capacity to respond to regulatory requirements.                      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.                      Single points of failure in several areas.</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.</p>	Director of Finance and Resources	5	4	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Programme Governance Group established to monitor progress of the rewards review and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p><del>Funding secured for permanent posts in Regulation in 2022/23.</del></p> <p><b>Planned actions</b></p> <p>Delivery of People Strategy action plan (Director of Finance and Resources – September 2024)</p> <p>Complete the rewards review – organisational design and second phase of job evaluation (Director of Finance and Resources – first phase March 2022).</p> <p>Reinforcement of 'do what you can' message when there are lockdown restrictions and work deadlines managed accordingly. (Each member of Executive Management Team and Operational Management Team – ongoing)</p>	3	4	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			COVID-19 restrictions impact on staff motivation and cause fatigue. Increase in staff suffering from stress related illness and increased absences. Organisation is exposed and may not be able to deliver objectives if key staff are absent – single point of failure				<a href="#">Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan.</a> <a href="#">Agree when to recruit to permanent posts approved by Council but not yet filled due to budget pressures (Chief ExecutiveEMT – March 2023)</a>							
7	Finance and value for money: Financial management	Cautious (12-15)	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.  <b>Cause:</b> 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 (GiA) is reduced. Late notification of Scottish Government budget allocations. Financial implications of the COVID-19 pandemic affecting public finances. Insufficient GiA to fund all permanent posts needed to deliver the strategic plan Effects of COVID-19 on national budget setting may limit our ability to allocate resources  <b>Consequence:</b> Adverse impact on our ability to deliver our strategic objectives. Reputational damage. Reduced confidence in our protection arrangements. Reduced future funding.	Director of Finance and Resources	4	5	20 (High)	<b>Existing mitigation and controls</b> 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 2021/22).  Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.  2021/22 budget agreed at Council in March 2021.  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.  Resource models reviewed and updated and regularly compared to the actual position.	4	4	16 (High)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			Reduced ability to influence change and policy development. Reliant on a number of temporary posts to deliver the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.				20 (High)							
							<p><b>Planned actions</b></p> <p>EMT and OMT business and budget planning sessions arranged to prepare for 2022/23 and beyond (Director Strategy and Performance and Director of Finance and Resources – March 2022).</p> <p><a href="#">We will review the financial strategy at the same time as developing the 2023-27 Strategic Plan (Director Strategy and Performance and Director of Finance and Resources – March 2023)</a></p> <p>Internal audit of resource model to be finalised and recommendations implemented (Director of Regulation and Director of Finance and Resources – <del>February</del> <a href="#">September 2022</a>)</p> <p>Significant budget underspend projected to 31 March 2022 and indicative budgets for future years identify significant budget gaps. Work will continue in the planning and budgeting process to achieve a balanced budget (Chief Executive/<del>Interim</del> Director of Finance and Resources – March 2022)</p>							
8	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	Business Continuity Plans (BCP) are in place and tested.  <b>Cause:</b> 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.	Chief Executive	4	5	20 (High)	<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>Cyber security - monitoring of attacks on other organisations and review of mitigating actions to ensure SSSC</p>	2	2	4 (Very low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			Plans not taking account of recent increased threats – cyber-attacks on public sector  <b>Consequence:</b> 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					systems are process are cyber compliant (Head of Digital)  <b>Planned actions</b> Timetable for future testing of plans to be agreed. (Head of Performance and Improvement – December 2021)  Internal audit Cyber security (November 2021)						
9	Operational and policy delivery: Business continuity and adaptation of service	Minimalist (16-20)	The SSSC is unable to operate effectively and efficiently due to effects of global pandemic COVID-19.  <b>Cause:</b> 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.  <b>Consequence:</b> 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.	Chief Executive	5	5	25 (Very high)	<b>Existing mitigation and controls</b> Please refer to business impact assessment for breakdown of operational risks. Other actions include:  Regular strategic and operational response meetings remain in place.  <b>Planned Actions</b> Managed return to office in progress. SSSC in now in recovery phase and moving to business as usual	2	1	2 (Very Low)	↓	N	



## RISK SCORING MATRIX

**Table 1 Impact scores**

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  RIDDOR/agency reportable incident  An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of stakeholders
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications if unresolved  Reduced performance rating if unresolved	Service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of service  Gross failure of findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
<b>Human resources/organisational development/staffing/competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff  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
<b>Frequency</b> How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

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

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

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

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

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

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

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

### Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
3. Calculate the risk rating by multiplying the consequence score by the likelihood score:  
C (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.



# ASSURANCE REPORT AS OF 31 DECEMBER 2021

A&AC Meeting Version  
3 February 2022  
Agenda item: 05, Report no: 01/2022  
Action: For Decision

## EXECUTIVE SUMMARY

December 2021		SSSC PERFORMANCE SUMMARY					
SPI	SPI Description	Ambition	Current	V(+/-)	Movement	Proj. YE	Actions & Comments
Finance	Net expenditure (£000)	2,203	(2,101)	+298	↓	Red	The most significant variances to budgeted net expenditure relate to increase in fee income, underspend on disbursements managed on behalf of Scottish Government, expenditure reductions due to not working in the office and an exceptional payment for Covid-19. There is a risk the underspend increases further before the end of the financial year, which would further increase reserves.
	Risk sensitivity (£000)	N/A	(310)	-29	↑	Amber	
	Reserves (%)	2.0-2.5	6.1	+1.3	↓	Red	
3.1 Reg	Reduce the time taken to being registered (weeks)	<27	24.3	+2.0	↓	Green	
3.2 Reg	Time taken to process a fitness to practise case is less than organisations we benchmark against (months)	<6.8	4.0	+0.3	↓	Green	
3.3 Reg	Increase the percentage workforce who engage... in fitness to practise process (%)	85	81.7	+7.9	↑	Amber	We are carrying out work with employers on education of the workforce about the importance of engagement and are reviewing the tone and content of correspondence with registered workers.
3.4 D&I	Increase the percentage of the registered workforce with the correct qualification (%)	50.0	49.3	0	→	Amber	This percentage has remained stable for several months within our target range.
3.5 D&I	Increase the percentage of the workforce using learning resources to achieve CPL (%)	45.0	42.8	+0.9	↑	Green	This amber performance is expected and will improve as more users consume resources throughout the financial year.
3.6 D&I	Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)	80	68.5	-9.7	↓	Amber	Although we've seen a decrease in performance this month we have also seen a decrease in the number of responses. The overall cumulative performance is amber, and this was expected.
	Cumulative performance (%)	80	73.9	-0.2	↓	Amber	
3.7 D&I	Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective (#resources)	TBC	382	-201	↓	TBC	Metric is currently the total number of resources uses. Satisfaction not yet measured, baseline to be established this FY.
3.8 D&I	Deliver National Health and Social Care Workforce Plan commitments	TBC	TBC	TBC	→	TBC	Waiting for guidance from Government by end of FY 21/22.
3.9 Reg	Deliver the Future Proofing Programme	TBC	TBC	TBC	→	TBC	Under development.
3.10 S&P	The work of the SSSC promotes the value of the social care workforce (% positivity)	TBC	69.0	0	→	TBC	
4.2 S&P	External stakeholder engagement (%)	41.0	49.7	+4.6	↑	TBC	
4.3 S&P	SSSC complaint information for Stage 1 (%)	90	100	0	→	Green	
	SSSC complaint information for Stage 2 (%)	90	100	0	→	Green	
4.4 HR	The overall percentage of staff who are absent from work (%)	4.0	2.5	-0.6	↑	TBC	
4.5 HR	The overall staff turnover percentage (%)	15.0	10.4	+1.2	↓	TBC	
4.6 HR	Percentage of budgeted posts that are empty (%)	4.0	5.9	+0.5	↓	TBC	There are discussions ongoing about what the target should be for this and therefore what RAG should be used. People in posts for less than six months (actual) is 11.5%.
4.7 OD	Compliance of mandatory courses	TBC	TBC	TBC	→	TBC	To be included in the bi-annual People Strategy update report.
4.8 L&CG	SAR requests are dealt with within timescales (%)	100	100	+25.0	↑	Green	
	FOI requests are dealt with within timescales (%)	100	100	0	→	Green	
4.9 L&CG	Number of data security incidents reported (#Red)	N/A	0	0	→	Green	

## 1. RISK SUMMARY

December 2021		SSSC STRATEGIC RISK REGISTER					
Risk No.	Strategic Risk Description	Outcome	Gross	Residual	V(+/-)	Owner	Actions & Comments
1	We fail to ensure that our system of regulation meets the needs of people who use services and workers.	1	20	12	➔	DoR	
2	We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.	2, 3	16	12	➔	DoDI	
3	We fail to meet corporate governance, external scrutiny and legal obligations.	1	16	9	➔	DoFR	
4	We fail to plan and resource our activities to deliver our digital strategy.	1, 2, 3	12	1	⬇	DoSP	Due to mitigating actions relating to cyber essential accreditation and in-depth cyber security testing this risk was reduced from a score of 4 (green – low) to 1 (green – very low).
5	We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	9	➔	DoSP	
6	We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.	1, 2, 3	20	12	➔	DoFR	
7	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	1	20	16	➔	DoFR	
8	The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	1, 2, 3, 4	20	4	➔	CEO	
9	The SSSC is unable to operate due to effects of global pandemic COVID-19.	1, 2, 3, 4	25	2	⬇	CEO	Continued stability in our operational recovery phase also led to this risk being lowered from a score of 4 (green – low) to 2 (green – very low).

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

- Regulation highlighted work on the external recruitment portal may impact on Registration's ability to process applications.
- Fee income higher than anticipated due to use of the model not taking into account people coming off and on the register.
- PMO resource is experienced increased stretched capacity due to requirement to support the Rewards Review work following on the lack of progress by the external contractor on the project documentation identified in the PMO highlight section above. This has compounded the existing issue of covering the vacant programme management post for the Future Proofing Programme.
- HR continue to run under capacity for the established posts, Senior Accountant is leaving the organisation and F&R are highlighting this will create capacity issues while recruitment is undertaken.

**SCOTTISH SOCIAL SERVICES COUNCIL**

**Unconfirmed minutes of the Audit and Assurance Committee  
held on 03 February 2022 at 10.00 am  
by Teams meeting**

**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  
Laura Lamb, Acting Director of Development and Innovation  
(Learning and Development)  
Anne Garness, Head of Legal and Corporate Governance  
David Archibald, Internal Auditor, Henderson Loggie  
John Boyd, External Auditor, Grant Thornton  
Audrey Wallace, minute taker

**Observing:** Linda Lennie, Council Member  
Chris Weir, Head of Fitness to Practice

<b>1.</b>	<b>Welcome</b>
1.1	The Chair welcomed everyone to the meeting including John Boyd from Grant Thornton and Linda Lennie, who was observing the meeting. Apologies from Lorraine Gray, Chief Executive, were noted.
<b>2.</b>	<b>Declarations of interest</b>
2.1	There were no declarations of interest.
<b>3.</b>	<b>Minutes of the previous meeting</b>
3.1	The minutes of the meeting held on 2 November 2021 were approved as an accurate record.
<b>4.</b>	<b>Matters arising</b>
4.1	There were no matters arising from the minutes not included elsewhere on the agenda.

<b>5.</b>	<b>Assurance report as of 31 December 2021</b>
5.1	Laura Shepherd introduced report 01/2022, the assurance report to 31 December 2021. This report provided performance, financial and risk information as at 31 December 2021. She confirmed that there was generally no change to the activities marked by amber or red in the performance summary, the main changes were detailed in the financial summary.
5.2	Lynn Murray advised on the change in the financial position, explaining the main issues leading to the projected underspend, which were the disbursement of Practice Learning Fees, delayed due to the pandemic resulting in students not being able to take up places; and secondly, the income from registration fees was inaccurately estimated in the budget. Following a query on collection of unpaid fees, Lynn Murray referred Members to the Debt Management policy and gave a brief summary of the process in place to ensure consistency of decisions on non-payment issues. She advised on the position with drawing down funds and explained that the SSSC follows the guidance in the Scottish Public Finance Manual (SPFM). She also added that discussions with Scottish Government have taken place and the draw down of remaining grant in aid will be split over the months of February and March 2022.
5.3	Maree Allison advised Committee on performance in regard to regulation matters. She particularly referred to the position with live Fitness to Practice cases and confirmed that she was content that the progression of cases was satisfactory. There was a separate matter which would be considered during the private part of the meeting.
5.4	In response to a question about performance indicator 3.7, whether our learning and development resources are effective, Laura lamb advised that there was insufficient data gathered on this, at this time. Laura Shepherd confirmed that collection of data had been difficult however by the next meeting of this Committee, three months of data would be available to allow measurement of this indicator. Laura Lamb then advised on the criteria used to determine where learning and development resources would be most useful. This included targeting areas highlighted by surveys, areas identified by working together with Scottish Government and noting what resources workers were tending towards.
5.5	Discussion turned to HR performance and particularly staff turnover which was noted as 10.4%, being below the target of 15%. Committee noted that the target figure was a widely-used external benchmark. While this percentage would not be an issue across the organisation, if all turnover was focused in one department, for instance, Fitness to Practise, this would be cause for concern.

5.6	The use of exit interviews was discussed and the reasons given for use of these was, if conducted in a structured manner, the information gathered can be helpful and useful for developing future staffing strategies and structures. It was suggested that further work could be carried out to determine a more accurate benchmark for the organisation, as it appeared from the figures that the organisation was using resource to further lessen the turnover when it was already below the benchmark being reported.
5.7	During the discussion, there was debate about whether issues raised were straying into operational discussions rather than strategic matters. The Chair's view was that Members were appointed partly for their expertise in specific matters and it was part of their responsibility to provide insight and advice based on their expertise.
5.8	The Committee reviewed and commented favourably on the revised style of the summary risk register. In answer to a query, Laura Lamb advised that both she and the Chief Executive were part of the National Care Service Key Stakeholder Group and were awaiting the analysis of the National Care Service Review which was expected to be released on 8 February.
5.9	The Committee
	1. endorsed the direction of travel for the strategic measures
	2. approved the risk register position
	3. approved the revised summary risk register for inclusion in future reports.
<b>6.</b>	<b>Audit Reports</b>
<b>6.1</b>	<b>Internal Audit reports</b>
6.1.1	Anne Garness presented report 02/2022 which introduced reports prepared by internal auditors Henderson Loggie for the period up to 25 January 2022. She advised that the level of assurance rating for the audit on Workforce Development and Planning was rated as good, meaning the system meets the control objectives, and there were no actions recommended.
6.1.2	The report on HR Data and Performance Management rated the level of assurance as satisfactory and there were five recommended actions which will address the weaknesses identified.
6.1.3	David Archibald gave a brief verbal overview of the audits and findings and confirmed that the terms of the written agreement over the shared service status of the HR function meant that the SSSC had sufficient influence over its work and that the relevant part was about ensuring that developmental aspects are sufficiently resourced.
6.1.4	The Committee
	1. endorsed the internal audit reports concerning
	a. Workforce Development and Planning

	b. HR Data and Performance Management.
<b>6.2</b>	<b>Management Audit Progress report</b>
6.2.1	Anne Garness presented report 4/2022 which provided a summary of the progress of management in implementing internal and external audit recommendations and actions.
6.2.2	Lynn Murray advised that the delay in completion of the workforce development actions was due to the time necessary to put processes in place. These were complex and included appointing an organisational development team to carry out the work required and also the purchase of a learning management system. It was acknowledged that the original completion date had been overly optimistic given the actions required to complete the recommendations.
6.2.3	The Committee 1. endorsed management’s response towards completion of the internal and external audit recommendations 2. noted the progress towards the annual internal audit plan.
<b>6.3</b>	<b>Internal Audit Annual Plan 2022/23</b>
6.3.1	Anne Garness presented report 05/2022 which presented the draft Annual Internal Audit Plan for the year ending 31 March 2023. Committee noted that the Executive Management Team had reviewed the draft plan and suggested the following changes <ul style="list-style-type: none"> <li>• the compliance with legislation audit be refined to a more focussed review of health and safety</li> <li>• the digital transformation and IT strategy audits be combined into one review.</li> </ul>
6.3.2	Maree Allison advised that the health and safety review was given priority to make sure that staff were being well-supported while working from home and that the organisation was prepared for any return to office working. One aspect being to make sure all necessary safety practices are in place with the reduced numbers of people in the office.
6.3.3	Members requested some additions to the wording in the plan including that wording to include ‘anticipated mutual benefit’ be added to the objectives for the audit on payroll and that the health and safety audit should specify that it includes working from home.
6.3.4	The Committee 1. approved the draft internal audit plan subject to the above comments being included 2. authorised the Interim Director of Finance and Resources to approve any minor amendments to the draft plan and to finalise the plan.

<b>7.</b>	<b>Draft 2021/22 External Audit Plan</b>
7.1	Report 06/2022 was presented along with the appended draft external audit plan prepared by Grant Thornton, external auditors. John Boyd advised that this was the final year of his company carrying out the audit and it would be carried out within Audit Scotland guidelines. He talked Members through the external audit report. He outlined the overview, the scope, the approach to be taken including datelines and the areas of significant risk.
7.2	The Committee
	1. endorsed the draft 2021/22 external audit plan, at appendix 1 to the report
	2. authorised the Interim Director of Finance and Resources to approve any amendments made by the external auditor following a meeting to finalise the plan.
	<i>John Boyd left the meeting</i>
<b>8.</b>	<b>Financial Governance Documents – Financial Regulations and Debt Management Policy</b>
8.1	Lynn Murray presented report 07/2022, to which were appended the reviewed and revised versions of the draft Financial Regulations and the draft Debt Management Policy. She responded to a query on the setting of tolerance bands for budget variances, advising that as these are regularly reported enabling Members the opportunity to comment or question settings proposed by officers. She also advised on the process for ensuring equity and fairness of consideration of fee waiver requests, including the process for appealing against a decision.
8.2	The Committee:
	1. approved the draft Financial Regulations
	2. approved the draft Debt Management policy.
<b>9.</b>	<b>Risk Register and Appetite Statement Review</b>
9.1	Laura Shepherd presented report 08/2022, along with a sample of the revised summary risk register and a draft risk appetite statement. Referring to the discussion session during December 2021, she confirmed that it was intended to close risk 4, regarding the digital strategy, and risk 9 at the end of this financial year. Any impact caused by COVID-19 would <u>be</u> integrated into all risk decisions and no longer required a separate risk.
9.2	Appendix 2 to the report set out changes to the risk appetite statement.
9.3	The Committee:

	1. reviewed the proposed changes
	2. recommended that the revised risk register and appetite statement are adopted by Council.
<b>10.</b>	<b>Assurance Map</b>
10.1	Anne Garness presented report 09/2022 which included a template assurance map prepared by Henderson Loggie. She referred to the discussion session with Council Members in January when the format of the map and the steps to put it in place were discussed. She confirmed that the next step, subject to agreement on the template, is for officers to populate the template and the detail to be agreed by Committee in May.
10.2	The Committee:
	1. approved the template assurance map prepared by Henderson Loggie
	2. endorsed the next steps.
<b>11.</b>	<b>Fraud, Bribery and Corruption Assurance report</b>
11.1	Lynn Murray presented report 10/2022 which confirmed that there had been no instances of fraud, bribery or corruption detected in the organisation during the quarter, 1 October to 31 December 2021.
11.2	The report also summarised the work being carried out with the Counter Fraud Service to identify and assess fraud risks. She referred to the quarterly fraud bulletin from Audit Scotland and confirmed that a link to bulletins would be shared with Members and she would highlight any issues of particular importance.
11.3	The Committee noted:
	1. there were no instances of fraud, bribery or corruption detected in the period 1 October to 31 December 2021
	2. satisfactory progress with the counter fraud workstream.
<b>12.</b>	<b>Horizon Scanning</b>
12.1	David Archibald verbally advised that Audit Scotland had recently issued a publication 'Planning for Skills' which may be of interest to the SSSC. This would be circulated to Members via Teams.
<b>13.</b>	<b>Audit and Assurance Committee Action Record</b>
13.1	The Committee reviewed the Audit and Assurance Committee action record and noted that completed actions A72, A75, A76, A77, A 78 and A79 would be removed from the reporting spreadsheet, but retained in the archive for future reference.

<b>14.</b>	<b>Date of next meeting and Calendar of Business</b>
14.1	The Committee noted the calendar of business, as known at this time, for the coming year.
14.2	The Chair advised that the next meeting of the Audit and Assurance Committee will be held at 10am on Tuesday 3 May 2022.
	<b>Private session</b>
	Items 15 and 16 were discussed in private and minuted separately.

Committee started: 10.00 am  
Committee finished: 12.10pm

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

Date \_\_\_\_\_

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>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving legislation.</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><b>Planned Mitigation and Controls</b></p> <p>New fitness to practise staff recruited for 21/22. Starting in post from August 21 but will take a minimum of six months to be fully productive.</p> <p>Work with sector in embedding revised thresholds. 2021/22.                      Owner - Director of Regulation</p> <p>Systems design work started November 21, Regulatory Improvement Team</p>	4	3	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					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>established in July 21 and working with employers. Owner – Director of Regulation</p> <p>Request to Scottish Government to revert 12-month rule back to six-month rule. Estimated implementation Spring 2022. – Owner - Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by 2023. – Owner – Director of Regulation</p> <p>Work with Police Scotland and Crown Office Procurator Fiscal Service on information sharing and decisions – ongoing – Director of Regulation.</p> <p>Insufficient budget in future years to fund permanent posts agreed by Council in 23/24 financial year 2021. (Owner – Interim Director of Finance and Resources-June 2021)</p>							
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p><b>Cause:</b></p> <p>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.</p>	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> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to</p>	4	3	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>Extension to qualification condition timescale due to COVID-19.                      Effects of COVID-19 may limit workforce capacity is spent responding to regulatory requirements.                      Failure to respond timeously to requests for data due to lack of correct skills/capacity.</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.                      Risk to our reputation with external partners when we cannot provide the information or data requested.</p>				<p>qualifications funding and registration.</p> <p><b>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</b></p> <p>Working with partners to develop an interim award and a pathway for HNC students unable to complete the SVQ to meet registration requirements.                      (Head of Learning and Development Team - February 2021)</p> <p>Develop Workforce Skills action plan to address identified skills gaps and training/learning needs, including shortage of provision.                      (Head of Workforce Planning – December 2021)</p> <p>Developing national induction resource for adult social care to support sector and SG commitment in PFG (Head of L&amp;D March 2022)</p> <p><del>Virement of budget to support increased capacity in the central Intelligence Team to develop further skills and capacity to support work until the end of the year.</del></p>							
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level.                      Insufficient project management.                      Unclear policies and procedures.                      Lack of management.                      Ineffective working relationships between Council members and Officers.</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>	3	3	9 (Low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>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> <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. Action by external stakeholders – ICO, SPSO, Audit Scotland. Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</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> <p>Shared services – Council agreed governance documents and EMT agreed operational documents. Positive internal audit reports. Regular review meetings with CEOs and senior managers from SSSC and CI.</p> <p><b>Planned actions</b></p> <p>Assurance mapping exercise to be carried out during 2021 (Head of Legal &amp; Corporate Governance – March 2022).</p> <p>Further discussion required about Committee restructure with Council (Chief Executive – March 2022).</p>							
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. Insufficient cyber security infrastructure. A major cyber security and information loss incident.</p> <p><b>Consequence:</b></p>	Director of Strategy and Performance	4	3	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>Digital Programme for 2021/2022 developed and agreed at Digital Sponsor.</p> <p>Digital Strategy for 2021-2024 agreed and published</p> <p><b>Cyber essentials accreditation</b></p> <p><b>Planned actions</b></p> <p>Planned Digital Programme for 2022/23 currently under development.</p>	1	1	1 (Very low)		N	Risk now closed

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			
			<p><b>Complete loss of business systems</b>  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.</p>				<p>Internal audit Cyber security. (Director of S&amp;P November 2021)</p> <p>In depth cyber testing. (Head of Digital March 2022)</p>							
4		Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p><b>Cause:</b></p> <p>Insufficient funds allocated to manage core IT infrastructure.  Insufficient development investment to upgrade security and systems.  Lack of staff, skills and knowledge.  Lack of IT policies.  Insufficient horizon scanning of future threats.  Lack of understanding and awareness by staff.  Successful cyber attack.</p> <p><b>Consequence:</b></p> <p>Complete loss of use of core business systems.  Loss of data and sensitive information.  Major data breach.  Financial fraud.  Action by external stakeholders – ICO, SPSO, Audit Scotland.  Financial penalties.</p>		4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit  Relevant insurances in place.</p> <p><b>Planned actions</b>  Planned Digital Development Programme for 2022/23.</p> <p>Revised business continuity and incident management testing plan. (Head of Digital March 2022)</p> <p>Simulated cyber exercises. (Head of Digital December 2022)</p>	3	4	12 (Moderate)			
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.</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>	3	3	9 (Low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>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.                      Unable to respond timeously to requests for internal data due to lack of resource.                      Effects of COVID-19 may limit workforce capacity is spent responding to stakeholder requirements.</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.                      Risk to reputation with our external partners who rely on SSSC data.</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><del>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)</del></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>							
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> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.                      Lack of effective monitoring of workload and capacity.                      Effects of COVID-19 may limit workforce capacity to respond to regulatory requirements.                      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.</p>	Director of Finance and Resources	5	4	20 (High)	<p><b>Existing mitigation and controls</b></p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Programme Governance Group established to monitor progress of the rewards review and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Funding secured for permanent posts in Regulation in 2022/23.</p>	3	4	12 (Moderate)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>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.                      Single points of failure in several areas.</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.                      Increase in staff suffering from stress related illness and increased absences.                      Organisation is exposed and may not be able to deliver objectives if key staff are absent – single point of failure.</p>				<p><b>Planned actions</b></p> <p>Delivery of People Strategy action plan. (Director of Finance and Resources – September 2024)</p> <p>Complete the rewards review – organisational design and second phase of job evaluation. (Director of Finance and Resources – first phase March 2022).</p> <p>Reinforcement of 'do what you can' message when there are lockdown restrictions and work deadlines managed accordingly. (Each member of Executive Management Team and Operational Management Team – ongoing)</p> <p>Agree when to recruit to permanent posts approved by Council but not yet filled due to budget pressures. (EMT – March 2022)</p>							
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 (GiA) is reduced.                      Late notification of Scottish Government budget allocations.</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 2021/22).</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>	4	4	16 (High)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>Financial implications of the COVID-19 pandemic affecting public finances. Insufficient GiA to fund all permanent posts needed to deliver the strategic plan. Effects of COVID-19 on national budget setting may limit our ability to allocate resources.</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.                      Reliant on a number of temporary posts to deliver the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</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>Resource models reviewed and updated and regularly compared to the actual position.</p> <p><b>Planned actions</b></p> <p>EMT and OMT business and budget planning sessions arranged to prepare for 2022/23 and beyond. (Director Strategy and Performance and Director of Finance and Resources – March 2022).</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>Significant budget underspend projected to 31 March 2022 and indicative budgets for future years identify significant budget gaps. Work will continue in the planning and budgeting process to achieve a balanced budget. (Chief Executive/ Interim Director of Finance and Resources – March 2022)</p>							

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
								<a href="#">Review the financial strategy at the same time as developing the strategic plan for 2023-2027 (Interim Director of Finance and Resources)</a>						
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><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>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><b>Planned actions</b></p> <p>Timetable for future testing of plans to be agreed. (Head of Performance and Improvement – December 2021)</p> <p>Internal audit Cyber security. (November 2021)</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> <p>Staff capacity is significantly reduced.            Financial losses due to not chasing fees.</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>Regular strategic and operational response meetings remain in place.</p> <p><b>Planned Actions</b></p> <p>Managed return to office in progress. SSSC in now in recovery phase and moving to business as usual.</p>	2	1	2 (Very Low)	↓	N	



## RISK SCORING MATRIX

**Table 1 Impact scores**

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  RIDDOR/agency reportable incident  An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of stakeholders
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications if unresolved  Reduced performance rating if unresolved	Service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of service  Gross failure of findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
<b>Human resources/organisational development/staffing/competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff  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.



## **2022/23 SSSC Risk Appetite Statement**

**Date agreed by Council: TBC**

### **Introduction**

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

Risk appetite and risk tolerance are often used interchangeably. Risk appetite is defined as the level of risk with which an organisation **aims** to operate. This differs from risk tolerance, which is the level of risk with which an organisation is **willing** to operate.

Our risk appetites are aligned with the strategic risk register to allow identification of existing and emerging risks that are outwith our stated risk appetites.

### **Overarching Statement**

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

### **Risk Appetite Definition**

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

## **Risk Appetite Rationale**

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

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

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

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

### **Infrastructure**

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

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

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

### **People and Culture**

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

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

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

## **Legal Compliance**

### **How do we meet our legal obligations?**

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

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

## **Regulatory Quality**

### **How will we deliver effective regulatory functions?**

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

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

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

## **Developing the Sector**

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

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

## Communication and Profile

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

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

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

We take an **open** approach to promoting our SSSC brand to ensure we remain visible and are recognised for the value we bring to the sector. While we maintain a high standard of reputation, we will use different methods and technologies to promote the work of the SSSC and the sector. Developing an understanding of stakeholders' opinions, concerns and views will help us shape the delivery of our work. For this to be effective we need to use different ways of engagement to reach all our stakeholder groups. We have an **open** approach to ensuring the mechanisms are in place to hear the views and voices of our stakeholders.

### Risk appetite summary

Heading	Description	Current Appetite (Jan2021)	Proposed changes to appetite	Reason for change or addition (if applicable)
Finance and value for money	Pursuit of Best Value	Open	No change	
	Cost/benefit appraisal	Cautious	No change	
	Financial management	Cautious	No change	
Infrastructure	Developing new process, systems and projects	Hungry	Open	On reflection Open better defines how we approach this
	Existing processes, systems and controls	Cautious	No change	

	Business continuity and adaptation of service	Minimalist	No change	
People and Culture	Organisational development (developing SSSC workforce)	Averse	No change	
	Culture and transformational change	Open	No change	
Legal Compliance	Failure to meet obligations	Averse	No change	
Regulatory Quality	Deliver effective regulation	Cautious	No change	New category previously part of reputation
	Quality and standards of education and training for the sector	N/A	Cautious	New category
Developing the sector	L&D innovation & responsiveness	Hungry	No change	New category previously part of reputation
Communication and profile	Exposure to scrutiny	Cautious	No change	
	Failure to respond to policy developments	Minimalist	No change	
	Promoting the SSSC brand	Open	No change	
	Stakeholder engagement	N/A	Open	Increased need to include stakeholders' voices and act responsively to the needs/views of our stakeholders.

<b>Title of report</b>	Draft budget 2022/23 and indicative budgets for 2023/24 and 2024/25
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	This report presents the first draft of the budget for 2022/23 along with indicative budgets for 2023/24 and 2024/25.
<b>Recommendations</b>	<p>The Council is asked to:</p> <ol style="list-style-type: none"> <li>1. consider and comment on the draft budget for 2022/23. Scottish Government has agreed to fund a deficit budget of £1.638m as an unfunded pressure this year (Appendix 1)</li> <li>2. consider and comment on the indicative budgets for 2023/24 of £0.787m deficit and 2024/25 £0.319m deficit (Appendix 1)</li> <li>3. consider and comment on the proposed staffing establishment changes set out in paragraphs 17 to 19 of this report</li> <li>4. consider and comment on the considerations for projected general reserves and risks to the budget.</li> </ol>
<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>	<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</p>

	<p>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> <p>Risk 7: We fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p>
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>
<b>Documents attached</b>	<p>Appendix 1: Three-year budget summary</p> <p>Appendix 2: Budget assumptions</p> <p>Appendix 3: Budget presentation</p>
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. The SSSC's new financial year starts on 1 April 2022. Our Executive Framework sets out that the Scottish Government Sponsor must confirm our funding before the new financial year starts.
2. Council must approve the annual budget each year, as required by our Code of Corporate Governance. Council must also approve changes to our staffing establishment in line with our Establishment Control Policy.
3. This report details our progress towards delivering a balanced 2022/23 budget. We ask Council Members to consider the budget priorities included by our Executive Management Team (EMT) and provide feedback to officers.
4. We will present a report asking Council to approve our draft budget for 2022/23 and indicative budgets for 2023/24 and 2024/25 to the Council meeting on 25 March 2022.
5. We reviewed each budget item to take account of actual costs from previous years and the latest budget monitoring information. We applied inflationary uplifts where increases are known.
6. The 2022/23 draft budget is shown in the table below (after paragraph 11) alongside the 2021/22 budget. Scottish Government has agreed to fund the budget deficit of £1.638m as an unfunded pressure in 2022/23 rather than allocate permanent grant in aid.
7. Appendix 1 gives a more detailed summary and includes indicative budgets for 2023/24 (£0.787m deficit) and 2024/25 (0.319m deficit). Budget assumptions are included at Appendix 2.
8. We are projecting that our general reserves target will be well in excess of our 2% to 2.5% target at 11.9% (£2.715m) at 31 March 2022. We are waiting on our Scottish Government Sponsor to provide direction on whether we can carry forward underspends from 2021/22 and to what level. We have noted the risks to our budget in paragraphs 28 to 30.

## **DRAFT BUDGET 2022/23**

### **2022/23 financial position**

9. The Scottish Government budget allocated grant in aid income to the SSSC of £16.035m in 2022/23 (2021/22: £16.035m). Registration fees and other income total £6.359m, providing total budgeted income of £22.394m in 2022/23.
10. The draft expenditure budget for 2022/23 is £24.032m (see table after paragraph 11 below). This includes operating expenditure (cost to run the organisation) of £19.025m and disbursement expenditure of £5.007m. We administer disbursements on behalf of Scottish Government ie

postgraduate bursaries, practice learning fees and the Voluntary Sector Development Fund.

11. The difference between budgeted income of £22.394m and the draft expenditure budget of £24.032m means a funding deficit (shortfall) of £1.638m for the 2022/23 financial year.

	Revised budget for monitoring purposes 2021/22 £000	Draft budget 2022/23 £000	Increase/ (decrease) between 2021/22 and 2022/23 budgets £000
<b>Expenditure - cost of operating our business</b>			
Staff costs	14,246	14,941	695
Running costs	3,773	4,084	311
<b>Total operating expenditure</b>	<b>18,019</b>	<b>19,025</b>	<b>1,006</b>
<b>Income - from operating our business</b>			
Grant in aid to fund our operating costs	(11,028)	(11,028)	0
Registration fees	(5,644)	(5,962)	(318)
Other income	(290)	(397)	(106)
<b>Total operating income</b>	<b>(16,961)</b>	<b>(17,387)</b>	<b>(424)</b>
<b>Deficit cost of operating the business</b>	<b>1,057</b>	<b>1,638</b>	<b>582</b>
<b>Disbursements to other organisations</b>			
Postgraduate bursaries, practice learning & VSDF	7,054	5,007	(2,046)
Grant in aid to fund disbursements	(5,907)	(5,007)	900
<b>Deficit or (surplus)</b>	<b>1,146</b>	<b>0</b>	<b>(1,146)</b>
<b>Total operating and disbursement expenditure</b>	<b>25,073</b>	<b>24,032</b>	<b>(1,040)</b>
<b>Total operating and disbursement income</b>	<b>(22,869)</b>	<b>(22,394)</b>	<b>476</b>
<b>Overall deficit (spending pressure)</b>	<b>2,204</b>	<b>1,638</b>	<b>(565)</b>

NB. We planned to fund the 2021/22 budgeted spending pressure of £2.204m from our general reserve. Scottish Government will fund the 2022/23 budget deficit of £1.638m as a one-off while discussing more sustainable funding from grant in aid in future years.

12. We have included our budget assumptions in Appendix 2. Costs of the pay award, increments and increased national insurance alone add around £500k to our budget this year and there is a no compulsory redundancy policy. We recruited a number of staff in Fitness to Practise last year after approval from our Scottish Government Sponsor as we did not have sufficient budget from 2022/23 to fund these posts totalling approximately £650k.
13. Our Sponsor understands our financial position and has confirmed that Ministers have approved an unfunded pressure of £1.638m for the 2022/23 financial year resulting in total funding of £17.673m. This means that Ministers accept that an overspend of grant in aid is necessary for 2022/23 and they will review the level of our grant in aid during the 2022/23 financial year, with the potential to increase it at either autumn or spring budget reviews if budgets allow. Ministers ask that we continue to work towards decreasing the total amount as far as possible.
14. Our Sponsor is continuing work to secure a permanent increase to our grant in aid budget. We will update Members at the Council meeting if more information is available.

15. We will split the budget by strategic outcomes in the next draft we present to Council for approval on 25 March 2022.

### Key changes between 2021/22 budget and 2022/23 budget

16. In the 2022/23 budget EMT has prioritised an increased number of staff posts, resources for the programme to future proof the register of £617k (£357k staff and £260k development costs – in tables below) and digital development to make sure that we continually improve. We would have liked to establish permanent posts rather than temporary posts where we see that there is a permanent need for the resource but are unable to make this commitment as our grant in aid has not increased permanently.

### Changes to staffing establishment

17. Our staffing establishment is the approved permanent and temporary staff we need to run the organisation. In 2022/23 we will fund these posts from the £1.638m unfunded pressure, which is not permanent grant in aid. After Council approves, this becomes the budgeted establishment.

Post type	Full time equivalent (FTE)	2022/23 Cost £000
<b>Continuation of 2021/22 temporary posts</b>		
Product Owner - Mattersphere	0.5	25
Learning & Devt Advisers to 30/6/22	0.6	26
Head of Workforce Planning	1.0	73
Digital Marketing Comms Coordinator	1.0	45
Programme Management Officer (PMO)	1.0	46
Transactions Assistant	1.0	31
Organisational Development Analyst	1.0	33
	<b>6.1</b>	<b>279</b>
<b>New permanent posts</b>		
PMO (Project Mgt Office) Manager	1.0	57
Organisational Development Adviser	1.0	49
Learning and Development Adviser	0.5	30
	<b>2.5</b>	<b>136</b>
<b>New temporary posts</b>		
Digital Systems Development Officer	1.0	36
Modern Apprentice – Communications	0.7	22
Stakeholder/Involving People Coordinator	0.8	36
HR Manager	0.8	47
Fitness to Practise Manager	1.0	63
	<b>4.3</b>	<b>204</b>
New temp posts – Future proofing	<b>10.0</b>	<b>357</b>
<b>Total</b>	<b>22.9</b>	<b>976</b>

18. It is good financial practice only to fund permanent posts from permanent funding. We have a cautious appetite to financial management and

recommend that we take a risk in funding 2.5 posts that are critical to continued service delivery totalling £136k on the basis that historically we have underspent our budget.

19. We removed two permanent posts from the Finance and Resources Directorate as they were moved to the Care Inspectorate as part of the HR restructure (£95k) to reflect the balance of work between the two organisations. The Care Inspectorate will recharge for any costs through the shared services agreement. We removed two temporary posts, one in Regulation and one in Strategy and Performance (£100k), from our establishment because they are no longer required.

### Development projects

20. We removed £260k of budget for one off projects in 2021/22 and included budget for the following development projects in 2022/23.

<b>One off development projects included in the 2022/23 budget</b>	<b>2022/23 draft budget £000</b>
Futureproofing Project	260
Digital - business as usual and developments	164
Job evaluation and restructure consultancy	30
Support advocacy	25
	<b>479</b>

### GENERAL RESERVES

21. Based on projections at 31 January 2022 (detail included in the Assurance Report) we expect our general reserve to be £2.715m by 31 March 2022. This balance consists of carry forward for the following expenditure.

<b>Expenditure type</b>	<b>Disbursements £000</b>	<b>General reserve balance £000</b>
Postgraduate bursaries	215	
Practice learning fees	<u>536</u>	
Total disbursements		751
Specific grants		186
Planned digital replacement		290
Available balance (operating underspend)		1,488
Projected general reserve at 31 March 2022		<b>2,715</b>

2021/22 budget contains £90k for digital replacement which will increase the planned digital replacement fund to £290k at 1 April 2022. We will review our provision for dilapidations at the financial year end (2020/21 £466k). If we need to reduce the provision this would increase our general reserve.

22. We are waiting for Scottish Government to confirm whether we can carry forward our general reserves balance to 2022/23, and to what level, and

whether we can carry forward and redirect disbursements of £751k to fund operational expenditure.

23. We have identified several areas where we do not have provision in our current budget and could make use of reserves if we are allowed to retain them, as follows.
- Potential spend relating to the National Care Service and the Panel member legal decision.
  - Retain 2% to 2.5% target in reserves (£457k to £572k).
  - Any extra spend resulting from the rewards review beyond the £51k provided.
  - 8.3 FTE posts totalling £387k and digital and other developments totalling £51k that we removed initially to balance the 2022/23 budget but would help us better deliver our strategic outcomes.
  - Carry forward of amounts relating to developments started but not completed in 2021/22 of £35k (projection at 31 January 2022).
  - Removing the vacancy management adjustment of £192k from the Fitness to Practise budget. This will allow us to recruit four additional solicitor posts early in the financial year to enable training and development of staff before posts become vacant.
  - Futureproofing the register may require additional digital development of £300k to £600k over 2022/23 and 2023/24.
  - We are currently reviewing use of our office space and it is likely that we will reduce our footprint. However, it is difficult to estimate how much costs will reduce by as we understand the landlord may increase costs per square foot. This may help to fund estimated costs of £300k to improve our office space.

### **2023/23 and 2024/25 INDICATIVE BUDGETS**

24. We prepared indicative budgets for 2023/24 and 2024/25, based on the draft 2022/23 budget and assuming grant in aid stays at the same level of £16.035m. The indicative budgets are shown alongside the draft budget for 2022/23 in the table below and more detail is included at Appendix 1.

	Revised budget for monitoring purposes 2021/22 £000	Draft budget 2022/23 £000	Indicative budget 2023/24 £000	Indicative budget 2024/25 £000
<b>Expenditure - cost of operating our business</b>				
Staff costs	14,246	14,941	15,003	15,120
Running costs	3,773	4,084	3,816	3,832
<b>Total operating expenditure</b>	<b>18,019</b>	<b>19,025</b>	<b>18,819</b>	<b>18,951</b>
<b>Income - from operating our business</b>				
Grant in aid to fund our operating costs	(11,028)	(11,028)	(11,028)	(11,028)
Registration fees	(5,644)	(5,962)	(6,754)	(7,354)
Other income	(290)	(397)	(250)	(251)
<b>Total operating income</b>	<b>(16,961)</b>	<b>(17,387)</b>	<b>(18,032)</b>	<b>(18,632)</b>
<b>Deficit cost of operating the business</b>	<b>1,057</b>	<b>1,638</b>	<b>787</b>	<b>319</b>
<b>Disbursements to other organisations</b>				
Postgraduate bursaries, practice learning & VSDF	7,054	5,007	5,007	5,007
Grant in aid to fund disbursements	(5,907)	(5,007)	(5,007)	(5,007)
<b>Deficit or (surplus)</b>	<b>1,146</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total operating and disbursement expenditure</b>	<b>25,073</b>	<b>24,032</b>	<b>23,826</b>	<b>23,958</b>
<b>Total operating and disbursement income</b>	<b>(22,869)</b>	<b>(22,394)</b>	<b>(23,039)</b>	<b>(23,640)</b>
<b>Overall deficit (spending pressure)</b>	<b>2,204</b>	<b>1,638</b>	<b>787</b>	<b>319</b>

25. There is an indicative deficit budget of £0.787m in 2023/24 and a deficit budget of £0.319m in 2024/25. We will continue work to bring these deficits within grant in aid levels over the coming year. The significant assumptions used in the preparation of the indicative budgets are included in Appendix 2. These budgets do not allow for any developmental work or additional staffing costs except the temporary posts that have a contract period after 31 March 2023.
26. Ministers approved an unfunded pressure of up to £1.638m in 2022/23. We have not allowed for extra funding in the 2023/24 and 2024/25 budgets, although our Scottish Government Sponsor has confirmed they are working to secure permanent additional funding for future years.

## CONSULTATION

27. We have compiled the draft and indicative budgets after input from budget holders and review by directors. The EMT reviewed the draft budget for 2022/23 and we have included their priorities.

## RISKS

28. Risk 7 in the strategic register is that SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan. Our appetite to risk for our budget is cautious.
29. Our 2023/24 and 2024/25 budgets have deficits of £0.787m and £0.319m respectively. We assumed a fee income increase from April 2023 pending consideration on fees. However, if fees stay the same there would be deficits of £1.113m in 2023/24 and £1.119m in 2024/25. We have not allowed for one-off development costs in the indicative budgets and our permanent costs are rising.

30. Further risks to the budget are:

- lack of permanent additional grant in aid funding meaning we cannot commit to permanent posts that we need to deliver our strategic outcomes
- we propose funding 2.5 permanent posts totalling £136k from reserves but there is a risk that they can't be funded on an ongoing basis
- little digital or other development funding in 2023/24 and 2024/25 meaning we may not be able to deliver system changes and other initiatives that will support delivery of business as usual and business improvement
- inflation is included where known, but no general inflationary uplift is included, meaning costs may be higher than budgeted
- depending on what Scottish Government allow us to carry forward, we may not have enough in reserves to cover future unknown costs
- Scottish Government has not committed to an unfunded pressure amount beyond 2022/23 so we have not included any amounts in the budgets for 2023/24 and 2024/25. The risk would reduce if they were to agree a permanent increase to grant in aid or unfunded pressures in future years.

## **IMPLICATIONS**

### **Resourcing**

31. The draft budget for 2022/23 is a deficit budget of £1.638m. Indicative budgets for 2023/24 are £0.787m deficit and 2024/25 £0.319m deficit.

### **Compliance**

32. The Council follows the Scottish Public Finance Manual (SPFM) and our Executive Framework in setting a budget by 1 April each financial year.

## **IMPACT ASSESSMENTS**

### **Equalities**

33. When we develop business cases for improvement/development projects, we will also produce individual EIAs, as needed. This makes sure we carry out EIAs at the right level and take account of the impact on all people with protected characteristics.

## **CONCLUSION**

34. This report asks the Council to consider and comment on the draft budget for 2022/23 and the indicative budgets for 2023/24 and 2024/25 (Appendix 1). We will include any amendments in the draft budget to Council on 25 March 2022.

**Council**  
**28 February 2022**  
**Agenda item: 09**  
**Report no: 04/2022**  
**Appendix 1**

	<b>Revised Budget for monitoring purposes 2021/22 £000</b>	<b>DRAFT Budget 2022/23 £000</b>	<b>Indicative Budget 2023/24 £000</b>	<b>Indicative Budget 2024/25 £000</b>
<b>Expenditure - cost of operating our business</b>				
<b>Staff costs</b>				
Staff salary costs	13,445	14,375	14,417	14,534
Other staff costs	801	566	586	586
<b>Total staff costs</b>	<b>14,246</b>	<b>14,941</b>	<b>15,003</b>	<b>15,120</b>
<b>Running costs</b>				
Accommodation costs	770	791	792	793
Administration costs	1,128	1,138	1,090	1,101
Travel costs	72	84	92	92
Supplies & Services	1,803	2,071	1,843	1,845
<b>Total running costs</b>	<b>3,773</b>	<b>4,084</b>	<b>3,816</b>	<b>3,832</b>
<b>Total operating expenditure</b>	<b>18,019</b>	<b>19,025</b>	<b>18,819</b>	<b>18,951</b>
<b>Income - from operating our business</b>				
Grant in aid to fund our operating costs	(11,028)	(11,028)	(11,028)	(11,028)
Registration fees	(5,644)	(5,962)	(6,754)	(7,354)
Other income	(290)	(398)	(250)	(251)
<b>Total operating income</b>	<b>(16,961)</b>	<b>(17,387)</b>	<b>(18,032)</b>	<b>(18,632)</b>
<b>Deficit cost of operating the business</b>	<b>1,057</b>	<b>1,638</b>	<b>787</b>	<b>319</b>
<b>Disbursements to other organisations</b>				
Postgraduate Bursaries	2,868	2,655	2,655	2,655
Practice Learning costs	3,270	2,352	2,352	2,352
Voluntary Sector Development Fund (VSDF)	915	0	0	0
Total postgraduate bursaries, practice learning & VSDF exp	<b>7,054</b>	<b>5,007</b>	<b>5,007</b>	<b>5,007</b>
<b>Disbursement funding</b>				
Grant in aid (PG Bursaries)	(2,655)	(2,655)	(2,655)	(2,655)
Grant in aid (practice learning)	(2,352)	(2,352)	(2,352)	(2,352)
Voluntary Sector Development Fund (VSDF)	(900)	0	0	0
Total postgraduate bursaries, practice learning & VSDF	<b>(5,907)</b>	<b>(5,007)</b>	<b>(5,007)</b>	<b>(5,007)</b>
<b>Deficit or (surplus) on disbursements</b>	<b>1,146</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total operating and disbursement expenditure</b>	<b>25,073</b>	<b>24,032</b>	<b>23,826</b>	<b>23,958</b>
<b>Total operating and disbursement income</b>	<b>(22,869)</b>	<b>(22,394)</b>	<b>(23,039)</b>	<b>(23,640)</b>
<b>Overall deficit (spending pressure)</b>	<b>2,204</b>	<b>1,638</b>	<b>787</b>	<b>319</b>

## **Budget Assumptions**

### **2022/23**

#### **Staff costs**

Our 2022/23 draft staff costs budget includes the assumptions detailed below.

- We included the following pay increases in line with Scottish Government Pay Policy. The increases apply from 1 April 2022.
  - Pay floor £10.50 per hour
  - £775 for salaries up to £25,000
  - £700 - £25,000 to £40,000
  - £500 - £40,000 or more.
- We assume that all staff not already at the top of their salary scale will perform satisfactorily and will receive an increment. Increases for increments total £78k and the pay award £289k.
- We have included provision for employer pension (17%), national insurance contributions (additional 1.25% £105k) and the apprenticeship levy £44k (0.5% of paybill over £3m).
- We set a vacancy management target of 4% (£567k). This is a reduction to our staff costs budget to account for the time delay when filling posts that become vacant during the year.
- We are currently carrying out a rewards review that includes organisational design, phase 2 of job evaluation and broader rewards. We included a contingency of £51k in the draft budget for increases to pay resulting from the job evaluation exercise, although we won't know any financial implications until the work is complete.

#### **Other staff costs**

We pay panel members allowances for holding fitness to practise hearings. Due to the success of opt-in hearings, we reduced the draft budget for 2022/23 by £237k. We also removed the £40k hired agency staff budget.

## **Accommodation costs**

Our office accommodation lease ends in April 2023. We are considering how we will work in the future and the type of accommodation and space we will need. We know accommodation costs will increase per square metre after the review, but we also expect that we will need less space than we currently occupy. We have budgeted for 2022/23 accommodation costs at 2021/22 levels as a prudent estimate. We have a provision of £466k for dilapidations. If dilapidation costs are less than the provision, the balance will increase our general reserve. We will have a clearer idea of the cost during the next financial year.

## **Running costs**

We increased our digital systems budgets by £116k to cover day to day running costs, maintenance, licences and some inflationary increases.

## **Income**

Scottish Government funding of £16.035m grant in aid for 2022/23 is the same level as 2021/22.

The registration fee income budget increased by £318k between 2021/22 and 2022/23. We included an assumption of 6% of registration income for write off of registration debt in our running costs budget because we must write off registration debt for registrants removed from the register after their registration anniversary date. We added a corresponding increase (£337k) to our registration income budget while our registration team work on revised registrant numbers. Therefore, this budget may change before it is presented for Council approval on 25 March 2022.

We increased the modern apprenticeship budget by £100k as the take up of modern apprenticeship opportunities is rising post pandemic.

## **Disbursements**

On behalf of the Scottish Government, we disburse Voluntary Sector Development Funds (VSDF) to voluntary organisations to support their employees to meet their registration training requirements. Scottish Ministers announce this budget during each financial year, so we cannot include the related expenditure and income in our 2022/23 draft budget (2021/22: £900k).

We administer postgraduate bursaries on behalf of Scottish Government. In 2021/22 we budgeted for £213k additional costs associated with the COVID-19 pandemic (carried forward from 2020/21 financial year). We reduced our budget for 2022/23 to normal levels.

We pay practice learning fees to universities to arrange practice placements for students. In 2021/22 we budgeted for £918k extra practice learning fees (carried forward from 2020/21 financial year), due to the impact of the COVID-19 lockdown delaying placements. We reduced our budget to normal levels for 2022/23.

## **Specific grants**

We excluded specific grant funding such as workforce development grant from the 2022/23 draft budget as this is agreed separately with Scottish Government. We received £450k in specific grants in 2021/22 with a further £383k carried forward from 2020/21.

## **2023/24 and 2024/25**

### **Staff costs**

We applied Public Sector Pay Policy 2022/23 staff cost assumptions to our 2023/24 and 2024/25 indicative budgets. The assumptions are set out in the assumptions for 2022/23 above.

We included provision for employer pensions (17%), National Insurance contributions (including the additional 1.25%) and the apprenticeship levy (0.5% of paybill over £3m).

We assume that all staff not already at the top of their salary scale will perform satisfactorily and will receive an increment.

Our vacancy management target is set at 4%.

Staff costs for 2023/24 and 2024/25 include the full year effect of new permanent posts included in the 2022/23 draft budget and any temporary posts that may continue past 31 March 2023.

### **Other costs**

We included accommodation and running costs at similar expenditure levels to 2021/22 and 2022/23. (See 2022/23 assumptions above).

We removed all one-off development project expenditure from the budget for 2023/24, leaving £50k to fund continued development of our Mattersphere and D365 systems. There is no provision for developments in the 2024/25 indicative budget.

### **Income**

Registration fee income is based upon projected annual, renewal and re-registration numbers for the 2023/24 and 2024/25 financial years. We assumed an increase to registration fees from 1 April 2023 for budget purposes, which would increase income by £326k in 2023/24 and £800k in 2024/25 (full year impact). However, there is still consideration around registration fees.

We assume registration fee write offs will remain at 6% of registration income (2023/24: £382k and 2024/25 £416k) and we added a corresponding amount to

registration fee income whilst the registration team work on projections for people who are removed from the register after their registration anniversary. We will include any change to the registration fee income indicative budgets in the report to Council on 25 March 2022.

Disbursement income and expenditure assumptions are in line with current expenditure and income levels for 2023/24 and 2024/25. We have not included any inflationary increases to disbursement budgets.

# **2022/23 Budget**

## **Indicative Budgets 2023/24 and 2024/25**

**Council 28 February 2022**



# 2022/23 Budget

Funding source	£'000
Grant in aid	16,035
Registration fees	5,962
Other income	398
	<b>22,395</b>
Budget pressure – one year	1,638
<b>Total</b>	<b>24,033</b>

## Funding of £22,395k (excluding budget pressure) pays for

Standstill operating costs £17,388k – includes permanent FtP posts agreed in 2021/22 £650k

Disbursements £5,007k

## Budget pressure pays for

Shortfall in standstill operating costs £123k

New permanent posts £131k

Current temporary posts £267k

New temporary posts £196k

Future proofing programme £603k

Development costs £202k

Other minor adjustments £35k

Job evaluation consultancy £30k and £51k for JEGs impact

# Reserves –Year end projection at 31 January 2022

Expenditure type	£'000
Disbursements	751
Specific grants	186
Planned digital replacement	290
Operating underspend	1,488
<b>Total</b>	<b>2,715</b>

## Scottish Government to confirm

Carry forward reserves into 2022/23 and how much?

Carry forward disbursements into 2022/23 and how much?

Use disbursements c/f for operational expenditure?

## Potential use of reserves

Unknown amounts eg National Care Service, rewards review, panel member legal decisions

Target reserves 2%-2.5% £457k to £572k

New temporary posts £387k

C/f developments started but not completed in 2021/22 £35k

FtP vacancy management /over-recruitment 4.0 FTE £192k

Digital & other developments £51k

FPP digital development £300k-£600k over two years

Remodelling office £300k?

# Indicative Budgets - future years

Financial Year	£'000
2023/24	787
2024/25	319

No extra funding from budget pressures

Standstill budget – no extra permanent and minimal temporary staff

Assumptions on fee income

Reduction in office space

No digital or other developments

Unknowns from NCS, rewards review, panel member legal decision etc not included

# Risks

## Cautious appetite to financial management

- No permanent grant in aid to cover rising costs in 2023/24, 2024/25 and future years
- Insufficient budget to commit to permanent posts – lack of stability and risk to delivery of strategic outcomes if reliant on temporary posts
- 2.5fte permanent posts (£131k) paid for from temporary funding
- Minimal developmental work – risk to business as usual and improvement
- General inflationary uplift not applied – could be insufficient budget
- Underestimate future spending plans and we may have insufficient reserves to cover future unknown costs
- Deficits in 2023/24 (£0.787m increasing to £1.113m) and 2024/25 (£0.319m increasing to £1.119m) will increase if registration fee income does not increase.

<b>Title of report</b>	Review of SSSC Corporate Governance Framework
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	Approval of the Executive Framework, Code of Corporate Governance, revised reporting of annual reports and note the annual effectiveness review and new Scheme of Delegation for staff.
<b>Recommendations</b>	<p>The Council is asked to:</p> <ol style="list-style-type: none"> <li>1. approve the Executive Framework and authorise the Chief Executive to finalise it with the Scottish Government</li> <li>2. approve the proposed amendments to the Code of Corporate Governance</li> <li>3. approve the revised reporting dates for the Digital Development, Information Governance, Partnership Agreement and Shared Services annual reports outlined in the Council Calendar of Business</li> <li>4. note the annual effectiveness review and new Scheme of Delegation for staff.</li> </ol>
<b>Author</b>	Lynn Murray, Interim Director of Finance and Resources
<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</p>

	<p>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.
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>
<b>Documents attached</b>	<p>Appendix 1: Executive Framework</p> <p>Appendix 2: Code of Corporate Governance</p> <p>Appendix 3: Council Calendar of Business</p> <p>Appendix 4: Scheme of Delegation</p>
<b>Background papers</b>	None

## **INTRODUCTION**

1. Officers in the Finance and Resources Directorate have completed a review of the documents which make up the SSSC corporate governance framework. This report seeks approval of the Executive Framework and Code of Corporate Governance which are key components of that framework.
2. The Audit and Assurance Committee approved the Financial Regulations and Debt Management Policy, which are key financial governance documents, at its meeting on 3 February 2022.
3. The Executive Management Team (EMT) has approved a revised Scheme of Delegation which deals with the delegation of operational matters by the Chief Executive in accordance with Sections 72 and 73 of the Code of Corporate Governance and takes account of changes to the management structure and the other aspects of the corporate governance framework. The Scheme forms Appendix 4 to this report for noting.

## **EXECUTIVE FRAMEWORK**

4. The Executive Framework document sets out the broad framework within which the SSSC will operate and defines the key roles and responsibilities which underpin the relationship between the SSSC and the Scottish Government.
5. Scottish Government reviews and updates the Executive Framework every two to three years. It reflects the model template which forms part of the Scottish Public Finance Manual and applies to Non-Departmental Public Bodies. Council approved the current Executive Framework in June 2018 and officers have worked with the Scottish Government on a revised Framework. EMT has reviewed the Scottish Government amendments and made some comments and suggestions. The EMT is content with the draft Executive Framework attached as Appendix 1.
6. The Executive Framework underpins our suite of governance documents. This is the first step in a review of our corporate governance documentation. Officers have carried out a review of our Code of Corporate Governance, Scheme of Delegation, Financial Regulations, and other financial policies for consistency.
7. The changes proposed by the Sponsor Department are mainly to provide consistency with the model Framework. There are no significant changes from the existing Framework.

8. This report asks Members for approval of the draft Executive Framework and authorisation for the Chief Executive to finalise it with the Scottish Government.

## **CODE OF CORPORATE GOVERNANCE**

9. The Head of Legal and Corporate Governance has reviewed the Code to take account of the new Executive Framework and consider any other required amendments. We have summarised the principal amendments.

### **Section One**

- Provide for online meetings (sections 13, 18 and 32)
- Formal meetings and attendance in person for 50% of meetings included in requirements for attendance (section 35)
- Declaration of interest process amended to take account of revised Model Code of Conduct for Members of Devolved Public Bodies (section 55)

### **Section Two**

#### **Council**

- Change of Council remit for annual report (section 6)
- Provide for appointments of internal and external auditors (section 7)

#### **Audit and Assurance Committee**

- Provide for recommendation of appointment of internal auditors by the Audit and Assurance Committee (section 4)
- Approval of internal audit plan and endorsement of external audit plan (section 4)

### **Section Three**

- Removal of Section Three that comprises the financial delegated limits as this forms part of the Scheme of Delegation for delegations from the Chief Executive and relates to operational management.

10. Appendix 2 uses tracked changes to show the proposed amendments to the Code of Corporate Governance and this report asks Members to approve the revised document.

## **CALENDAR OF BUSINESS**

11. Members have requested the attachment of a calendar of business to the papers for meetings. The Convener also asked the Head of Legal and Corporate Governance to consider the distribution of business across the year. There is always a significant level of business at the May meeting, particularly in connection with the preparation of the Annual Report and Accounts. We propose that we revise the reporting dates for the Digital

Development, Information Governance, Partnership Agreement and Shared Services annual reports outlined in the Council Calendar of Business which forms Appendix 3 to this report. This will create a more even spread of annual reporting across the year.

## **ANNUAL EFFECTIVENESS REVIEW**

12. Principles of good governance say that the Council should review their effectiveness on an annual basis. We do this by getting feedback from members and officers, measuring that against the Chartered Institute of Public Finance Accountants (CIPFA) International Framework: Good Governance in the Public Sector, and talking about what we need to do to continue making our governance arrangements stronger. Council Members filled out a self-assessment form based on the "Achieving the intended outcomes while acting in the public interest at all times" criteria published in CIPFA and the International Federation of Accountants (IFAC)'s "International Framework: Good Governance in the Public Sector".
13. Council Members discussed the review with management at the Away Day and agreed actions. This report asks Members to note the completion of the annual effectiveness review.

## **NEXT STEPS**

14. We will finalise the draft Executive Framework with the Scottish Government and the revised Code of Corporate Governance. We will publish the finalised documents on the intranet and internet. We will attach the Council Calendar of Business to the papers for future meetings.

## **RISKS**

15. We have an averse risk appetite towards governance matters. There are no risks arising from the recommendations in this report.

## **IMPLICATIONS**

### **Resourcing**

16. There are no financial, staffing or sustainability implications arising from this report.

### **Compliance**

17. This report complies with legal and governance requirements.

## **IMPACT ASSESSMENTS**

18. An Equalities Impact Assessment (EIA) is not necessary as this report relates to internal governance arrangements and does not have an impact on people with protected characteristics.

## **CONCLUSION**

19. This report:
  1. asks for approval of the Executive Framework
  2. proposes amendments to the Code of Corporate Governance and asks Council to approve these amendments
  3. proposes revised reporting dates for the Digital Development, Information Governance, Partnership Agreement and Shared Services annual reports outlined in the Council Calendar of Business
  4. asks Council to note the completion of the annual effectiveness review and new Scheme of Delegation.



**FRAMEWORK DOCUMENT**

**SCOTTISH GOVERNMENT**

**SCOTTISH SOCIAL SERVICES COUNCIL**



# EXECUTIVE FRAMEWORK DOCUMENT

## Introduction

1. This framework document has been drawn up by the Scottish Government (SG) in consultation with the Scottish Social Services Council (the SSSC). It sets out the broad framework within which the SSSC will operate and defines key roles and responsibilities which underpin the relationship between the SSSC and the SG. While this document does not confer any legal powers or responsibilities, it forms a key part of the accountability and governance framework and should be reviewed and updated as necessary, and at least every 2-3 years. Any proposals to amend the framework document either by the SG or the SSSC will be taken forward in consultation and in the light of SG priorities and policy aims. Any question regarding the interpretation of the document shall be determined by the SG after consultation with the SSSC. Legislative provisions shall take precedence over any part of the document.
2. References to the SSSC include any subsidiaries and joint ventures owned or controlled by the SSSC. The SSSC shall not establish subsidiaries or enter into joint ventures without the express approval of the SG. **For the purposes of this document only any reference to ‘the Council’ will mean ‘the Convener and Council Members’.**
3. Copies of the document shall be published on the SG and the SSSC’s websites.

## Purpose

4. The SSSC is to contribute to the achievement of the SG’s primary purpose of increasing sustainable economic growth by aligning its aims and objectives with the [National Performance Framework](#), [Scotland’s Economic Strategy](#) and [Programme for Government](#).
5. The SSSC’s statutory duties are to:
  - establish and maintain registers of particular groups in the social work, social care and early years workforce
  - consider applications for registration according to the terms of the Regulation of Care (Scotland) Act 2001 and rules made under the Act and to grant (conditionally or unconditionally) or refuse registration on that basis
  - remove, revise or restore an entry on the register
  - prepare and publish codes of practice for the entire workforce
  - prepare and publish codes of practice for employers of the social work, social care and early years workforce; and ensure that these are complementary to the codes for the workforce

- in accordance with directions from the Scottish Ministers, to make grants and pay allowances to secure education and training in social services work for persons resident in Scotland
  - make grants to organisations providing approved courses under the Act
  - set fees in respect of the SSSC's functions, with the longer term aim of balancing income and expenditure for registration functions
  - establish a complaints procedure for complaints about the exercise by the SSSC of its functions, and
  - consult with the Care Inspectorate on the exercise by the SSSC of its functions, where appropriate.
6. The SSSC's purpose, strategic aims and objectives, as agreed by the Scottish Ministers, are to:
- improve standards of care provided in Scotland and protect the people who use services by:
    - strengthening and supporting the professionalism of the social work, social care and early years workforce, through effective regulation and continuing workforce development
    - raising standards of practice through training and education, and
    - carrying out the functions of the sector skills council, Skills for Care and Development.

### **Relationship between Scottish Government and the Scottish Social Services Council**

7. Effective strategic engagement between the SG and the SSSC is essential in order that they work together as effectively as possible to maintain and improve public services and deliver improved outcomes. Both the SG and the SSSC will take all necessary steps to ensure that their relationship is developed and supported in line with the jointly agreed principles set out in the statement on [‘Strategic Engagement between the Scottish Government and Scotland’s NDPBs’](#).

### **Governance and accountability**

#### **Legal origins of powers and duties**

8. The SSSC is established under the Regulation of Care (Scotland) Act 2001 (the Act). The constitution of the SSSC is set out in Section 43 of the Act. The SSSC does not carry out its functions on behalf of the Crown.

#### **Ministerial responsibilities**

9. The Scottish Ministers are ultimately accountable to the Scottish Parliament for the activities of the SSSC and its use of resources. They are not however responsible for day to day operational matters. Their responsibilities include:
- agreeing the SSSC's strategic aims and objectives and key targets as part of the corporate planning process
  - agreeing the budget and the associated grant in aid requirement to be paid to the SSSC, and securing the necessary Parliamentary approval
  - carrying out responsibilities specified in the Regulation of Care (Scotland) Act 2001 (the Act), relevant Regulations, SG guidance, appointments to the SSSC's Council, approving the terms and conditions of Council Members, and appointment of the Chief Executive; and approval of the Strategic and Operational Plans, and
  - other matters such as approving the Convener and Council staff pay remit in line with SG Pay Policy and laying the accounts (together with the annual report) before the Parliament.

### **Council Responsibilities**

10. The Council, including the Convener, normally consists of non-executives appointed by the Scottish Ministers in line with the [Code of Practice](#) for Ministerial Public Appointments in Scotland. The role of the Council is to provide leadership, direction, support and guidance to ensure the SSSC delivers and is committed to delivering its functions effectively and efficiently and in accordance with the aims, policies and priorities of the Scottish Ministers. It has corporate responsibility, under the leadership of the Convener, for the following:
- taking forward the strategic aims and objectives for the body agreed by the Scottish Ministers
  - determining the steps needed to deal with changes which are likely to impact on the strategic aims and objectives of the SSSC or on the attainability of its operational targets
  - promoting the efficient, economic and effective use of staff and other resources by the SSSC consistent with the principles of [Best Value](#), including, where possible, participation in [shared services](#) arrangements
  - ensuring that effective arrangements are in place to provide assurance on risk management, governance and internal control. (The Council must set up an Audit Committee chaired by a non-executive Member to provide independent advice and assurance on the effectiveness of the internal control and risk management systems)
  - (in reaching decisions) taking into account relevant guidance issued by the Scottish Ministers

- approving the annual accounts and ensuring that Scottish Ministers are provided with the annual report and accounts to be laid before the Scottish Parliament. The Chief Executive as the Accountable Officer of the SSSC is responsible to the Scottish Parliament for their actions
- ensuring that the Council receives and reviews regular financial information concerning the management and performance of the SSSC and is informed in a timely manner about any concerns regarding the activities of the SSSC
- appointing, with the approval of the Scottish Ministers, the SSSC Chief Executive and, in consultation with the SG, set appropriate performance objectives and remuneration package, in line with the SG Pay Policy for senior appointments. New contracts for Chief Executives should include a notice period of no more than three months. Where a business case can be made, the notice period may be set at a maximum of six months. In consultation with the SG, appropriate performance objectives should be set which give due weight to the proper management and use of resources within the stewardship of the NDPB and the delivery of outcomes, and
- demonstrating high standards of corporate governance at all times, including openness and transparency in its decision making.

Further guidance on how the Council should discharge its duties is provided in appointment letters and in [On Board: A Guide for Board Members of Public Bodies in Scotland](#).

### **The Convener's Responsibilities**

11. The Convener is accountable to the Scottish Ministers and, in common with any individual with responsibility for devolved functions, may also be held to account by the Scottish Parliament. Communications between the SSSC and the Scottish Ministers should normally be through the Convener. He or she is responsible for ensuring that the SSSC's policies and actions support the Scottish Ministers' wider strategic policies and that its affairs are conducted with probity.
12. In leading the Council, the Convener must ensure that:
  - the work of the Council is subject to regular self-assessment and that the Council is working effectively
  - the Council, in accordance with recognised good practice in corporate governance, is diverse both in terms of relevant skills, experience and knowledge appropriate to directing the SSSC's business and in terms of protected characteristics under the Equality Act and the [Gender Representation on Public Boards Act](#) and [Guidance](#), where these apply
  - the Council has a balance of skills appropriate to directing the SSSC business, in accordance with recognised good practice in corporate governance

- the Council Members are fully briefed on terms of appointment, duties, rights and responsibilities
  - he or she, together with the other Council Members, receives appropriate induction training, including on financial management and reporting requirements and, as appropriate, on any differences that may exist between private and public sector practice
  - succession planning takes place to ensure that the Council is diverse and effective
  - the Scottish Ministers are advised of the SSSC's needs when Council vacancies arise, and
  - there is a code of conduct for Council Members in place, approved by the Scottish Ministers.
13. The Convener assesses the performance of individual Council Members on a continuous basis and undertakes a formal appraisal at least annually. The Convener, in consultation with the Council as a whole, is also responsible for undertaking an annual appraisal of the performance of the Chief Executive.

### **Individual Council Members' Responsibilities**

14. Individual Council Members should act in accordance with the responsibilities of the Council as a whole and comply at all times with the code of conduct adopted by the SSSC and with the rules relating to the use of public funds and to conflicts of interest. (In this context "public funds" means not only any funds provided to the SSSC by the Scottish Ministers but also any other funds falling within the stewardship of the SSSC, including trading and investment income, gifts, bequests and donations.) General guidance on Council Members' responsibilities is summarised in their appointment letters and is also provided in [On Board: A Guide for Board Members of Public Bodies in Scotland](#).

### **Chief Executive Responsibilities**

15. The Chief Executive of the SSSC is employed and appointed by the Council with the approval of the Scottish Ministers. He/she is the Council's principal adviser on the discharge of its functions and is accountable to the Council. His/her role is to provide operational leadership to the SSSC and ensure that the Council's aims and objectives are met and the SSSC's functions are delivered and targets met through effective and properly controlled executive action. His/her general responsibilities include the performance, management and staffing of the SSSC. General guidance on the role and responsibilities of the Chief Executive is contained in 'On Board' ([On Board: a guide for members of statutory boards - gov.scot \(www.gov.scot\)](#)). Specific responsibilities to the Council include:
- advising the Council on the discharge of its responsibilities - as set out in this document, in the founding legislation and in any other relevant

instructions and guidance issued by or on behalf of the Scottish Ministers - and implementing the decisions of the Council

- ensuring that financial considerations are taken fully into account by the Council at all stages in reaching and executing its decisions, and that appropriate financial appraisal and evaluation techniques, consistent with the [Appraisal and Evaluation](#) section of the [Scottish Public Finance Manual](#) (SPFM), are followed
- ensuring that the SSSC adheres, where appropriate, to the SG's [Programme and project management principles](#)
- having robust performance and risk management arrangements - consistent with the [Risk Management](#) section of the SPFM - in place that support the achievement of the SSSC's aims and objectives and that facilitate comprehensive reporting to the Council, the SG and the wider public
- ensuring that adequate systems of internal control are maintained by the SSSC, including effective measures against fraud and theft consistent with the [Fraud](#) section of the SPFM
- establishing appropriate documented internal delegated authority arrangements consistent with the [Delegated Authority](#) section of the SPFM
- advising the Council on the performance of the SSSC compared with its aims and objectives
- preparing the SSSC's Strategic and Operational Plans, in light of the strategic aims and objectives agreed by the Scottish Ministers
- ensuring effective relationships with SG officials, and
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the SG; that the SG is notified promptly if over or under spends are likely and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the SG in a timely fashion.

### **The SSSC's Accountable Officer responsibilities**

16. The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of the SG) will designate the Chief Executive as the Accountable Officer for the SSSC. Accountable Officers are personally answerable to the Scottish Parliament for the exercise of their functions, as set out in the [Memorandum to Accountable Officers for Other Public Bodies](#). These include:

- ensuring the propriety and regularity of the SSSC's finances and that there are sound and effective arrangements for internal control and risk management
  - ensuring that the resources of the SSSC are used economically, efficiently and effectively and that appropriate arrangements are in place to secure Best Value and deliver Value for Money for the public sector as a whole
  - ensuring compliance with relevant guidance issued by the Scottish Ministers, in particular the SPFM and SG Pay Policy ([Scottish Public Finance Manual](#))
  - signing the annual accounts and associated governance statements, and
  - a statutory duty to obtain written authority from the Council/Convener before taking any action which he/she considered would be inconsistent with the proper performance of the Accountable Officer functions. The Accountable Officer should also notify the relevant Portfolio Accountable Officer.
17. It is incumbent on the Chief Executive to combine their Accountable Officer responsibilities to the Scottish Parliament with their wider responsibilities to the Council. The Council/Convener should be fully aware of, and have regard to, the Accountable Officer responsibilities placed upon the Chief Executive, including the statutory duty described above.

### **Portfolio Accountable Officer responsibilities**

18. The Principal Accountable Officer for the Scottish Administration will designate the Director-General Education, Communities and Justice as the Accountable Officer for the SG portfolio budget for the SSSC. The responsibilities of a Portfolio Accountable Officer are set out in detail in the [Memorandum to Accountable Officers for Parts of the Scottish Administration](#). They are personally answerable to the Scottish Parliament for ensuring that:
- the financial and other management controls applied by the SG are appropriate and sufficient to safeguard public funds and, more generally that those being applied by the SSSC conform to the requirements both of propriety and of good financial management
  - the key roles and responsibilities which underpin the relationship between the SG and the SSSC are set out in a framework document and that this document is regularly reviewed
  - effective relationships are in place at Director and Deputy Director level between the SG and the SSSC in accordance with the strategic engagement principles, and
  - there is effective continuous assessment and appraisal of the performance of the Convener of the Council, in line with the requirements of the Code of Practice for Ministerial Public Appointments in Scotland.

## Scottish Government Director and Deputy Director

19. The Director for Children and Families and the Chief Social Work Adviser have responsibility for overseeing and ensuring effective relationships between the SG and the SSSC which support alignment of the SSSC's business to the SSSC's Purpose and National Outcomes and high performance by the SSSC. They will work closely with the SSSC's Chief Executive and be answerable to the Portfolio Accountable Officer for maintaining and developing positive relationships with the SSSC characterised by openness, trust, respect and mutual support. They will be supported by a sponsor unit in discharging these functions. The Deputy Director shall be responsible for assessing the performance of the Council's Convener, at least annually.

### Sponsor unit responsibilities

20. The SG sponsor unit for the SSSC is the Office of the Chief Social Work Adviser (OCSWA). It is the normal point of contact for the SSSC in dealing with the SG. The unit, under the direction of the Chief Social Work Adviser, is the primary source of advice to the Scottish Ministers on the discharge of their responsibilities in respect of the SSSC and undertakes the responsibilities of the Portfolio Accountable Officer on his/her behalf. Specific responsibilities include:
- discharging sponsorship responsibilities in line with the principles and framework set out in the document '[Public bodies strategic engagement: guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)' and ensuring that sponsorship is suitably flexible, proportionate and responsive to the needs of the Scottish Ministers and the SSSC
  - ensuring that appointments to the Council are made timeously and in accordance with the Code of Practice for Ministerial Appointments to Public Bodies in Scotland; [Code of Practice | Ethical Standards Commissioner](#)
  - proportionate monitoring of the SSSC's activities through an adequate and timely flow of appropriate information, agreed with the SSSC, on performance, budgeting, control and risk management;
  - addressing in a timely manner any significant problems arising in the SSSC alerting the Portfolio Accountable Officer and the responsible Minister(s) where considered appropriate
  - ensuring that the objectives of the SSSC and the risks to them are properly and appropriately taken into account in the SG's risk assessment and management systems, and
  - informing the SSSC of relevant SG policy in a timely manner.

### Internal audit

21. The SSSC shall:

- establish and maintain arrangements for internal audit in accordance with the [Guidance overview: Public Sector Internal Audit Standards - GOV.UK \(www.gov.uk\)](#) (GIAS) and the [Internal Audit](#) section of the SPFM
  - set up an Audit Committee of its Council, in accordance with the [Audit Committees](#) section of the SPFM, to advise both the Council and the Chief Executive in his/her capacity as the SSSC's Accountable Officer
  - forward timeously to the SG the audit charter, strategy, periodic audit plans and annual audit assurance report, including the SSSC's appointed Internal Audit lead's opinion on risk management, control and governance and other relevant reports as requested, and
  - keep records of, and prepare and forward timeously to the SG an annual report on fraud and theft suffered by the SSSC and notify the SG at the earliest opportunity of any unusual or major incidents.
22. The SG's Internal Audit Division has a right of access to all documents held by the SSSC's internal auditor, including where the service is contracted out. The SG has a right of access to all the SSSC's records and personnel for any purpose subject to FOI and data protection legislation and contractual agreements.

### **External audit**

23. The Auditor General for Scotland (AGS) audits, or appoints auditors to audit, the SSSC's annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AGS. For the purpose of audit the auditors have a statutory right of access to documents and information held by relevant persons. The SSSC shall instruct its auditors to send copies of all management reports (and correspondence relating to those reports) and responses to the SG.
24. The AGS, or examiners appointed by the AGS, may carry out examinations into the economy, efficiency and effectiveness with which the SSSC has used its resources in discharging its functions. The AGS may also carry out examinations into the arrangements made by the SSSC to secure Best Value. For the purpose of these examinations the examiners have a statutory right of access to documents and information held by relevant persons. In addition, the SSSC shall provide, in contracts and any conditions to grants, for the AGS to exercise such access to documents held by contractors and sub-contractors and grant recipients as may be required for these examinations; and shall use its best endeavours to secure access for the AGS to any other documents required by the AGS which are held by other bodies.

### **Annual report and accounts**

25. The SSSC must publish an annual report of its activities together with its audited accounts after the end of each financial year. The annual report must

cover the activities of any corporate, subsidiary or joint ventures under the control of the SSSC. It should comply with the [Government Financial Reporting Manual: - GOV.UK \(www.gov.uk\)](#) (FReM) and outline the SSSC's main activities and performance against agreed objectives and targets for the previous financial year.

26. The accounts must be prepared in accordance with relevant statutes and the specific accounts direction (including compliance with the FReM) and other relevant guidance issued by the Scottish Ministers. Any financial objectives or targets set by the Scottish Ministers should be reported on in the accounts and will therefore be within the scope of the audit. Any subsidiary or joint venture owned or controlled by the SSSC shall be consolidated in its accounts in accordance with International Financial Reporting Standards as adapted and interpreted for the public sector context.
27. The draft annual report should be submitted to the SG for comment by 30 June, and the draft accounts for information, by 1 October. The final version should be available for laying before the Scottish Parliament by the Scottish Ministers by 1 December. Whilst the statutory date for laying and publishing accounts audited by the AGS is by 31 December, following the close of the previous financial year, there is an expectation on the part of the Scottish Ministers that accounts will be laid and published as early as possible. The accounts must not be laid before they have been formally sent by the AGS to the Scottish Ministers and must not be published before they have been laid. The SSSC shall be responsible for the publication of the report and accounts e.g. on the SSSC's website.

## **Management responsibilities**

### **Strategic Plan and Strategic Delivery Plan**

28. The SSSC must ensure that a Strategic Plan, agreed with the Scottish Ministers, is in place and published on the SSSC's website. The SSSC shall agree with the SG the issues to be addressed in the plan and the timetable for its preparation and review. The finalised plan shall reflect the SSSC's strategic outcomes and objectives as agreed by the Scottish Ministers, indicative budgets and any priorities set by the Scottish Ministers. It shall demonstrate how the SSSC contributes to the achievement of the SG's primary purpose of increasing sustainable economic growth and alignment with the SG's [National Performance Framework | National Performance Framework](#) (NPF).

#### **The Strategic Plan for the SSSC should include:**

- the purpose and principal aims of the SSSC
- an analysis of the environment in which the SSSC operates
- key objectives and associated key performance targets for the period of the plan, the strategy for achieving those objectives and how these will contribute towards the achievement of the SG's primary purpose and alignment with the NPF
- indicators against which performance can be judged

- details of planned efficiencies, describing how the SSSC proposes to achieve better value for money, including through collaboration and shared services, and
  - other matters as agreed between the SG and the SSSC.
29. The Strategic Plan should inform the development of a separate Annual Strategic Delivery Plan for each financial year. The Annual Strategic Delivery Plan for the SSSC should include key targets and milestones for the year immediately ahead, aligned to the NPF, and be linked to budgeting information so that, where possible, resources allocated to achieve specific objectives can be identified. A copy of the SSSC's Annual Strategic Delivery Plan should be provided to the sponsor unit prior to the start of the relevant financial year. Meetings between the SSSC and the Sponsor Division to monitor progress against planned expenditure will be carried out as part of the normal cycle of the accountability meetings as agreed with Sponsor.

### **The Annual Strategic Delivery Plan**

A timetable for the preparation of the plans is attached in Appendix 2

### **Budget management**

30. Each year, in the light of decisions by the Scottish Ministers on the allocation of budgets for the forthcoming financial year, and following receipt of detailed budget proposals from the SSSC, the SG (sponsor team) will send to the SSSC no later than 31 March, a formal statement of its budgetary provision, a note of any related matters and details of the budget monitoring information required by the SG. The terms of that statement, referred to as the Budget Allocation and Monitoring letter, should be viewed as complementing the content of this document. The monthly monitoring is the primary means of in-year budgetary control across the SG. As such bodies must comply with the format and timing of the monitoring together with any requests for further information. The statement of budgetary provision will set out the budget within the classifications of resource Departmental Expenditure Limits (RDEL), capital DEL (CDEL) and Ring-fenced (non-cash) (RfDEL). The SSSC will inform the sponsor unit at the earliest opportunity if a requirement for Annually Managed Expenditure (AME) budget is identified. The SG should also be advised in the event that estimated net expenditure is forecast to be lower than budget provision. Transfers of budgetary provision between the different summary classifications as advised would require the prior approval of the SG Finance Directorate. Any proposals for such transfers should therefore be submitted to the sponsor team. Transfers of provision within the summary classifications may be undertaken without reference to the SG, subject to any constraints on specific areas of expenditure e.g. the approved pay remit.
31. If the trading and other resource income - or the net book value of disposals of non-current assets - realised is less than included in the most up to date agreed budget the SSSC shall, unless otherwise agreed with the SG, ensure a corresponding reduction in its gross expenditure. (The extent to which the SSSC exceeds agreed budgets shall normally be met by a corresponding reduction in the budgets for the following financial year.) If income realised is more than included in the most up to date agreed budgets the Council must

obtain the prior approval of the SG before using any excess to fund additional expenditure. Failure to obtain prior approval for the use of excess income to fund additional expenditure may result in corresponding reductions in budgets for the following financial year. The only exception is where the income is from gifts, bequests and donations but this must be spent within the same financial year as the receipt, otherwise additional budget allocation will be required. In any event, income from all sources and all planned expenditure should be reflected in the monthly budget monitoring statement.

### **Cash management**

32. Any [grant in aid](#) (i.e. the cash provided to the SSSC by the SG to support the allocated budget) for the year in question must be authorised by the Scottish Parliament in the annual Budget Act. Grant in aid will normally be paid in monthly instalments on the basis of updated profiles and information on unrestricted cash reserves. Payment will not be made in advance of need, as determined by the level of unrestricted cash reserves and planned expenditure. Unrestricted cash reserves held during the course of the year should be kept to the minimum level consistent with the efficient operation of the SSSC - and the level of funds required to meet any relevant liabilities at the year-end. Grant in aid not drawn down by the end of the financial year shall lapse. Grant in aid shall not be paid into any restricted reserve held by the SSSC.
33. The banking arrangements adopted by the SSSC must comply with the [Banking](#) section of the SPFM.

### **Risk management**

34. The SSSC shall ensure that the risks that it faces are dealt with in an appropriate manner, in accordance with relevant aspects of generally recognised best practice in corporate governance, and develop a risk management strategy, consistent with the [Risk Management](#) section of the SPFM. Reporting arrangements should ensure that the sponsor unit is made aware of relevant risks and how they are being managed. The SSSC's Audit Committee is also required, at the earliest opportunity, to notify the relevant Director General Assurance meeting if it considers that it has identified a significant problem which may have wider implications.

### **Organisational security and resilience**

35. As part of risk management arrangements, the SSSC shall ensure that it has a clear understanding at Council level of the key risks, threats and hazards it may face in the personnel, physical and cyber domains, and take action to ensure appropriate organisational resilience to those risks/threats/hazards. It should have particular regard to the following key sources of information to help guide its approach:
  - [Having and Promoting Business Resilience \(part of the Preparing Scotland suite of guidance\)](#)

- [The Scottish Public Sector Action Plan on Cyber Resilience and associated guidance, in particular the Cyber Resilience Framework](#)

### **Counter fraud arrangements**

36. The NDPB should adopt and implement policies and practices to safeguard itself against fraud and theft, in accordance with the [Fraud](#) section of the SPFM. Application of these processes must be monitored actively, supported by a fraud action plan and robust reporting arrangements. This includes the establishment of avenues to report any suspicions of fraud.

### **Performance management**

37. The SSSC shall operate management information and accounting systems that enable it to review, in a timely and effective manner, its financial and non-financial performance against the strategic outcomes and operational objectives set out in the Strategic and Operational Plans. The results of such reviews should be reported on a regular basis to the SSSC's Council and copied to the SG. The SG shall assess the SSSC's performance on a continuous basis and undertake a formal internal review at least twice a year. The responsible Scottish Minister shall meet the SSSC's Convener at least once a year.

### **The SSSC's staff management**

#### **Broad responsibilities for the SSSC's staff**

38. The SSSC will have responsibility for the recruitment, retention and motivation of its staff. The broad responsibilities toward its staff are to ensure that:
- personnel policies, practices and systems comply with employment and equalities legislation, and standards expected of public sector employers
  - the level and structure of its staffing, including grading and staff numbers, are appropriate to its functions and the requirements of economy, efficiency and effectiveness (subject to the SG Pay Policy for Staff Pay Remits)
  - the performance of its staff at all levels is satisfactorily appraised and the SSSC's performance measurement systems are reviewed from time to time
  - its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the SSSC's objectives
  - proper consultation with staff takes place on key issues affecting them
  - adequate grievance and disciplinary procedures are in place
  - whistle-blowing procedures consistent with the Public Interest Disclosure Act 1998 are in place, and

- a code of conduct for staff is in place based on the Model Code for Staff of Executive NDPBs.

### **Pay and conditions of service**

39. The SSSC shall submit to the SG for approval (normally annually unless a multi-year deal has been agreed) a pay remit in line with the SG Pay Policy for Staff Pay Remits and negotiate a pay settlement within the terms of the approved remit. Proposals on non-salary rewards must comply with the guidance in the [Non-Salary Rewards](#) section of the SPFM. The SSSC shall comply with employment and equalities legislation. The terms and conditions of the chief executive are subject to a separate approval exercise in line with the SG Pay Policy for Senior Appointments.

### **Pensions, redundancy and compensation**

40. Superannuation arrangements for the SSSC's staff are subject to the approval of the SG. The SSSC's staff shall normally be eligible for a pension provided by Local Government Pension Scheme (LGPS). Staff may opt out of the occupational pension scheme provided by the SSSC, but the employers' contribution to any personal pension arrangement, including stakeholder pension, shall normally be limited to the national insurance rebate level.
41. Any proposal by the SSSC to move from existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the prior approval of the SG. Proposals on compensation payments must comply with the [Settlement Agreements, Severance, Early Retirement and Redundancy Terms](#) section of the SPFM. This includes referral to the SG of any proposed severance scheme (for example, a scheme for voluntary exit), business case for a settlement agreement being considered for an individual, or proposal to make any other compensation payment. In all instances, a body should engage with the SG prior to proceeding with proposed severance options, and prior to making any offer either orally or in writing.

### **Asset and property management**

42. The SSSC shall maintain an accurate and up-to-date record of its current and non-current assets consistent with the [Property: Acquisition, Disposal & Management](#) section of the SPFM. 'Non-current' assets should be disposed of in accordance with the SPFM. The SG's Property Division should be consulted about relevant proposed disposals of property that the SSSC holds for operational purposes (rather than investment) at the earliest opportunity so it may be advertised internally. An [Internal Advertisement](#) form must be completed and submitted at least one month prior to property being advertised on the open market. Any proposal to acquire land, buildings or other rights in property for accommodation/operational purposes should comply with the SPFM. The SSSC is also subject to the [SG Asset Management Policy](#), including the requirement for acquisition of a new lease, continuation of an existing lease, decision not to exercise a break option in a lease or purchase of property for accommodation/operational purposes, to be approved in advance by Scottish Ministers. The Property Controls Team should be

consulted as early as possible in this process. All assets (property, plant and equipment) are to be properly recorded and updated as necessary by the SSSC on the Cabinet Office [electronic Property Information Mapping System](#).

### **Delegated authorities**

43. The SSSC's specific delegated financial authorities - as agreed in consultation between the SSSC and the SG - are set out in the attached **Appendix 1**. The SSSC shall obtain the SG's prior written approval before entering into any undertaking to incur any expenditure that falls outside these delegations. The SSSC shall also comply with any requirements for prior SG approval included in the SPFM and/or this document. Prior SG approval must always be obtained before incurring expenditure for any purpose that is or might be considered novel, contentious or repercussive or which has or could have significant future cost implications.

### **Income generation**

44. The SSSC shall seek to optimise income – grant in aid does not qualify as income – from all sources, and ensure that the SG is kept informed. Novel or contentious proposals for new sources of income or methods of fundraising must be approved by the SG. Fees or charges for any services supplied by the SSSC shall be determined in accordance with the [Fees & Charges](#) section of the SPFM. Registration Fees charged by the SSSC are subject to consent by Scottish Ministers in accordance with Section 57 of Regulation of Care (Sc) Act 2001.
45. Gifts, bequests or donations received by the SSSC score as income and should be provided for in the agreed resource DEL and capital DEL budgets, updated as necessary in consultation with the SG. However, the SSSC should be able to demonstrate that expenditure funded by gifts etc. is additional to expenditure normally supported by grant in aid (i.e. SG core funding) or by trading and other income. Before accepting such gifts etc. the SSSC shall consider if there are any associated costs in doing so or any conflicts of interests arising. The SSSC shall keep a written record of any such gifts etc. and what happened to them.

### **Financial investments**

46. Unless covered by a specific delegated authority the SSSC shall not make any financial investments without the prior approval of the SG. That would include equity shares in ventures which further the objectives of the SSSC. The SSSC shall not invest in any venture of a speculative nature.

### **Borrowing**

47. Borrowing cannot be used to increase the SSSC's spending power. All borrowing by the SSSC - excluding agreed overdrafts - shall be from the Scottish Ministers in accordance with guidance in the [Borrowing, Lending & Investment](#) section of the SPFM.

## Lease arrangements

48. Unless covered by a specific delegated authority the SSSC shall not enter into any finance, property or accommodation related lease arrangement – including the extension of an existing lease or the non-exercise of a tenant’s lease break - without the SG’s prior approval. Before entering/continuing such arrangements the SSSC must be able to demonstrate that the lease offers better value for money than purchase and that all options of sharing existing public sector space have been explored. Non-property/accommodation related operating leases are subject to a specific delegated authority. The SSSC must have capital DEL provision for finance leases and other transactions which are in substance borrowing.

## Tax arrangements

49. Non-standard tax management arrangements should always be regarded as novel and/or contentious and must therefore be approved in advance by the SG. Relevant guidance is provided in the [Tax Planning and Tax Avoidance](#) section of the SPFM. The SSSC must comply with all relevant rules on taxation, including VAT. All individuals who would qualify as employees for tax purposes should be paid through the payroll system with tax deducted at source. It is the responsibility of the SSSC to observe VAT legislation and recover input tax where it is entitled to do so. The implications of VAT in relation to procurement and shared services should be considered at an early stage to ensure that financial efficiency is achieved. The SSSC must also ensure that it accounts properly for any output tax on sales or disposals.

## Lending and guarantees

50. Any lending by the SSSC must adhere to the guidance in the [Borrowing, Lending & Investment](#) section of the SPFM on undertaking due diligence and seeking to establish a security. Unless covered by a specific delegated limit the SSSC shall not, without the SG’s prior approval, lend money, charge any asset, give any guarantee or indemnity or letter of comfort, or incur any other contingent liability (as defined in the [Contingent Liabilities](#) section of the SPFM or in International Financial Reporting Standards), whether or not in a legally binding form. Guarantees, indemnities and letters of comfort of a standard type given in the normal course of business are excluded from this requirement.

## Third party grants

51. Unless covered by a specific delegated authority or permitted under the Regulation of Care (Sc) Act 2001, the SSSC shall not, without the SG’s prior agreement, provide grant funding to a third party. Such funding would be subject to the guidance in the [Subsidy Control](#) section of the SPFM. Guidance on a framework for the control of third party grants is provided as an annex to the [Grant & Grant in Aid](#) section of the SPFM.

## **Impairments, provisions and write-offs**

52. Assets should be recorded on the balance sheet at the appropriate valuation basis in accordance with the FReM. Where an asset - and that includes investments - suffers impairment it is important that the prospective impairment and background is communicated to the SG at the earliest possible point in the financial year to determine the implications for the SSSC's budget. Similarly any significant movement in existing provisions or the creation of new provisions should be discussed in advance with the SG. Write-off of bad debt and/or losses scores against the SSSC's resource DEL budget classification and is subject to a specific delegated limit.

## **Insurance**

53. The SSSC is subject to the SG policy of self-insurance. Commercial insurance must however be taken out where there is a legal requirement to do so and may also be taken out in the circumstances described in the [Insurance](#) section of the SPFM - where required with the prior approval of the SG. In the event of uninsured losses being incurred the SG shall consider, on a case by case basis, whether or not it should make any additional resources available to the SSSC. The SG will provide the SSSC with a Certificate of Exemption for Employer's Liability Insurance.

## **Procurement and payment**

54. The SSSC's procurement policies shall reflect relevant guidance in the [Procurement](#) section of the SPFM and relevant guidance issued by the SG's Procurement and Commercial Directorate. Procurement should be undertaken by appropriately trained and authorised staff and treated as a key component of achieving the SSSC's objectives consistent with the principles of [Best Value](#), the highest professional standards and any legal requirements. Unless covered by a specific delegated authority any proposal to award a contract without competition (non-competitive action) must be approved in advance by the SG. Any external consultancy contracts with a value of more than £100,000 must be endorsed in advance by the Chief Executive and approved by the Sponsor team.
55. Any major investment programmes or projects undertaken by the SSSC shall be subject to the guidance in the [Major Investment Projects](#) section of the SPFM and is also subject to a specific delegated authority. The sponsor unit must be kept informed of progress on such programmes and projects and Ministers must be alerted to any developments that could undermine their viability. ICT investment plans must be reported to the SG's Information Services Investment Board.
56. The SSSC shall pay all matured and properly authorised invoices relating to transactions with suppliers in accordance with the [Expenditure and Payments](#) section of the SPFM, and in doing so shall seek wherever possible and appropriate to meet the SG's target for the payment of invoices within 10 working days of their receipt.

57. The SSSC shall pay all matured and properly authorised invoices relating to transactions with suppliers in accordance with the Expenditure and Payments section of the SPFM and in doing so shall seek wherever possible and appropriate to meet the SG's target for the payment of invoices within 10 working days of their receipt

### **Gifts made, special payments and losses**

58. Unless covered by a specific delegated authority the SSSC shall not, without the SG's prior approval, make gifts or special payments or write-off losses. Special payments and losses are subject the guidance in the [Losses and Special Payments](#) section of the SPFM. Gifts by management to staff are subject to the guidance in the [Non-Salary Rewards](#) section of the SPFM.

### **Claw back**

59. Where the SSSC has financed expenditure on assets by a third party, the SSSC shall make appropriate arrangements to ensure that any such assets above an agreed value are not disposed of by the third party without the SSSC's prior consent. The SSSC shall put in place arrangements sufficient to secure the repayment of its due share of the proceeds - or an appropriate proportion of them if the SSSC contributed less than the whole cost of acquisition or improvement. The SSSC shall also ensure that if assets financed by the SSSC cease to be used by the third party for the intended purpose an appropriate proportion of the value of the asset shall be repaid to the SSSC.

### **Subsidy Control**

60. The EU State aid regime was effectively revoked from UK law from 1 January 2021 and subsidy control provisions are now covered by the UK-EU Trade and Cooperation Agreement (TCA) and the UK's international obligations including various Free Trade Agreements and those arising as a consequence of World Trade Organisation membership. This position may be subject if the UK Government establishing its own domestic subsidies control regime: a UK wide consultation on this is set to take place in the first half of 2021. Currently any activity that the NDPB undertakes itself, or funds other bodies to undertake, that can be offered on a commercial market for goods and services is subject to the TCA subsidy rules. A full assessment is therefore required prior to disbursing any funding and would be subject to the guidance in the [subsidy regime section](#) of the SPFM.

### **Council expenses**

61. Remuneration, allowances and expenses paid to Council Members must comply with the SG Pay Policy for Senior Appointments and any specific guidance on such matters issued by the Scottish Ministers.

**EXECUTIVE NDPB MODEL FRAMEWORK DOCUMENT: APPENDIX 1**

**SPECIFIC DELEGATED FINANCIAL AUTHORITIES**

	<b>Delegated Limit (all delegated limits exclude VAT)</b>
External business and management consultancies	<b>£100,000</b>
Non-competitive action	<b>Lower of £30,000 total contract value or £10,000 per annum</b>
Acquisition of Property Plant & Equipment and intangible assets – capital expenditure	<b>£25,000</b>
Operating leases – other than property/ accommodation related leases	<b>Lower of £50,000 over lease period or £10,000 per annum</b>
Gifts	<b>£200</b>
<b>Special payments:</b>	
Compensation payments (made under legal obligation, i.e. following a pronouncement by a recognised court or tribunal)	<b>£10,000</b>
Ex-gratia payments	<b>£200</b>
Extra–statutory and extra-regulatory payments	<b>£0</b>
Claims waived or abandoned	<b>£2,500</b>
<b>Write-off of bad debt and/or losses:</b>	
Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances, other causes	<b>£3,000</b>
Loss of equipment and property, due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles	<b>£3,000</b>
Irrecoverable debt (limit refers to accumulated irrecoverable debt for a legal entity)	<b>£10,000</b>

## EXECUTIVE NDPB MODEL FRAMEWORK DOCUMENT: APPENDIX 2

### TIMETABLE FOR THE SSSC's ANNUAL STRATEGIC DELIVERY PLANS AND FINANCIAL RETURNS

#### 1. The Annual Strategic Delivery Plan

The first year of the strategic plan, amplified as necessary, will form the Annual Strategic Delivery Plan. The Annual Strategic Delivery Plan for the year immediately ahead shall be consistent with the agreed Strategic Plan. The Annual Strategic Delivery Plan shall be updated annually by the SSSC to include key targets and milestones for the forthcoming year and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Directorate. A copy of the Annual Strategic Delivery Plan will be submitted to the sponsor Directorate for information and comment prior to the beginning of the financial year in question

#### 2. Timetable for the Plans

The timetable for the preparation of the plans is as follows:

January	Draft outline of plans
February	Discussions with key stakeholders, Council and Sponsor Agreement on core grant with Sponsor Directorate
February/March	Council discussion and approval with full plan available to sponsor Division
End March	Scottish Ministers to approve

#### 3. Financial statements and returns

The SSSC will provide the Sponsor team with:

- The first of these statements will be based on the financial position as at the end of April, showing for each of the main budget headings a total of the payments made and any receipts received in the previous month, together with the accumulated net payments to date and the balance of cash remaining available to the SSSC for the year.
- Financial statements and outturns analyses will be submitted to the Department within 12 working days of the end of the calendar month.



**SCOTTISH SOCIAL SERVICES COUNCIL**  
**CODE OF CORPORATE GOVERNANCE**

## **Introduction**

The Scottish Social Services Council's Code of Corporate Governance sets out how business is conducted by the Council and what powers are delegated by the Council to Committees and the Chief Executive.

It is written in line with the:

- Principles of the UK Code of Corporate Governance and the International Framework: Good Governance in the public sector
- Executive Framework issued by the Scottish Government to the SSSC
- Model Code of Conduct for members of Devolved Public Bodies issued by the Scottish Government

We welcome any comments on this code which can be directed to the Head of Legal and Corporate Governance at [anne.garness@sssc.uk.com](mailto:anne.garness@sssc.uk.com).

## Section One - Standing Orders for meetings of the Council and Committees

These Standing Orders were approved by the Council of the Scottish Social Services Council (SSSC) on 29 October 2019.

### Introduction

1. The Scottish Social Services Council is a Non-Departmental Public Body established under the Regulation of Care (Scotland) Act 2001 (the Act). The Council made these Standing Orders under Regulation 9(2) of the Scottish Social Services Council (Appointments, Procedure and Access to the Register) Regulations 2001 (the Regulations). If there is a section in this Code which is inconsistent with the Regulations, then the Regulations should be used instead.
2. Scottish Ministers need to appoint a Council (the Council) of between eight and twelve members. At least two members must be registered ~~two members must be registered~~ with the SSSC and be either people who use, or have used, care services or care for people who use, or have used, care services.
3. The Scottish Ministers decide what the powers, duties and responsibilities of the Council, its members and officers of the SSSC are and have set these out in the Executive Framework Document. This is agreed between the Scottish Ministers and the SSSC. These roles and responsibilities are summarised in tables one and two in section two.
4. Regulation 8 of the Regulations allows the Council to appoint Committees and delegate responsibility for carrying out its statutory functions to those Committees. The SSSC has five standing Committees. The remits of those Committees are set out in section two. From time to time the Council may set up **ad hoc committees** and **working groups** to deal with issues as they happen.

### Definitions

5. If these Standing Orders refer specifically to the Council, then those sections apply only to the Council. If they refer specifically to the Committee then they apply only to the Committee. If they don't specifically refer to either, then the section applies to both the Council ~~and~~ relevant Committee.

### Committees

6. The Council may convene Committees to assist and advise it in undertaking its responsibilities.
7. Committees have terms of reference approved by the Council and are Chaired by an individual appointed by the Council. The Terms of Reference for each Committee ~~are~~ set out in section two. The Chair must be appointed from the Council membership. The Chair of a Committee remains accountable to the Council for the performance of that Committee. Only the

Council can change the terms of reference.

8. The terms of reference specify the membership of Committees and may include provision for co-option on to the membership of the Committee. Council members must be in a majority on any Committee apart from the Fitness to Practise Committee. A co-opted member on any Committee will have full voting rights.

### **Ad hoc Committees and Working Groups**

9. The Council may convene ad hoc committees and working groups to assist and advise it in undertaking its responsibilities.
10. Any such committees or groups should have terms of reference, a clear remit and be time limited. The terms of reference should specify membership and may include provision for co-option.

### **Notice of meetings**

11. Before the start of each calendar year the Council will approve a provisional schedule of ordinary meetings of the Council and Committees and it will be published on the SSSC website - [www.sssc.uk.com](http://www.sssc.uk.com) (the website).
12. Notice of ordinary meetings of the Council will be advertised on the website at least five working days before the date of the meeting. The notice will include:
  - a. the date, time and venue of the meeting
  - b. the business that will be transacted at the meeting.
13. Meetings may take place online and/or in person and the Standing Orders remain the same. Any meetings held in person which ~~All meetings which~~ allow public access ~~will be held in venues that are accessible to people with disabilities.~~ meet accessibility requirements
14. The Convener of the Council may call a meeting of the Council at any time. If at least one third of Council members request a meeting in writing to the Convener and the Convener either:
  - a. refuses to call a meeting; or
  - b. without refusing, does not call a meeting within 21 days of the request being presented

then those members may call a meeting.

15. Notice of any other meeting of the Council will be given in the same way as notice for ordinary meetings.
16. If a meeting has been called using section 14a or b, then no other business other than the business set out in that notice can be discussed at the meeting.

17. A failure to deliver the notice to any member does not invalidate the meeting.

### **Dealing with urgent business**

18. If there is urgent business which needs to be dealt with before the next scheduled meeting, then it can be dealt with by either:
  - a. the Chief Executive, or in his/her absence a member of the Executive Management Team, calling a meeting with the Convener or the relevant Chair or a Vice-chair of the relevant Committee, to deal with that business. The meeting will be arranged at the earliest opportunity ~~in an appropriate format and participation by tele-conferencing or video-conferencing if appropriate~~, or
  - b. correspondence between the members of that Committee.
19. If the business is being dealt with by correspondence, the relevant papers and proposals will be ~~sent out by digital~~ made available in a digital format ~~communication~~ email. The timescales for responding will be clearly detailed in the ~~communication~~ at email. If a member does not respond within the ~~at~~ timescale ~~then~~ they will be deemed to agree with that course of action.
20. The appropriate officer will report back to the next appropriate Council or Committee meeting, setting out the urgent business, its consideration, progress and/or outcome.

### **Agenda for meetings**

21. Advised by the Chief Executive (or any officer acting on their behalf) and the Head of Legal and Corporate Governance (or an officer acting on their behalf), the Convener/Chair will agree the agenda for a meeting at least ten working days before the meeting. It will be made available to members at least seven days before the meeting.
22. Exceptionally and only if the Convener/Chair agrees then changes may be made to the agenda to deal with urgent business. If an agenda changes, a revised agenda should be circulated to members or, if not practicable, presented at the start of the meeting. If the meeting is open to the public, the revised agenda will be advertised on the website.
23. Any member(s) of the Council or Committee may ask for an item to be placed on the Agenda of a meeting of the Council or Committee. This should be done at least ten working days before the meeting. The Convener/Chair of the meeting will decide whether to allow the item on the agenda, taking advice from the Chief Executive (or an officer on their behalf) and the Head of Legal and Corporate Governance (or an officer on their behalf). If the Convener/Chair decides not to include the item on the ~~Agenda~~ agenda, the member will be advised, and the Council or Committee informed during the Convener/Chair's opening remarks.

24. If a member's item is included on the agenda, and if the Convener/Chair agrees, they will be allowed to present a paper on the item. The Head of Legal and Corporate Governance (or an officer on their behalf) will help the member to prepare the paper in the proper format and to a standard acceptable for a public body.

### **Papers for meetings**

25. The Chief Executive (or an officer on their behalf) will ensure there are papers for all agenda items at a meeting unless the Convener/Chair agrees that a paper is not needed.
26. Papers will be provided in a digital format to the ~~Members meeting~~ attendees at least seven days before the meeting.
27. For meetings open to the public, ~~hard~~ copies will be available at the meeting.
28. A copy of papers, other than those dealing with the private business of the Council, will be published on the website before the meeting.
29. If papers are not available seven days before the meeting, the Head of Legal and Corporate Governance may, ~~after checking with the~~ with the agreement of the Convener/Chair and the Chief Executive, send them late, provide the paper(s) at the meeting or take the item(s) off the agenda.

### **Minimum number of members for a meeting (quorum)**

30. The Council quorum must be made up of the Convener (or in their absence, Deputy Convener or another member picked to preside), Chair of Audit and Assurance Committee (or in their absence, at least one member of the Audit and Assurance Committee) and at least one third of the rest of the Council members.
31. If the quorum of any Committee or Sub-committee meeting cannot be reached because of absence, in exceptional circumstances, the Chair of that Committee or Sub-committee may co-opt other Council members to the Committee on a meeting by meeting basis. This provision does not apply to the Fitness to Practise Committee.
32. Participation will usually be in person, but ~~exceptionally~~ (with the agreement of the Convener/Chair of the meeting) the meeting may take place online and/or members may attend online. ~~individual members may take part by telephone or video conference.~~ If that happens, ~~those~~ members will be deemed to be present and to constitute part of the quorum for the purposes of that meeting.
33. No business will be conducted unless there is a quorum at any Council or Committee meeting. If at any point, and for any reason, there is not a quorum of members present then the Convener/Chair will, after a reasonable amount of time, check whether a quorum has been reached. If a quorum cannot be reached then the Convener/Chair may adjourn the meeting to a later date.

34. The quorum of any Council Committee is contained within their terms of reference set out in section two.

### **Attendance at Council, ~~and~~ Committee and other formal meetings**

35. If a member fails to attend any Council, ~~or~~ Committee or other formal meeting to which they have been invited for a continuous period of three months from the date of the first missed meeting or attend at least 50% of these meetings in person over the course of a year, without permission from the Convener/Chair, the Convener/Chair will advise the Council. The Council will decide whether to remove that member from the Committee (if appropriate) and will inform Scottish Ministers. The Council may also ask the Scottish Ministers to remove that member from the Council.

### **Attendance at Council and Committee meetings: SSSC Officers**

36. The Chief Executive is not a member of the Council but will attend Council meetings. The Head of Legal and Corporate Governance (or an officer on their behalf) will attend Council/Committee meetings to give advice to the Convener/Chair. Any other management representatives and/or substitutes may attend at the discretion of the Chief Executive.
37. The Chief Executive will ensure that the work of ~~all~~ Council ~~s~~ and Committee meetings ~~s~~ is supported and serviced by appropriate staff.

### **Admission of the public to Council meetings**

38. Members of the public can attend any meetings of the Council apart from any meeting or parts of meetings where the type of business means it should be conducted in private. The business of the other Committees, Sub-committees or Panels will be conducted in private unless there are specific rules which state that it should be heard in public.
39. Business will be conducted in private when there are overriding reasons for non-disclosure that outweigh any possible public interest. Examples are:
- a. matters likely to breach data protection law (as defined by the UK General Data Protection Regulations and Data Protection Act 2018 or any other relevant law)
  - b. matters relating to named training and education providers or care service providers, if it is likely to affect their credibility and reputation
  - c. matters involving issues of commercial or financial sensitivity or confidentiality
  - d. matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, before it is approved by the Council
  - e. information which may be legally privileged or relate to matters of legal

proceedings either in progress or relating to the Council

- f. any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.
40. If a meeting, or part of the meeting, is open to the public then anyone attending that meeting may have a copy of papers dealing with the public business.
41. A member of the public who disrupts the business of the meeting may be asked to leave the meeting after due warning has been given. Re-admission to that or other public meetings held by the SSSC is at the discretion of the Convener/Chair.

### **The conduct and approval of business at Council meetings**

42. The Convener will, if present, chair all meetings of the Council. If the Convener is not at the meeting then the Deputy Convener (if appointed) will chair. If the Convener and Deputy Convener (if appointed) aren't at the meeting then the Head of Legal and Corporate Governance will ask the Council to propose a member to chair the meeting.
43. The Convener is responsible for keeping order and making sure that business is conducted reasonably, fairly, effectively, responsibly and follows the law and any directions from Scottish Ministers.
44. The Convener will ensure that all members get a fair hearing with enough chance to express their views on matters being discussed. All members will respect and, if necessary, defer to the authority of the Convener.
45. If there is an agenda item that needs the approval of the Council, the Convener will seek the views of members and, if possible, come to a consensus. If the Council can't come to a consensus or if the Convener decides that coming to a consensus is not appropriate then the Council will take a vote on the business being discussed. A simple majority will decide the vote and the Convener has a substantive and casting vote. A vote may be given by a show of hands, secret ballot or any other method chosen by the Convener.
46. If the Council does not make a decision on an agenda item that needs a decision to be made and the consequences would be prejudicial to the continuity of the business of the SSSC, the Council should seek other proposals from the Chief Executive (or their representative). The Convener may adjourn the meeting or defer the agenda item to another meeting to allow the Chief Executive to reconsider. If, after such reconsideration, the Council is unable to make a decision (whether by consensus or simple majority vote) and the matter remains critical to the continuity of business, the Convener will report to Scottish Ministers and seek their direction.

### **The conduct and approval of business at Committee meetings**

47. These provisions apply to any Committee or Sub-committee of the Council

except where the conduct of that business is otherwise provided for in Rules approved by the Council with consent of Scottish Ministers.

48. The Chair of the Committee will, if present, chair all meetings of that Committee. In the absence of the Chair, the Vice Chair will preside. In the absence of the Chair and the Vice Chair, the Head of Legal and Corporate Governance (or an officer on their behalf) will ask the Committee to propose a member to preside over the meeting.
49. The Chair is responsible for maintaining order and ensuring that business is conducted reasonably, fairly, effectively, responsibly and in accordance with the remit of the Committee.
50. The Chair will ensure that all members get a fair hearing with enough chance to express their views on matters being discussed. All members will respect and, if necessary, defer to the authority of the Chair.
51. If there is an agenda item that needs the approval of the Committee, the Chair will seek the views of members and, if possible, come to a consensus. If the Committee can't come to a consensus or if the Chair decides that coming to a consensus is not appropriate, then the Committee will take a vote on the business being discussed. A simple majority will decide the vote and the Chair has a substantive and casting vote. A vote may be given by a show of hands, secret ballot or any other method chosen by the Chair.
52. If, after a vote, the Committee is unable to give their approval, the Chair will refer the matter to the Convener of the Council who will consider and decide upon the matter.

### **Council and Committee proceedings**

53. Meetings will follow the order of business as outlined in the [Agenda](#) or as set out by the Convener/Chair at the beginning of the meeting.
54. Council members must comply with the Code of Conduct for Members of the Scottish Social Services Council (the Members Code of Conduct). The Members Code of Conduct is adopted from the Scottish Government's Model Code of Conduct for Members of Devolved Public Bodies and states, particularly, that members must comply with the nine Principles of Public Life.
55. The Members Code of Conduct states that members of the Council and Committees need to declare any interests in the business of a meeting. Even if there is not a specific agenda item asking for declarations of interest, each mMember is responsible for making sure they declare relevant interests. A mMember declaring an interest should not remain in the meeting nor participate in any way in those parts of meetings where the mMember has declared an interest. normally take no part in the proceedings and may be asked to leave the room by the Convener/Chair while the area of interest is discussed
56. Agenda items will be supported by papers except where the Convener/Chair

of the meeting has agreed to a presentation instead.

57. Copies of any presentations made during a meeting will be circulated in advance of the meeting with the papers for the meeting except where the Convener/Chair has agreed to copies being provided at the meeting or to an oral presentation. For meetings open to the public, presentations will be published on the website as if they were papers.
58. When an agenda item is addressed, papers will be taken as read. The senior officer responsible for the paper (or author) will have the chance to present the paper. The Convener/Chair will give members the chance to ask questions and make comments. On conclusion of discussion, if approval is required, the Convener/Chair will seek a consensus view or, if necessary, take a vote. The Convener/Chair will conclude an agenda item by making sure all members are aware of the outcome of the discussion.
59. Any private business will normally be conducted at the end of an agenda. The Convener/Chair will ask any members of the public to leave. Staff may remain at the discretion of the Convener/Chair.

### **Minutes of meetings**

60. The SSSC will keep a minute of all Council and Committee meetings.
61. The minute will record the members there, anyone else at the meeting, any apologies and members or others joining or leaving the meeting.
62. The minute will record that discussion took place, any points of significance raised and any action/decision.
63. The approval of minutes of the last meeting will normally be the first business item of a meeting. If matters of accuracy are raised, any corrections will be recorded in the new minute. If the correction is a significant matter of fact, the old minute will be withdrawn and a corrected minute re-issued. Otherwise the correction in the new minute will be enough to deal with accuracy.
64. Minutes of public meetings, once signed, will be published on the website within seven days. Minutes of any confidential business will not be published but a summarised version may, if requested, be made available with the agreement of the Convener.

### **Council Offices**

65. The Convener of the Council is appointed by and accountable to Scottish Government Ministers.
66. Other offices of the Council are the Deputy Convener and the Chairs of any Standing Council Committees.
67. Other than the Convener of the Council, members may hold more than one office. The Chief Executive may not hold any Council office.

68. The Deputy Convener of the Council is normally nominated by the Council from amongst its membership and the appointment approved by Ministers.
69. The Chairs of any Council Committees are appointed by the Council.
70. When there is a vacancy for a Council office (other than the Convener of the Council) the Convener of the Council should present proposals to the Council for filling the office. Any process should allow for fair and equal consideration of members for the office.
71. Council offices should be reviewed every three years, coinciding with the cycle of appointments to the Council. If a Council office holder leaves the Council, the office becomes vacant.

### **Scheme of Delegation and delegated powers**

72. The Chief Executive is authorised, among other things, to carry out SSSC's day-to-day statutory powers, duties, responsibilities, obligations and incidental legal and financial functions as set out in tables one and two in this Code.
73. The Chief Executive's authority may be sub-delegated to ensure these responsibilities are carried out. The Chief Executive remains accountable for the exercise of that authority.
74. The Chief Executive and the Council can, at any time, decide that they wish to have any matter referred to them for consideration.
75. The Council may at any time delegate further authority, reserve matters that have been previously delegated or remove delegated authority for a specific decision or action.
76. The Convener of the Council oversees the day to day work of the Chief Executive on behalf of the Council and may speak publicly on behalf of the Council. Unless specifically delegated by the Council, the Convener shall have no other delegated authority.
77. Individual Council members have no generally delegated authority.
78. Council office holders (other than the Convener of the Council) have no generally delegated authority other than those detailed in the description of the position and terms of reference of any Committees that they chair.

### **Appointment of senior staff where the appointment is reserved by the Council**

79. When there is a vacancy for a position where appointment is reserved by the Council, the Convener of the Council (in consultation with the Chief Executive and the Chair of any Committee with responsibility for human resources and remuneration) should present proposals to the Council for filling the post. Any process should be fair, reasonable and in accordance

with employment legislation.

### **Collective responsibility and confidentiality**

80. The Council and its Committees operate ~~on the basis of~~based on collective responsibility for decisions. Members are therefore expected, if questioned on a matter where a Council or Committee has taken a view, to support the position reached.
81. All members of the Council are required to maintain confidentiality as detailed in the Code of Conduct and any guidance to that code provided by the Head of Legal and Corporate Governance.

### **Suspension and revision of Standing Orders**

82. These Standing Orders may only be suspended, varied, revoked or added to by the Council and only if agreed by the majority of members present and only if the Convener of the Council also agrees.
83. Committees have no power to depart from these Standing Orders.
84. Notice of any variation or revocation of these Standing Orders must be given at a Council meeting, with the proposal for variation or revocation being brought forward at the next meeting of the Council.

### **Co-opted Members Policy**

85. Where co-options are to be made the Council shall be satisfied that the route used is appropriate, open and fair and that one of the following options should be followed:
  - a. Following consultation with the appropriate professional bodies, people with the appropriate background, relevant skills or specialist experience should be nominated by the Convener, or Chairs of the respective Committees or Working Group and Lead Officers, to serve for a limited period. In the case of the Audit and Assurance Committee, this will be no longer than one year. The Convener or appropriate Committee shall then make a recommendation to the Council.
  - b. Open competition by advertising the possibility of co-option to Committees shall create the opportunity for interested people with the appropriate background, relevant skills or specialist experience to express interest in participating and getting involved in the work of the Council. In order to ensure that this is a cost-effective option, advertisements will be targeted in specific areas (e.g. appropriate newsletters) to attract interest from people with the relevant experience and skills.

## **Section Two – The Council and Committees Terms of Reference**

### **THE COUNCIL**

Owner: Convener

Remit:

- 1. Satisfy itself of the continuing achievements of strategic objectives and Best Value**
- 2. Review the recommendations, output and performance of the Audit and Assurance Committee:**
  - a. at least every quarter
  - b. seek assurances/evidence that the requirements of SPFM have been met
  - c. understand material variances between forecasted and actual income/expenditure
  - d. set and agree tolerance bands for acceptable/unacceptable variances
  - e. seek assurances on the integrity of forecasted income/expenditure for full-year outturn
  - f. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
  - g. approve/reject reports & raise specific concerns to the Sponsor Department.
- 3. Review the performance of the Chief Executive:**
  - a. at least every quarter
  - b. review against approved financial and operational targets via reports produced by the Chief Executive
  - c. understand material changes to the operational environment
  - d. understand and approve additions/deletions to strategic risks
  - e. advise on changes to the external environment that may affect strategic risks
  - f. seek assurance that the risk management plan has been implemented, is regularly reviewed and current
  - g. endorse reports/raise specific concerns to the Sponsor Department.
- 4. Ensure that the requirements of the Scottish Public Finance Manual (SPFM) are being implemented:**
  - a. by considering the assurance report and recommendations of the Audit and Assurance Committee
  - b. instructing corrective action where necessary.
- 5. Approve the Strategic Plan, Annual Budget and Financial Strategy.**
- 6. Approve the annual ~~report and~~ accounts and endorse the annual**

**report for laying before Parliament.**

**7. Approve the appointment of internal auditors and note the appointment of external auditors**

Function:	Approval of and oversight of the achievement of strategic objectives, representing the interests of Scottish Ministers.
Accountability:	Total accountability for the performance of the organisation to Scottish Ministers (represented by the Sponsoring Department).
What it can do:	Appointment of Chief Executive, independent challenge of reports and monitoring information, last resort for poor performance and holds ultimate sanctions on removal of Chief Executive and reporting to Sponsoring Department.
What it can't do:	Operational decision-making, instructing staff on operational matters, intervening in matters previously approved for delivery.
Quorum/Membership:	The Council quorum must be made up of the Convener (or in their absence, Depute Convener or another Member picked to preside), Chair of Audit and Assurance Committee (or in their absence, at least one Member of the Audit and Assurance Committee) and at least one third of the remaining Council members.
Meeting frequency:	Quarterly

## **AUDIT AND ASSURANCE COMMITTEE**

Owner: Chair of Committee

Remit:

### **1. Review the strategic KPI performance section of the Assurance Report:**

- a. at least every quarter
- b. seek assurances/evidence that year end objectives will be met
- c. understand material variances between forecasted and actual income/expenditure
- d. recommend tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted KPI measures for full-year
- f. review and endorse/reject management plans for the achievement of objectives
- g. ensure that the monthly profiles of monthly operational outputs are consistent with financial expenditure
- h. endorse report/raise specific concerns to the next Council meeting.

### **2. Review financial monitoring section of the Assurance Report:**

- a. at least every quarter
- b. seek assurances/evidence that the requirements of SPFM have been met
- c. understand material variances between forecasted and actual income/expenditure
- d. recommend tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted income/expenditure for full-year outturn
- f. review and endorse/reject management plans for the achievement of financial objectives
- g. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
- h. endorse report/raise specific concerns to the next Council meeting.

### **3. Review the Strategic Risk Register/Management Plan report:**

- a. at least every quarter
- b. review strategic risks at the same time as reviewing operational & financial performance
- c. understand periodic changes to strategic risk items
- d. understand and approve additions/deletions to strategic risks
- e. advise on changes to the external environment that may affect strategic risks
- f. seek assurance that the risk management plan has been implemented, is regularly reviewed and current and assess effectiveness of risk management
- g. endorse report/raise specific concerns to the next Council meeting.

**4. Ensure that the Audit requirements of SPFM are being implemented:**

- a. ensure that enough resources are made available to the key functions of financial reporting, internal and external audit
- ~~a.b.~~ recommend to Council on appointment of internal auditors
- ~~b.c.~~ engage with internal and external auditors on an agreed frequency
- ~~c.d.~~ approve the internal audit plan and endorse the external audit plan~~endorse/raise specific concerns about internal/external audit plans~~
- ~~d.e.~~ endorse/raise concerns about audit reports and findings to the Convenee/Council
- ~~e.f.~~ make recommendations to the Chief Executive in line with the findings of internal/external audit reports for actions to be reported to the Council.

**5. Scrutinise accounting policies, accounts and annual report of the organisation with recommendations for the Council before submission to Parliament:**

- a. ensure process for review of accounts before submission for audit is appropriate
- b. identify levels of error
- c. endorse/reject management's letter of representation to the external auditors
- d. endorse/reject the annual report and accounts for submission to Council.

Function: Advise the Council and the Accountable Officer on strategic processes for risk, internal control environment, governance and the governance statement, anti-fraud policies, whistleblowing processes, arrangements for special investigations, adequacy of management response to operational and financial performance, financial probity and stewardship, management of risk (financial and strategic objectives) and audit findings, effectiveness of audit functions.

Reporting: A written report to Council and Accountable Officer after every meeting, annual report and through minutes to Council.

Accountability: The Council

Access: The ~~Head of~~ Internal Audit lead and the representative of External Audit will have free and confidential access to the Chair of the Committee.

What it can do: Make recommendations to the Council on whether to approve/reject management reports, instruct management to provide further information/evidence, recommendations to the Council, procure specialist ad-hoc advice subject to budgets agreed by Council or the Accountable Officer.

What it can't do: Intervention in financial management, decision-making on expenditure in approved budgets, contract award in pursuance of approved strategy within the authority of the Chief Executive

Quorum/Membership: The Committee quorum must be made up of the Chair plus a minimum of two other Council members. The Convener of the Council may attend but must not be a member or hold voting rights. The membership may include co-opted members, subject to the Co-opted Members Policy as set out in the Council's Standing Orders.

Meeting frequency: Quarterly

## **FITNESS TO PRACTISE COMMITTEE**

Owner:	Chair of Committee
Remit:	Delegated responsibility to make decisions in terms of the Fitness to Practise Rules 2016, Fitness to Practise (Amendment) Rules 2017, Registration Rules 2016 (No 2) as they may be amended from time to time. Fitness to Practise Panels are drawn from the membership of the Fitness to Practise Committee and are not members of the Council.
Function:	Independent decision makers for cases in which the suitability for registration either conditionally or unconditionally of a worker is in question.
Accountability:	The Council
What it can do:	Make decisions or take action in accordance with the Fitness to Practise Rules 2016, Fitness to Practise (Amendment) Rules 2017, Registration Rules 2016 (No 2).
What it can't do:	Anything else
Quorum/Membership:	The Committee must be made up of a minimum of twelve members who are not Council members and the Chair. At any meeting of the Committee the quorum must be made up of twelve independent members. The membership of Fitness to Practise Panels are set out in the Fitness to Practise Rules.
Meeting frequency:	The full Committee will meet once every three years. Panels will meet as required.

## **QUALITY ASSURANCE SUB-COMMITTEE**

Owner:	Chair of Sub-Committee
Remit:	To review Fitness to Practise panel members' decisions.
Function:	To provide assurance to the Fitness to Practise Committee that panel members are competent.
Accountability:	Report to the Fitness to Practise Committee every three years.
What it can do:	Review decisions of hearings, observe and report on hearings, investigate issues relating to panel members' conduct and competence. Addressing each of these with the individuals involved. Making recommendations as to further training where appropriate. Making referrals to the Chief Executive if issues are not capable of resolution.
What it can't do:	Anything else
Quorum/Membership:	The Committee must be made up of at least two members all of whom must be existing or previous legally qualified chairs or social service members to SSSC Fitness to Practise Panels. The chair must be a legally qualified chair. The quorum is two for any meeting.
Meeting frequency:	The Committee will meet annually.

## **EMPLOYMENT APPEALS PANEL**

Owner:	Chair of Panel
Remit:	Delegated responsibility to hear and decide on the merits of any appeals made under the SSSC's disciplinary procedures, grievance procedures, dignity at work or any other relevant Human Resources (HR) policy or procedure.
Function:	Appeal mechanism for decisions made under relevant HR policies and procedures.
Accountability:	The Council
What it can do:	Decide on the merits of appeals made under SSSC's disciplinary policy, grievance procedures, dignity at work or any other relevant HR policy.
What it can't do:	Anything else
Quorum/Membership:	The Panel must be made up of three Council members.
Meeting frequency:	As required

## **TRAINING APPEALS PANEL**

Owner:	Chair of Panel
Remit:	Delegated responsibility to hear and decide on the merits of any appeals made under the Scottish Social Services Council Rules for Social Work Training 2003, Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended from time to time.
Function:	Appeal mechanism for any decisions made by the SSSC on whether or not to approve a course.
Accountability:	The Council
What it can do:	Make decisions or take actions in accordance with the Scottish Social Services Council Rules for Social Work Training 2003, Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended from time to time.
What it can't do:	Anything else
Quorum/Membership:	The Training Appeals Panel must be made up of three people, two of which must be Council members and one co-opted member. At any meeting of the Panel the quorum is three people. There must be a Chair, who is a member of the Council.
Frequency:	As required

## **SPECIAL APPEALS COMMITTEE**

Owner:	Chair of Committee
Remit:	Delegated responsibility to hear and decide on the merits of any appeals of decisions to remove a Fitness to Practise Committee member.
Function:	Appeal mechanism for decisions to remove independent Fitness to Practise Committee members from that Committee
Accountability:	The Council
What it can do:	<p>Hear and decide on the merits of an appeal made by a Fitness to Practice Committee member of any decision to remove them from that Committee. Make recommendations to the Council on whether to:</p> <ol style="list-style-type: none"><li>1. make no order</li><li>2. suspend the member for such period as it sees fit until final resolution of the matter in question</li><li>3. request an undertaking from the member in respect of their future conduct</li><li>4. refer the matter to the police, or other appropriate regulatory authority</li><li>5. terminate the member's appointment.</li></ol>
What it can't do:	Anything else
Quorum/Membership:	The Special Appeals Committee must comprise at least three Council members. At any meeting of the Committee the quorum must be a minimum of three Council members. The membership may include co-opted members, subject to the Co-options Policy as set out in the SSSC's Standing Orders.
Meeting frequency:	As required

<b>Table One Roles and Responsibilities</b>				
<b>Role</b>	<b>Responsible for</b>	<b>Accountable to</b>	<b>Remit</b>	<b>How/What</b>
Convener	The Council	<a href="#">Scottish Government</a> Sponsor/Scottish Ministers	Organisation of the Council, overall accountability for the performance of the organisation, lead role for oversight of governance and Best Value use of public funds, responsible for the performance of the <del>Council</del> <a href="#">board</a> .	Review presented information, take all steps necessary to achieve confidence that the information is accurate and robust, inform Chief Executive of strategic direction, review strategic risk management plan, perform Chief Executive performance review, take into account relevant guidance issued by Scottish Ministers.
Chair	Committee	Convener/the Council	Responsible for performing tasks on behalf of the Convener/Council (such as oversight of Audit, Financial Scrutiny, Strategic Risk Management)	Members should understand the remit and purpose of the Council/Committee on which they sit, they have personal and collective responsibility to ensure that the obligations of that Council/Committee are discharged and to take whatever steps are necessary to ensure that discharge. The remit does not include operational decision-making.

<b>Table One Roles and Responsibilities</b>				
<b>Role</b>	<b>Responsible for</b>	<b>Accountable to</b>	<b>Remit</b>	<b>How/What</b>
<del>Non-Executive</del> Members	The Council/Committees Performance	Convener/Scottish Ministers	Individually and collectively responsible for bringing independent judgement and scrutiny to decisions taken by the Council. The Non-Executive members must satisfy themselves on the integrity of financial information and that financial controls and systems of risk management are robust.	<del>Non-Executive m</del> Members should constructively challenge and help develop proposals on strategy. They should scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance. They should satisfy themselves on the integrity of financial information and that financial controls and systems of risk management are robust and defensible. They are responsible for appointing and, where necessary, removing the Chief Executive and in succession planning. Adhere to Code of Conduct.
Chief Executive	SSSC	The Council/ <a href="#">Scottish Government</a> Sponsor	Accountable for organisation performance, financial probity and achievement of objectives including securing Best Value	Everything and anything operational and not reserved for the Convener/Council or post termination of employment, advising board on discharge of its responsibilities including compliance with SPFM and relevant guidance.
<b>Table One</b>				

<b>Roles and Responsibilities</b>				
<b>Role</b>	<b>Responsible for</b>	<b>Accountable to</b>	<b>Remit</b>	<b>How/What</b>
Executive Management Team	SSSC Operations	Chief Executive	Deliver strategic objectives by the appropriate use of resources, manage risk and develop organisation capability	As per Job Description/objectives agreed with Chief Executive. Application of agreed corporate policies, work processes and professional judgement in order to achieve corporate objectives.
Operational Management Team	Day to day operations	EMT/ <del>LinePerson</del> Manager	Delivery of operational objectives, budget monitoring and staff management	As per Job Description/objectives agreed with Chief Executive. Application of agreed corporate policies, work processes and professional judgement in order to achieve corporate objectives.

<b>Table Two – RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
1	Strategic plan, strategic objectives, <u>o</u> Outcomes, Priorities <u>and</u> Objectives <u>to</u> meet <del>with</del> SG direction	Convener/ The Council	Chief Executive	<a href="#">Scottish Government</a> Sponsor/ Executive Management Team	Operational Management Team
2	SSSC <u>o</u> rganisation structure, financial resources, delivery model etc are fit for purpose to achieve strategic objectives	Convener/ The Council	Chief Executive	Executive Management Team	Operational Management Team
3	Change in Strategic Direction	Convener/ The Council	Chief Executive	Executive Management Team	Operational Management Team
4	Oversight of Council members (individual and collective) performance and ability to achieve strategic objectives	Convener	Convener/Chair of Committee	Chief Executive	<a href="#">Scottish Government</a> Sponsor
5	Independent challenge and delivery of assurance that strategic objectives are being/will be met and that appropriate performance monitoring is undertaken	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Executive Management Team
6	Independent challenge and delivery of assurance that sufficient financial and risk management is undertaken	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor

<b>Table Two – RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
7	Oversight of Management of Strategic Risks	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Executive Management Team
8	Oversight of Financial probity and Operational performance	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor
9	Review of Chief Executive Performance	Convener	The Council	Chief Executive	Sponsor
10	Non-strategic oversight	Chief Executive	Executive Management Team	Convener	The Council
11	Identification and Management of Strategic and Operational Risks	Chief Executive	Executive Management Team	Operational Management Team	The Council
12	All operational matters, operational performance and delivery mechanisms in pursuance of approved strategic objectives (within approved budget and delegated authority)	Chief Executive	Director	Operational Management Team/Head of Department	The Council
13	SSSC Operational model and EMT appropriate to meet strategic objectives and appropriate monitoring of performance is undertaken to ensure this delivery	Chief Executive	Executive Management Team	Convener	The Council
14	All procurement within approved budgets	Chief Executive	Executive Management Team	Head of Department	Audit & Assurance Committee

RACI stands for Responsible, Accountable, Consulted, and Informed.

- The people who are Responsible (R) own the work, decision or objective. It is their responsibility to do what needs to be done to achieve delivery of the objective. They have the authority to make decisions which ensure that they can carry out their responsibilities. They may also further delegate those responsibilities. They should seek authority from those Accountable at the start of the process and report completion to them. They are responsible for making sure the relevant people are consulted and informed.
- The people who are Accountable (A) are ultimately answerable for completion of the work, impact of decision and completion of objective. They must sign off or approve the status of the work, decision, or completion of objective. They will be held to account for the completion of the work, impact of decision or completion of objective. The responsible people answer to the Accountable people for progress. Accountability cannot be delegated.
- The people who are Consulted (C) must give input before the work can be started, completed and/or accepted. They will assist the responsible people by providing constructive challenge, advice and scrutiny on the relevant work, decision, or progress towards completion of objectives. The actual decision sits with those responsible (if within delegated authority) or those accountable (if not within delegated authority).
- The people who are Informed (I) must be kept notified of progress, but they do not need to be consulted. The relevant work, decision or objective may have an impact that they need to know about. They may also need to inform others of the relevant information depending on the decision and their particular role. People who are informed may have to let other people know about the relevant information.

**Section Three – Delegated Authority to Commit and Approve Business Expenditure**

<b>Designation</b>	<b>Approval Area</b>	<b>Budget Authority Limit</b>	<b>Contract Approval Authority Limit</b>	<b>Approval of Non-Competitive Action</b>	<b>Approval of Consultancy Contracts</b>
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**Budget Managers (EMT):-**

Chief Executive	SSSC	Approved SSSC Budget	Unlimited	Lower of £30,000 total contract value or £10,000 per annum	£100,000
Director of Finance and Resources	SSSC	Approved SSSC Budget	£600,000	Lower of £30,000 total contract value or £10,000 per annum	£0
Director of Development and Innovation	SSSC	Approved SSSC Budget	£600,000	£0	£0
Director of Regulation	SSSC	Approved SSSC Budget	£600,000	£0	£0
Director of Strategy and Performance	SSSC	Approved SSSC Budget	£600,000	£0	£0

**Budget Holders:-**

Budget Holders:-	Specified cost centre(s) as agreed by Budget Managers	Approved SSSC Budget	£100,000	£0	£0
Expenditure Approvers:-	Specified as per Budget Manager	Approved SSSC Budget	£0	£0	£0
GPC card holders:	SSSC	Approved SSSC Budget	£0	£0	£0

<b>Version history</b>			
<b>Date</b>	<b>Version</b>	<b>Summary of change</b>	<b>Author</b>
October 2019	1.0	Approved policy	C Weir
January 2020	1.1	Revisals to the A&A terms of reference, amendments to delegated authority.	C Weir
June 2020	1.2	Revisals to body of RACI chart. Explanation added to RACI chart. Revisal to the delegation of authority to commit expenditure.	C Weir
February 2021	1.3	Addition of confirmation on how Council will monitor compliance with SPFM. Reference to assurance report in Audit and Assurance Committee terms of reference.	C Weir
<u>February 2022</u>	<u>1.4</u>	<u>Minor grammatical and terminology changes. Addition of provisions for online meetings and digital communications. Requirement to attend other formal meetings and 50% of meetings in person. Changes to declaration of interest provisions. Change to Council terms of reference regarding annual report. Change to A&amp;A terms of reference regarding auditors.</u>	<u>A Garness</u>

		<u>and audit plans.</u> <u>Deletion of section</u> <u>3 with financial</u> <u>delegated limits.</u>	
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### Council Calendar of Business 2021/22

Reports/meeting dates	25 Nov 2021	28 Feb 2022	24 March 2022
<b>Quarterly reports</b>			
Convener's Report	√	√	
Chief Executive's Report	√	√	
Audit and Assurance Committee Report (inc assurance report and minutes)	√	√	
Action Record	√	√	
Rewards Review Programme		√	
<b>Annual reports</b>			
Fitness to Practise Committee Report ( <i>Triennial</i> )	√		
Risk Register and Risk Appetite Statement ( <i>included in quarterly A &amp; A committee report to Council</i> )		√	
People Strategy Report ( <i>includes HR Annual Report and agile working updates</i> )		√	
Effectiveness of Council Annual Report		√	
Corporate Governance Annual Report		√	
Draft budget 2022/23		√	
Budget Setting 2022/23			√
<b>Policies timetable – see appendix</b>			
<b>All other items (<i>ad hoc or requested matters</i>)</b>			
Future Proofing Programme Consultation	√		

### Council Calendar of Business 2022/23

Report/meeting dates	26 May 2022	25 Aug 2022	Oct 2022	24 Nov 2022	27 Feb 2023	March 2023
<b>Quarterly reports</b>						
Convener's Report	√	√		√	√	
Chief Executive's Report	√	√		√	√	
Audit and Assurance Committee Report (inc assurance report and minutes)	√	√		√	√	
Action Record	√	√		√	√	
Rewards Review Programme	√	√		√		
<b>Annual reports</b>						
Draft Audit and Assurance Committee Annual Report ( <i>for annual report and Accounts</i> )	√					
Risk Register and Risk Appetite Statement ( <i>included in quarterly A &amp; A committee report to Council</i> )					√	
People Strategy Report ( <i>includes HR Annual Report and agile working updates</i> )					√	
Complaints Annual Report	√					
Digital Development Annual Report		√				
Information Governance Annual Report		√				
Partnership Agreement Annual Report				√		
Shared Services Annual Report		√				
Effectiveness of Council Annual Report					√	
Corporate Governance Annual Report					√	

HR Interim Annual Report ( <i>see Feb meeting for annual report</i> )		√				
Assurance mapping		√				
Annual Report and Accounts			√			
Chief Executive Remuneration (Private Report)	√					
Draft Budget 2023/24					√	
Budget Setting 2023/24						√
<b>Policies timetable – see appendix</b>						
<b>All other items (<i>ad hoc or requested matters</i>)</b>						

**Appendix 1 Policy Timetable**

Policy/Strategy etc name	Department	Owner	Hyperlink to Document	Date of Next Review	Approval by
Capability Policy and Procedure	HR	Director of Finance and Resources	<a href="#">Capability Policy and Procedure</a>	2023 November	Council
Code of Conduct (Employees)	HR	Director of Finance and Resources	<a href="#">Code of Conduct (Employees)</a>	2024 May	Council
Code of Corporate Governance Policy	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Code of Corporate Governance</a>	2024 February	Council
Codes of Practice for Social Service Workers and Employers	Development and Innovation	Director of Development and Innovation	<a href="#">Codes of Practice for Social Service Workers and Employers</a>	As required	Council
Communications Strategy	Strategic Communications	Director of Strategy and Performance	<a href="#">Communications Strategy</a>	2024 May	Council
Corporate Health and Safety Policy	Estates	Head of Shared Services	<a href="#">Corporate Health and Safety Policy</a>	2022 February	Council
Criteria and Principles for Assessing Qualifications Sector Guidance	Development and Innovation	Director of Development and Innovation	<a href="#">Criteria and Principles for Assessing Qualifications Guidance</a>	As required	Council
Data Protection Policy	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Data Protection Policy</a>	2024 November	Council
Digital Strategy	Digital	Director of Strategy and Performance	<a href="#">Digital Strategy 2021-2024</a>	2024 May	Council
Dignity at Work Policy and Procedure	HR	Director of Finance and Resources	<a href="#">Dignity at Work Policy</a>	2022 July	Council
Disciplinary Policy	HR	Director of Finance and Resources	<a href="#">Disciplinary Policy</a>	2024 February	Council
Equality, Diversity and Inclusion Policy	Performance and Improvement	Director of Strategy and Performance	<a href="#">Equality, Diversity and Inclusion Policy 2020</a>	2023 August	Council
Grievance Policy and Procedure	HR	Director of Finance and Resources	<a href="#">Grievance Policy</a>	2024 August	Council
Health, Safety and Wellbeing Strategy	Estates	Director of Finance and Resources	NEW	2022 February	Council
People Strategy	HR	Director of Finance and Resources	<a href="#">People Strategy</a>	2024 August	Council
Procurement Strategy	Finance	Director of Finance and Resources	<a href="#">Procurement Strategy 2020-2023</a>	2023 March	Council
Records Management Policy	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Records Management Policy</a>	2024 August	Council
Redeployment Policy	HR	Director of Finance and Resources	<a href="#">Redeployment Policy</a>	2024 August	Council

Retirement and Redundancy/Retirement and Early Severance Policy	HR	Director of Finance and Resources	<a href="#">Retirement and Severance Policy</a>	2024 November	Council
Risk Appetite Statement	Strategy and Performance	Director of Strategy and Performance	<a href="#">Risk Appetite Statement</a>	2022 February	Council
Risk Policy	Strategy and Performance	Director of Strategy and Performance	<a href="#">Risk Policy</a>	2023 January	Council
Rules - Combined Fitness to Practice Rules 2017	Fitness to Practise	Director of Regulation	<a href="#">The Combined Fitness to Practice Rules 2017</a>	As required	Council
Rules - Combined Registration Rules 2017	Fitness to Practise	Director of Regulation	<a href="#">The Combined Registration Rules 2017</a>	As required	Council
Rules - Fitness to practise (Amendment) Rules 2021	Fitness to Practise	Director of Regulation	<a href="#">Fitness to Practise (Amendment) Rules 2021</a>	As required	Council
Rules - Registration (Amendment) Rules 2021	Fitness to Practise	Director of Regulation	<a href="#">Registration (Amendment) Rules 2021</a>	As required	Council
Rules - Social Work Training Rules 2003	Development and Innovation	Director of Development and Innovation	<a href="#">Social Work Training Rules 2003</a>	2021 January	Council (Approved January 2019)
Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008	Development and Innovation	Director of Development and Innovation	<a href="#">Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008</a>	Currently under review - with Scot Gov for approval.	Council (Approved January 2019)
Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005	Development and Innovation	Director of Development and Innovation	<a href="#">Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005</a>	Currently under review - with Scot Gov for approval.	Council (Approved January 2019)
SSSC Decision Guidance Policy	Fitness to Practise	Director of Regulation	<a href="#">Decisions Guidance</a>	As required	Council
SSSC Fitness to Practise Public Information Policy	Strategic Communications	Director of Strategy and Performance	<a href="#">Fitness to Practise Public Information Policy</a>	2021 September	Council
Thresholds Policy	Fitness to Practise	Director of Regulation	<a href="#">Fitness to Practise Thresholds Policy</a>	As required	Council
Whistleblowing Policy	HR	Director of Finance and Resources	<a href="#">Whistleblowing Policy</a>	2024 February	Council
Workforce Change	HR	Director of Finance and Resources	<a href="#">Workforce Change Policy</a>	2024 August	Council
Counter Fraud and Corruption Framework Policy	Finance	Director of Finance and Resources	<a href="#">Counter Fraud and Corruption Framework</a>	2024 May	Audit and Assurance Committee
Debt Management Policy	Finance	Director of Finance and Resources	<a href="#">Debt Management Policy</a>	2022 February	Audit and Assurance Committee
Financial Regulations Policy	Finance	Director of Finance and Resources	<a href="#">Financial Regulations Policy</a>	2022 February	Audit and Assurance Committee



## **SCOTTISH SOCIAL SERVICES COUNCIL**

### **Scheme of Delegation**

This Scheme of Delegation has been developed in consultation with the SSSC Executive Management Team (EMT) and Operational Management Team (OMT) and approved by its Chief Executive in accordance with Sections 72 and 73 of the Code of Corporate Governance.

This Scheme of Delegation takes into account the Executive Framework agreed with the Scottish Government.

This document is designed to set out the authority for types of key decisions within the organisation. It is not an exhaustive list of every decision that can be made.

This document is subject to an annual review and is amended as and when necessary.

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## **DELEGATION OF POWERS**

### **SECTION ONE - INTRODUCTION**

#### **1. Definitions**

- 1.1 The words and expressions used in this Scheme of Delegation will have the same meanings as the words and expressions used in Standing Orders. In addition, the following words and expressions have the following meanings:
- 1.2 'The Executive Framework' means the document of that name issued by the Scottish Government dated February 2022 and updated from time to time.
- 1.3 'The Registration Rules' means the Registration Rules 2016 (No.2), the Registration (Amendment) Rules 2017 and the Registration (Amendment No. 2) Rules 2017 ("the Combined Registration Rules 2017") all as amended or as substituted from time to time
- 1.4 "The Fitness to Practise Rules" means the Fitness to Practise Rules 2016 and the Fitness to Practise (Amendment) Rules 2017 ("the Combined Fitness to Practise Rules 2017") all as amended or substituted from time to time

#### **2. General**

- 2.1 All powers of the Council which have not been retained as reserved to the Council or delegated to a Committee, Sub-committee or Panel will be exercised on behalf of the SSSC by the Chief Executive and the Chief Executive is accountable to the Council for the exercise of these powers and will report to the Council on these as required in accordance with the Code of Corporate Governance. This Scheme of Delegation identifies which functions the Chief Executive will perform personally. The functions which have been delegated to Officers are set out in Annex 1. Officers will be accountable for the exercise of such powers and will report to the Chief Executive on these as required.
- 2.2 The purpose of this document is to set out how the powers which are delegated to the Chief Executive in accordance with Section 72 of the Code of Corporate Governance are further delegated to officers of the SSSC in accordance with Section 73.
- 2.3 The EMT will review this Scheme every year. Notwithstanding this, minor changes may be made to the Scheme by the Head of Legal & Corporate Governance in accordance with Annex 1.

## **SECTION TWO – DELEGATION OF POWERS TO OFFICERS**

### **1. Delegated Powers Officers' Ability to Delegate and Absence of Officers**

- 1.1 Powers are delegated to Officers on the understanding that they will exercise them responsibly.
- 1.2 Delegations are to the lowest level permitted in terms of seniority within the department/directorate. It will always be permitted for any of the delegations to be exercised by any member of staff who is in a more senior position within that department/directorate if within professional competencies.
- 1.3 The Scheme of Delegation is to be used in conjunction with the Financial Regulations and all other corporate governance procedures of the Council.

## ANNEX 1

### GENERAL POWERS

<b>DELEGATION TO CHIEF EXECUTIVE</b>
Execute all documents on behalf of the Council subject to express approval by the Council.
Decide on improvement actions, where departments involved are unable to reach consensus.
<b>DELEGATION TO DIRECTORS</b>
<b>General matters</b>
Any decisions to ensure compliance with corporate business planning and management arrangements in their areas.
Sign agreements and Memoranda of Understanding where no value attached (including data sharing agreements and protocols) and terminate such agreements and Memoranda.
Declare surplus to their directorates' requirements any furniture or equipment no longer required for operational purposes.
Respond on behalf of the SSSC, to any formal and informal consultation exercises relating to the functions of their directorate/department in consultation with the Communications and Policy department.
Make decisions to maintain the retention schedule for their directorate in consultation with the Head of Legal & Corporate Governance.
Approve responses to external consultations.
Do anything or make any decision reasonably incidental or ancillary to any of the above, except so far as reserved to the SSSC Council or committee, the EMT/OMT or any other group formally established in terms of the Code of Corporate Governance.
<b>Human Resource Matters</b>
Make decisions delegated to them in accordance with SSSC HR policies and procedures. <a href="#">Link to Index of Policies and Procedures</a>
<b>DELEGATION TO HEADS OF DEPARTMENT</b>
<b>Finance Matters</b>
Transfer amounts between budget heads under the direct control of the department in accordance with the Delegated Authority to Commit and Approve Business Expenditure and Award Procurement Contracts.
<b>Human Resource Matters</b>
Approve the attendance of staff speaking at conferences, courses or other functions/events and meetings of appropriate local government and regulatory associations within the UK if within delegated authority limits.

Make decisions delegated to them in accordance with SSSC HR policies and procedures. <a href="#">Link to Index of Policies and Procedures</a>
<b>DELEGATION TO HEAD OF HUMAN RESOURCES</b>
Make decisions delegated to them in accordance with SSSC HR policies and procedures. <a href="#">Link to Index of Policies and Procedures</a>
<b>DELEGATION TO LINE MANAGERS</b>
Make decisions delegated to them in accordance with SSSC HR policies and procedures. <a href="#">Link to Index of Policies and Procedures</a>

## SPECIFIC DIRECTORATE POWERS

<b>DELEGATION TO DEVELOPMENT AND INNOVATION DIRECTORATE</b>
<b>All strategic and operational matters relating to the remit of the Directorate, including:</b>
<p>The D&amp;I Directorate has the lead in Scotland for workforce development and workforce planning this includes:</p> <ul style="list-style-type: none"> <li>• workforce intelligence and data to effectively support workforce planning</li> <li>• contribute to development and delivery of key legislative policies and government programmes</li> <li>• publication of official national statistics</li> <li>• ensure our practice frameworks standards and qualifications support professional development and are fit for the future</li> <li>• sector skills council</li> <li>• increase leadership and quality improvement capability and capacity within the sector</li> <li>• increase digital capability and capacity within the sector</li> <li>• develop resources that support the professional development of the social service workforce.</li> </ul>
<b>DELEGATION TO DIRECTOR OF DEVELOPMENT AND INNOVATION</b>
Make decisions in relation to the pre-release or release of an Official Statistics Publication or report eg Mental Health or Workforce Data reports.
<b>DELEGATION TO HEAD OF WORKFORCE PLANNING</b>
Approve grants to organisations in accordance with the levels set out in the Delegated Authority to Commit and Approve Business Expenditure and Award/Vary/Terminate Procurement Contracts/Third Party Agreements (Annex 2).
<b>DELEGATION TO HEAD OF LEARNING AND DEVELOPMENT</b>

Consider and make decisions on the work of the SSSC in relation to the Sector Skills Council, Skills for Care and Development.
Make decisions in terms of the Rules for Social Work Training 2003, Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2015 and Rules and Requirements from Standard of Childhood Practice 2008 as amended or substituted from time to time including approve and quality assure the degree programmes in Social Work, Childhood Practice, Mental Health Officer Awards and Practice Teaching Qualifications.
Approve grants to organisations in accordance with the levels set out in the Delegated Authority to Commit and Approve Business Expenditure and Award/Vary/Terminate Procurement Contracts/Third Party Agreements (Annex 2).
Appeal decisions in relation to Postgraduate Bursaries.
<b>DELEGATION TO LEARNING AND DEVELOPMENT MANAGER</b>
Approve payment of External Assessors, subject to budget authority limits.
Make decisions in connection with suitability and assessment of international qualifications if delegated by the Head of Learning and Development.
<b>DELEGATION TO LEARNING AND DEVELOPMENT ADVISOR</b>
Make decisions in connection with suitability and assessment of UK qualifications if delegated by the Head of Learning and Development.

<b>DELEGATION TO FINANCE AND RESOURCES DIRECTORATE</b>
<b>All strategic and operational matters relating to the remit of the Directorate, including:</b>
<p>The Finance and Resources Directorate comprises two departments. The Legal and Corporate Governance department provides legal, information governance and corporate governance advice and support to the organisation. They are responsible for data protection, freedom of information requests, records management, corporate governance policies and procedures and board secretariat services to support the effective running of our Council.</p> <p>The OD department leads the development and implementation of SSSC wide learning and development strategies, plans and policies which are aligned with and support the delivery of the organisation's strategic plan. This includes strategic workforce planning, resourcing, and workforce development to make sure that employee capacity is used fully and effectively, releasing potential, and managing talent, developing management and leadership capability and embedding values and behaviours into all aspects of people, processes and systems.</p>

<p>The Director is key 'customer liaison' for the shared service with the Care Inspectorate that includes Finance, HR, Procurement, Estates and Health and Safety. Represents SSSC on the Shared Services Oversight Group set up to make sure that services are delivered in line with the principles in the governance documents, specifications and performance measures to meet our business needs and objectives.</p>
<p><b>DELEGATION TO DIRECTOR OF FINANCE AND RESOURCES</b></p>
<p>Authorise compensation payments under legal obligations: £10,000.</p>
<p>Write off losses: Cash £3,000 Equipment and property £3,000.</p>
<p>Authorise write off of debt up to £10,000.</p>
<p>Make decisions on appeals in connection with waiver of SSSC fees.</p>
<p>Authorise gifts and ex gratia payments not exceeding £200.</p>
<p><b>DELEGATION TO HEAD OF LEGAL AND CORPORATE GOVERNANCE</b></p>
<p>Approve and implement minor revisions to the Code of Corporate Governance and Scheme of Delegation including making changes to the Scheme to reflect changes in relevant policies.</p>
<p>Appoint Co-opted Members to the Training Appeals Panel to deal with appeals in terms of the SSSC Rules for Social Work Training 2003, as amended or substituted from time to time and the SSSC Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and Rules and Requirements for Awards developed from the Standard for Childhood Practice 2015 Rules, as amended or substituted from time to time.</p>
<p>Settle claims against the SSSC up to a maximum value of £5,000 in consultation with the Director of Finance and Resources.</p>
<p><b>DELEGATION TO SENIOR SOLICITOR</b></p>
<p>Initiate or lodge responses to Court actions.</p>
<p>Make decisions on complying with obligations under the Freedom of Information (Scotland) Act 2002 including complying with reviews, in consultation with the Head of Department, where appropriate.</p>
<p>Make decisions on requests to exercise data subjects' rights in terms of Data Protection law, including the UK GDPR and Data Protection Act 2018, in consultation with the Head of Department, where appropriate.</p>
<p><b>DELEGATION TO HEAD OF FINANCE (SHARED SERVICES)</b></p>
<p>Waive SSSC fees.</p>
<p><b>DELEGATION TO ACCOUNTANT (SHARED SERVICES)</b></p>
<p>Authorised signatory for banking arrangements.</p>
<p><b>DELEGATION TO HEAD OF ORGANISATIONAL DEVELOPMENT AND DESIGN</b></p>

Approve requests for funding of courses in terms of the Continued Education Applications Policy.
Approve the design and purchase of training and development within the agreed corporate training budget.

<b>DELEGATION TO REGULATION DIRECTORATE</b>
<b>All strategic and operational matters relating to the remit of the Directorate, including:</b>
Regulation brings together registration, fitness to practise and hearings as one unified process. The directorate is here to protect the public and the safety and welfare of people who use services.
The Registration department maintains and publishes the Register of those people who are fit to practise. The Fitness to Practise department investigates fitness to practise concerns about workers who are registered or applying to register. We make decisions about their fitness to practise and conduct Fitness to Practise Panel hearings. The Hearings and Regulatory Improvement department provide and administer hearings where Fitness to Practise Panels make decisions about a worker's fitness to practise.
<b>DELEGATION TO HEAD OF REGISTRATION</b>
Refuse Registration and sign associated Notice.
<b>DELEGATION TO REGISTRATION TEAM LEADER</b>
Remove entries from the Register and sign associated Notice where: <ul style="list-style-type: none"> <li>• the Registrant has not met a qualification condition</li> <li>• the Registrant has failed to complete their Continuous Professional Learning.</li> </ul>
Alter entries in the Register and sign associated Notice where a Registrant has not met a qualification condition.
<b>DELEGATION TO REGISTRATION ASSISTANT</b>
Grant applications (including with qualification conditions) and sign associated Notice for registration where no declarations have been made, or where declarations have been made which fall within the Minor Declarations Framework.
Withdraw an application and sign associated Notice where: <ul style="list-style-type: none"> <li>• the applicant is not eligible for registration</li> <li>• the applicant has failed to provide all required information to complete the registration process</li> <li>• the applicant has failed to pay a fee.</li> </ul>
Remove a person from the Register and sign associated Notice where: <ul style="list-style-type: none"> <li>• a social service worker is no longer undertaking the function required for that part of the Register</li> </ul>

<ul style="list-style-type: none"> <li>• a student is no longer participating in an approved course or where the course has ended</li> <li>• a registrant has failed to pay their fee or make an application for renewal of registration.</li> </ul>
Refuse registration and sign associated Notice where the applicant does not hold an entitling qualification.
<b>DELEGATION TO HEAD OF REGULATORY IMPROVEMENT AND HEARINGS</b>
Sign offers of appointment made to members of the Fitness to Practise Committee following approval of the appointment by Council.
<b>DELEGATION TO HEARINGS OFFICER</b>
Sign Notices of Decision relating to Panel hearings.
<b>DELEGATION TO FITNESS TO PRACTISE MANAGER</b>
Refer a case to a Panel where the case concerns a SSSC staff member or former staff member.
<b>DELEGATION TO SENIOR SOLICITOR</b>
Initiate or lodge responses to Court actions.
<b>DELEGATION TO SOLICITOR/FITNESS TO PRACTISE INVESTIGATOR/SOCIAL SERVICES SCREENING OFFICER</b>
Grant registration in cases falling under the Thresholds Policy or grant restoration to the Register.
Refer a case to a Panel for a hearing.
Impose a warning, impose or vary conditions, impose a suspension order, impose a removal order and impose, extend, vary or revoke a temporary order in accordance with the relevant Fitness to Practise Rules.
Decide to take no action and close a referral.
Grant registration or restoration with conditions where the Applicant accepts the conditions proposed in accordance with the Registration or Fitness to Practise Rules.
Agree a condition imposed by Officers, or by a Fitness to Practise Panel on a Registrant's registration has been satisfactorily met or altering a condition on a Registrant's registration.
Sign Notices imposing an order in accordance with the relevant Fitness to Practise Rules.
<b>DELEGATION TO STRATEGY AND PERFORMANCE DIRECTORATE</b>
<b>All strategic and operational matters relating to the remit of the Directorate, including:</b>
The Strategy and Performance Directorate consists of Digital Services, Performance and Improvement (including the Programme Management Office) and the Communications and Policy Departments. The Strategy

and Performance Directorate leads the development, implementation and communication of the SSSC's strategy by positioning the organisation to achieve maximum impact and excellence.

**DELEGATION TO HEAD OF DIGITAL SERVICES**

Determine the specification of the type and nature of information technology and telecommunication services, systems, equipment, and software to be utilised by the SSSC.

Approve proposals for the design, purchase, implementation and disposal of information technology and telecommunications related systems and services be submitted to Digital Programme Board

**DELEGATION TO HEAD OF COMMUNICATIONS AND POLICY**

Approve public communications and media statements/responses in line with the potential reputational impact.

Determine the corporate branding and style and design utilised by the SSSC.

Approve SSSC internal and external products and publicity in accordance with the SSSC brand and style guide.

**DELEGATION TO COMMUNICATIONS MANAGER**

Make decisions on proactive statements and reactive media enquiries in line with the Communications Team Media Enquiries Procedure.

## ANNEX 2

### DELEGATED AUTHORITY TO COMMIT AND APPROVE BUSINESS EXPENDITURE AND AWARD/VARY/TERMINATE PROCUREMENT CONTRACTS/THIRD PARTY AGREEMENTS

<b>Approver groups</b>	<b>Approval area</b>	<b>Recommended maximum expenditure approval limit including VAT £000</b>	<b>Recommended maximum procurement contract award limit including VAT £000</b>	<b>Direct award (NCA) limit including VAT</b>	<b>Consultancy approval limit including VAT</b>
CEO and Director of Finance and Resources (dual approval above £1.0m)	SSSC wide	£2.5m	£5.0m	Lower of £36,000 total contract value or £12,000 per annum	£120K
CEO and Director of Finance and Resources (independent approval)	SSSC wide	£1.0m	£1.0m	Lower of £36,000 total contract value or £12,000 per annum	£12k
Directors - Budget managers	Own directorate	£225k	£225k <sup>1</sup>	£0	£0
OMT - Budget holders	Own department	£60k	£60k	£0	£0
Head of Digital Services	SSSC wide for IT services, systems, equipment	£60k	£60k	£0	n/a

<sup>1</sup> This procurement contract award limit aligns with the values sometimes referred to as OJEU thresholds and is derived from the Agreement on Government Procurement. This is reviewed every two years by Scottish Ministers.

	and software				
Level 1 approvers	Own department	£12k	£12k	£0	£0
Level 2 approvers	Own department	£6k	£6k	£0	£0
GPC cardholders	Own directorate	£1k	£1k	£0	0

Notes:

- a. Approvers may award, vary or terminate contracts and third party agreements in accordance with the delegated limits. Any exercise of delegation must be within legal and procurement rules and in consultation with Head of Legal and Corporate Governance where appropriate
- b. All authorising amounts include VAT. The amounts are the cumulative total over the period of the contract/agreement.
- c. Approvers with the same delegated approval level can authorise when colleagues are absent.
- d. The budget holders group includes the Head of Shared Services to provide cover for the Head of Finance when absent.
- e. Finance approvers will retain SSSC wide approval at the limits within their approver group to provide cover for absent budget holders.
- f. Finance approvers will retain the corporate wide approval limits for the SEAS system set out for the Covid-19 interim arrangements using the higher of the interim or revised approval limits. Expenditure will still need to be approved by budget holders/managers by email in advance.
- g. Approvers may not purchase IT services, systems, equipment and software.

<b>Title of report</b>	Annual Report and Accounts timeline
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To set out a timeline for approval of the annual report and accounts.
<b>Recommendations</b>	The Council is asked to approve the proposed timeline for preparation of the annual report and accounts for this year and future years.
<b>Author</b>	Anne Garness, Head of Legal and Corporate Governance
<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.
<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 (EIA) was not required. 2. A Data Protection Impact Assessment (DPA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
<b>Documents attached</b>	None
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. The SSSC is required to publish our annual report and accounts on an annual basis. There are a number of key steps in the process of compiling and finalising the annual report and accounts before they are laid before the Scottish Parliament.
2. This report provides a timeline on the involvement of the Council and the Audit and Assurance Committee in the process.

## **PROCESS AND TIMELINE**

3. Members requested a review of how the process worked in 2021. Officers carried out a review and presented a briefing to Members at their Away Day in January. We advised Members that officers had considered an alternative option for Committee to review and comment on the draft 'Section A Performance Report' of the annual report and accounts at their meeting in May (the first meeting of the 2022/23 cycle). However, we had to discount this option as section A would be incomplete ie it would not include financial performance and social and environmental impacts, and officers would not have sufficient time to prepare and proof the document in the time required to meet submission deadlines for senior management and the Committee meeting.
4. At the Away Day, Members provided their feedback to officers who then carried out a follow up review. Officers considered the suggestion that the Audit and Assurance Committee should review the report and accounts before Council does. Finance staff have confirmed that this is not feasible as the external auditors do not complete their first review until mid-August.
5. As part of the review, the Head of Legal and Corporate Governance (HLCG) sought clarity from our Sponsor Department on the role of Council in considering the annual report. The current Executive Framework with the Scottish Government states at section 10 that Council is responsible for "approving the annual accounts and ensuring that Scottish Ministers are provided with the annual report and accounts to be laid before the Scottish Parliament". The same wording is in the new version before Members for approval at item 10. We propose a change to the Code of Corporate Governance on the remit of the Council to "Approve the annual accounts and endorse the annual report for laying before the Parliament". This revised wording reflects the provisions in the Executive Framework. It is the Council's responsibility to ensure that the annual report is laid before Parliament. This is the subject of report 05/2022 before Council.
6. The proposed timeline for Committee and Council involvement is set out below. This is the same timeline as 2021.

Quarter 1 cycle – A&A Committee meeting	Committee approves its draft annual committee report. Committee approves the draft annual governance statement.
Quarter 2 cycle – Council meeting	Draft annual report and accounts presented to Council for comments.
September – A&A Committee meeting	Committee makes recommendations to Council on the annual report and accounts.
October – Council meeting	Final approval by Council of the annual accounts and endorsement of the annual report.
December	Annual report and accounts laid before Scottish Parliament.

7. In the current option, we can revise the annual report and accounts following the August meeting then proof and submit it for review to the auditors ahead of the Audit and Assurance meeting in September.

## **CONSULTATION**

8. We have consulted with internal stakeholders on the preparation of this timeline. We discussed the annual report and accounts processes with Members at the Away Day in January 2022. We have also discussed the follow up review with the Chair of the Audit and Assurance Committee.

## **RISKS**

9. We have an averse risk appetite towards governance matters. There are no risks arising from the recommendation in this report.

## **IMPLICATIONS**

### **Resourcing**

10. There are no financial, staffing or sustainability resourcing implications arising from this report.

### **Compliance**

11. The proposed process and timeline complies with governance requirements.

## **IMPACT ASSESSMENTS**

### **Equalities**

12. We did not develop an EIA because the content of the report concerns internal governance matters and has no impact on people with protected characteristics.

## **CONCLUSION**

13. This report asks Members to approve the timeline for the preparation of the annual report and accounts for this year and future years.

<b>Title of report</b>	SSSC Code of Conduct for Members
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	Approval of the new SSSC Code of Conduct for Members
<b>Recommendations</b>	The Council is asked to:  1. approve the new SSSC Code of Conduct for Members.
<b>Author</b>	Anne Garness, Head of Legal and Corporate Governance
<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 (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>
<b>Documents attached</b>	Appendix 1: Draft SSSC Code of Conduct for Members
<b>Background papers</b>	None

## **INTRODUCTION**

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for codes of conduct for local authority Councillors and Members of relevant public bodies. The Act requires Scottish Ministers to lay before Parliament a model code for members of devolved public bodies. Public bodies listed in Schedule 3 of the Act must produce a code of conduct in line with that model.
2. Scottish Ministers issued the revised model code on 7 December 2021. It more closely mirrors the councillors' code and also incorporates suggestions submitted to the public consultation. Particular provisions have been strengthened and a new conflict of interest test introduced. We have noted the key changes in this report.
3. As with previous versions, the Code is based on the key principles of public life, commonly known as 'the principles of public life in Scotland', namely: duty, selflessness, integrity, objectivity, accountability and stewardship, openness, honesty, leadership and respect.
4. The Standards Commission Scotland have also published a guidance note and a series of advice notes to complement the Code.
5. We have used the model code as the basis to create a new Code of Conduct for Members of the Scottish Social Services Council. This Code is attached at Appendix 1.
6. This report asks Council to approve the Code at Appendix 1 for submission to the Sponsor Department at Scottish Government.

## **KEY CHANGES**

7. The Code is written in the first person and emphasises the personal responsibility of members.
8. Provisions on bullying and harassment, unlawful discrimination and use of social media have been added (section 3).
9. The Code incorporates a prohibition of involvement in operational matters (section 3.7).
10. There is a new provision prohibiting the undermining of employees or the raising of concerns about their performance, conduct or capability in public (section 3.8).
11. Provisions relating to the acceptance of gifts and hospitality have been tightened to ensure that individuals cannot be improperly influenced nor use their position as a Council Member to profit from their position (sections 3.13 – 3.21).

12. The Code introduces a new three-stage test to help individuals identify when they have a conflict of interest, or a potential conflict, which they must declare (section 5). We have liaised with the Head of Legal Services at the Care Inspectorate and agreed on additional wording to cover the appointments of the Convener and Chair to the board/Council of the two organisations.
13. There are clarified provisions on lobbying to protect the integrity and reputation of decision-making processes (section 6).

## **NEXT STEPS**

14. We will submit the draft Code to our Sponsor Department for approval. We must do this by 10 June 2022. Our current Code applies to Members until we receive the approval letter from the Scottish Government.
15. We will publish the approved Code on our website.
16. We will prepare a declaration of interest form for Members to reflect the requirements under the new Code. We will ask Members to complete this form biannually.

## **CONSULTATION**

17. We have consulted with the Care Inspectorate and our Sponsor Department in the preparation of the new Code.

## **RISKS**

18. We have an averse risk appetite towards governance matters. There are no risks arising from approving the draft Code. The Scottish Ministers have asked public bodies to send them a copy of their new Code by 10 June 2022.

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

20. The SSSC Code of Conduct complies with the statutory requirements.

## **IMPACT ASSESSMENTS**

21. We did not develop an EIA as the SSSC Code of Conduct is a governance document that does not have an impact on people with protected characteristics.

## **CONCLUSION**

22. The new model code of conduct for members of devolved public bodies is simpler and stronger. The draft SSSC Code of Conduct mirrors the model code. This report asks Members for approval before submitting to the Sponsor Department at Scottish Government.



**Code of Conduct**  
**for**  
**Members**  
**of the**  
**Scottish Social Services Council**

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### **Section 1: Introduction to the Code of Conduct**

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### **Section 2: Key Principles of the Code of Conduct**

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## **ANNEXES**

Annex A Breaches of the Code  
Annex B Definitions

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## **Section 1: Introduction To The Code Of Conduct**

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- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the "Act"\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

### **My Responsibilities**

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a Council Member of the Scottish Social Services Council (SSSC), have referred to myself as a Council Member or could objectively be considered to be acting as a Council Member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow Council Members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the SSSC's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and the SSSC, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the SSSC, failing whom the Convener or Chief Executive of the SSSC. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

### **Enforcement**

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

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## **Section 2: Key Principles Of The Code Of Conduct**

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- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

### **Duty**

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the SSSC of which I am a member and in accordance with the core functions and duties of the SSSC.

### **Selflessness**

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

### **Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

### **Objectivity**

I must make decisions solely on merit and in a way that is consistent with the functions of the SSSC when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the SSSC uses its resources prudently and in accordance with the law.

### **Openness**

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the SSSC and its Council Members in conducting public business.

**Respect**

I must respect all other Council Members and all employees of the SSSC and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a Council Member.

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## Section 3: General Conduct

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### Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
  - a. a one-off incident
  - b. part of a cumulative course of conduct, or
  - c. a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the SSSC's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Council Member, and/or at the invitation of the Chief Executive, I will not become involved in operational management of the SSSC. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Management Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the SSSC or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Convener or Chair during

meetings of:

- a. the SSSC , its committees, and
- b. any outside organisations that I have been appointed or nominated to by the SSSC or on which I represent the SSSC.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Council or Committee has made a decision, I will support that decision, even if I did not agree with it or vote for it.

### **Remuneration, Allowances and Expenses**

3.12 I will comply with the rules, and the policies of the SSSC, on the payment of remuneration, allowances and expenses.

### **Gifts and Hospitality**

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a. a minor item or token of modest intrinsic value offered on an infrequent basis
- b. a gift being offered to the SSSC
- c. hospitality which would reasonably be associated with my duties as a Council Member, or
- d. hospitality which has been approved in advance by the SSSC.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a Council Member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the SSSC.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the SSSC at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the SSSC's Standards Officer if I am offered (but

refuse) any gift or hospitality of any significant value and/or if I am offered any gift or hospitality from the same source on a repeated basis, so that the SSSC can monitor this.

- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality**

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a Council Member. I will not use it in any way for personal advantage or to discredit the SSSC (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

### **Use of Public Body Resources**

- 3.26 I will only use the SSSC's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the SSSC , in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:
- a. imprudently (without thinking about the implications or consequences)
  - b. unlawfully
  - c. for any political activities or matters relating to these, or
  - d. improperly.

### **Dealing with the SSSC and Preferential Treatment**

- 3.28 I will not use, or attempt to use, my position or influence as a Council Member to:
- a. improperly confer on or secure for myself, or others, an advantage
  - b. avoid a disadvantage for myself, or create a disadvantage for others, or
  - c. improperly seek preferential treatment or access for myself or others.

- 3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.
- 3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

### **Appointments to Outside Organisations**

- 3.31 If I am appointed, or nominated by the SSSC, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.
- 3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the SSSC

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## **Section 4: Registration Of Interests**

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- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a Council Member must register their registrable interests within one month of becoming a Council Member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

### **Category One: Remuneration**

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a. employed
  - b. self-employed
  - c. the holder of an office
  - d. a director of an undertaking
  - e. a partner in a firm
  - f. appointed or nominated by the SSSC to another body, or
  - g. engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a Council Member of the SSSC does not have to be registered.
- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as Council Member of the SSSC in terms of paragraph [6.7](#) of this Code.

- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Other Roles**

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### **Category Three: Contracts**

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:
- a. under which goods or services are to be provided, or works are to be executed, and
  - b. which has not been fully discharged.
- 4.16 I will register a description of the contract, including its duration, but excluding the value.

### **Category Four: Election Expenses**

- 4.17 If I have been elected to the SSSC, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the SSSC .

### **Category Five: Houses, Land and Buildings**

- 4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the SSSC.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the SSSC and to the public, or could influence my actions, speeches or decision-making.

#### **Category Six: Interest in Shares and Securities**

4.20 I have a registerable interest where:

- a. I own or have an interest in more than 1% of the issued share capital of the company or other body, or
- b. Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

#### **Category Seven: Gifts and Hospitality**

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

#### **Category Eight: Non-Financial Interests**

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non- financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the SSSC (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by the SSSC).

#### **Category Nine: Close Family Members**

4.23 I will register the interests of any close family member who has transactions with the SSSC or is likely to have transactions or do business with it.

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## **Section 5: Declaration Of Interests**

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### **Stage 1: Connection**

- 5.1 For each particular matter I am involved in as a Council Member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the SSSC as a representative of the SSSC, or of which I am a member by reason of, or in implementation of, a statutory provision unless:
  - a. The matter being considered by the SSSC is quasi-judicial or regulatory, or
  - b. I have a personal conflict by reason of my actions, my connections or my legal obligations.

### **Stage 2: Interest**

- 5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

### **Stage 3: Participation**

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a Council Member. Similarly, if any appointment or

nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

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## Section 6: Lobbying And Access

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- 6.1 I understand that a wide range of people will seek access to me as a Council Member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a. any role I have in dealing with enquiries from the public
  - b. any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and
  - c. lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the SSSC (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the SSSC's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the SSSC or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the SSSC.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Convener, Chief Executive or Standards Officer of the SSSC.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a. which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b. to provide services as a strategist, adviser or consultant, for example, advising on how to influence the SSSC and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the SSSC, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

## **Annex A: Breaches Of The Code**

### **Introduction**

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

### **Investigation of Complaints**

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

### **Hearings**

8. On receipt of a report from the ESC, the Standards Commission can choose to:
  - do nothing
  - direct the ESC to carry out further investigations, or
  - hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened

the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

## Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
  - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
  - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
  - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

## Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
  - that the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses), or
  - that it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

## **Annex B: Definitions**

**"Bullying"** is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

**"Chair"** includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

**"Code"** is the code of conduct for Council Members of the SSSC, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

**"Cohabitee"** includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

**"Confidential Information"** includes:

- any information passed on to the SSSC by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the SSSC, or
- any other information which would reasonably be considered a breach of confidence should it be made public.

**"Election expenses"** means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

**"Employee"** includes individuals employed:

- directly by the SSSC
- as contractors by the SSSC, or
- by a contractor to work on the SSSC's premises.

**"Gifts"** a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

**"Harassment"** is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and/or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

**"Hospitality"** includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

**"Relevant Date"** Where a Council Member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

**"Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**"Remuneration"** includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

**"Securities"** a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

**"Undertaking"** means:

- a. a body corporate or partnership, or
- b. an unincorporated association carrying on a trade or business, with or without a view to a profit.

<b>Title of report</b>	People strategy delivery plan: progress update
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To update Council on the progress of our People Strategy delivery plan.
<b>Recommendations</b>	The Council is asked to endorse this update.
<b>Author</b>	Pamela Jamieson-Smith, Head of Organisational Development
<b>Responsible Officer</b>	Lynn Murray, Interim Director, Finance and Resources
<b>Link to Strategic Plan</b>	<p>The information in this report links to all of our strategic outcomes:</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>	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 (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> </ol>

	3. A Sustainability Impact Assessment (SIA) was not required.
<b>Documents attached</b>	Appendix 1: People Strategy Delivery Plan – Progress Dashboard at 31 January 2022
<b>Background papers</b>	<a href="#">People Strategy Delivery Plan September 2021-2024</a>

## **EXECUTIVE SUMMARY**

1. This report summarises the progress for each of the workstreams within our People Strategy from September 2021 to January 2022. It also highlights key risks and issues which may influence the overall success of the strategy. A summary/dashboard view of overall planned activity for year 1 supports this report (Appendix 1).

## **BACKGROUND**

2. Council approved our People Strategy Delivery Plan in August 2021 and asked that we provide six monthly progress updates.
3. The strategy covers the three-year period from September 2021 to September 2024 and the People Strategy Board reviews progress against the delivery plan every two months.
4. The themes of the strategy are:
  - effective leaders and managers
  - recruit and develop excellent people
  - a healthy and inclusive organisation
  - informed, involved, and engaged employees
  - investing in young people
  - an agile and innovative workforce.

## **PROGRESS**

5. We have established a People Strategy Board to monitor progress with individual directors sponsoring each theme and a Programme Governance Group comprising Council Members, representatives from the Partnership Forum and the Chief Executive and other senior officers to govern the rewards review.
6. Appendix 1 shows that we have made good progress against the activities in the delivery plan. At 31 January 2022, of the 25 deliverables, 20 are on track (all except two are ongoing commitments with no fixed end date), one is completed and four are not due to start.

## **BENEFITS AND PERFORMANCE**

7. Although the People Strategy was only launched a few months ago we are already starting to realise benefits and participants in our leadership and development programme have given positive feedback. Our Investors in People results will provide us with independent insights into how our wider staff group perceive the organisation. Results are due on 21 February, after we circulate the papers for this Council meeting, so we will update verbally on 28 February and provide a full report to Council in May.

8. We review our progress and performance against the deliverables of the People Strategy and at 31 January 2022 had an average 4.4/5 score on the value and impact of learning activities undertaken, are working to improve mandatory training compliance (87%) and have completed all our committed learning and development activity and budget for financial year 2021/22.

## **CONSULTATION**

9. We have shared the People Strategy with the Partnership Forum and there is also Unison representation on our internal People Strategy Board.
10. We engage Heads of Department through Operational Management Team (OMT) updates as well as involving them in certain projects and initiatives.
11. We inform the wider staff group of developments in internal news bulletins and intranet updates as well as having the opportunity to participate in surveys, focus groups, and development initiatives on an ongoing and open basis.

## **RISKS**

12. 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 appetite for this risk.
13. The key risks relating to successful delivery of the strategy are staff resources and funding. We mitigate these to the best of our abilities through operational planning and the business and budget planning processes. However, there are significant key staff dependencies that could impact overall delivery.
14. The relevant programme governance boards will review individual project risks as they arise.

## **IMPLICATIONS**

15. Staffing: to deliver the strategy effectively requires leadership and commitment from the Executive Management Team and OMT and time and resources from Human Resources, Organisational Development and Internal Communications.
16. Financial: We have budgets in 2021/22 for corporate training (£110k), learning management system (£30k), leadership and management development (£35k) and we have identified activities as part of the business planning and budgeting process for 2022/23 and the following two years.

## **IMPACT ASSESSMENTS**

17. We will carry out Equality, Data Protection and Sustainability Impact Assessments as necessary for the relevant projects that are part of the strategy.

## **CONCLUSION**

18. The People Strategy delivery plan sets out our vision and targets over three years. We have made significant progress in the first six months and work will continue to focus on achieving the deliverables.



## People Strategy Delivery Plan - September 2021 to September 2024 Progress Dashboard at 31 January 2022

Strategic Theme	Year 1 Deliverables	Director Sponsor	Theme Lead Department	Progress RAG	Start Date	Target Completion Date or Ongoing
 <p><b>Effective leaders and managers</b></p>	Continue our leadership and management development programme and senior management development activities.	Lynn Murray	OD	On Track	1/11/21	Ongoing
	Equip our managers and leaders with management information to support people planning, decision making and succession planning.	Lynn Murray	OD	On Track	1/11/21	Ongoing
	Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning journey.	Lynn Murray	OD	On Track	1/10/21	Ongoing
	Continue to support professional leadership and management qualifications.	Lynn Murray	OD	On Track	Ongoing	Ongoing
	Introduce 360 degree appraisal for senior leaders (OMT/EMT).	Lynn Murray	OD	Not due to start	1/4/22	30/9/22
 <p><b>Recruit and develop excellent people</b></p>	Continue to make improvements in our recruitment and selection processes focussing on candidate experience.	Lynn Murray	HR	On Track	Ongoing	Ongoing
	Continue to develop our employer value proposition to attract the best talent.	Lynn Murray	HR	On Track	Ongoing	Ongoing
	Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcome and priorities.	Lynn Murray	OD	On Track	Ongoing	Ongoing
	Begin a review of our organisational and role design and rewards structure.	Lynn Murray	HR	On Track	10/1/21	31/3/22
 <p><b>A healthy and inclusive organisation</b></p>	Promote our mental health first aider role. Review what this has achieved and how it can evolve.	Laura Lamb	HR	On Track	Ongoing	Ongoing
	Provide all staff training on the Equality Act 2010 and the implications for the organisation.	Laura Lamb	OD	On Track	Ongoing	Ongoing
	Continue to support and monitor employee wellbeing through our occupational health offering and Healthy Working Lives campaigns.	Laura Lamb	HR	On Track	Ongoing	Ongoing
	Make sure wellbeing is at the forefront of one to ones and development discussions.	Laura Lamb	OD	Not due to start	2/2/22	1/4/22
	Support our staff to become trauma informed using the national trauma training programme materials.	Laura Lamb	OD	On Track	1/4/21	1/10/22
 <p><b>Informed, involved and engaged employees</b></p>	Develop an internal communication strategy involving all staff in the design.	Laura Shepherd	Internal Communications	Completed	1/6/21	1/10/21
	Develop our two way communication methods to suit new ways of working.	Laura Shepherd	Internal Communications	On Track	Ongoing	Ongoing
	Carry out an annual survey on our internal communication activities.	Laura Shepherd	Internal Communications	On Track	Ongoing	Ongoing
	Continue to promote and embed our values in all of our work.	Lorraine Gray	All	On Track	Ongoing	Ongoing
<p><b>Investing in young people</b></p>	Reestablish our young people mentoring scheme.	Laura Shepherd	HR	Not due to start	1/3/22	1/5/22

	Introduce a young people's forum/network.	Laura Shepherd	HR	On Track	ongoing	Ongoing
	Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.	Laura Shepherd	HR	Not due to start	21/2/22	Ongoing
	Learn from exit interviews from young employees to gather data on their reasons for leaving.	Laura Shepherd	HR	On Track	1/1/22	Ongoing
<b>An agile and innovative workforce</b> 	Review and HR and Health & Safety policies to support agile working.	Maree Allison	OD and HR	On Track	ongoing	Ongoing
	Continue to invest in our digital tools and support agile working, including a learning management system.	Maree Allison	OD and HR	On Track	ongoing	Ongoing
	Adapt our office space to support agile working.	Maree Allison	OD and HR	On Track	ongoing	Ongoing

**Notes and Guidance:**

**Progress:**

Blocked	Activity cannot proceed due to an issue that needs resolved
Delayed	Activity is in progress but won't be delivered by the expected due date
On Track	Activity is in progress and on track for completion by the expected due date.
Completed	Or activity is completed before expected due date
Not due to start	Activity has not yet started
Postponed	Activity has been postponed

<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>
C 90 Action Record	Council 25 November 2021	Completed	Corporate Governance Co-ordinator		Minute 14: Update action record and archive completed actions.	
C 89 SSSC Learning Strategy 2021-2023	Council 25 November 2021	Completed	Acting Director of Development and Innovation		Minute 11: Consider comments made and then rebrand and publish strategy.	
C 88 Future Proofing Programme Consultation	Council 25 November 2021	Completed	Director of Regulation Corporate Governance Co-ordinator		Minute 10: MA: Progress consultation through FPSG and report back to Council in May; add information to Assurance report. AW: Add to forward planner for Council May 2022.	
C 87 Data Protection Policy	Council 25 November 2021	Completed	Corporate Governance Co-ordinator		Minute 9.2: Add Data Protection Policy to the library and update intranet. Speak to Information Governance re publishing including on internet.	
C 86 People Management Policies	Council 25 November 2021	Not started	Interim Director of Finance and Resources		Minute 9.1: Discuss with the Programme Governance Group the creation of a separate policy to deal with redundancy and severance matters not covered in the Retirement and Severance Policy.	
C 85 People Management Policies - approved by EMT	Council 25 November 2021	Completed	Corporate Governance Co-ordinator		Minute 9.1: Update policy library with policies listed as approved by EMT and and publish policies on the intranet.	
C 84 People Management Policies - Retirement and Severance	Council 25 November 2021	Completed	Corporate Governance Co-ordinator		Minute 9.1: Include in policy library and publish Retirement and Severance Policy.	
C 83 Code of Corporate Governance Changes	Council 25 November 2021	Completed			Minute 8: Implement changes to Special Appeals Committee terms of reference and procedure.	
C77 Arrange date for development session on fitness to practise	Council 26 August 2021	In progress	Director of Regulation Corporate Governance Co-ordinator		Minute 7.2: AW and MA to discuss proposed date for Members development session and AW to arrange thereafter. Update 11.11.21: To be discussed with Members at away day in January 2022.	
C 76 Report on agile working 6 - month review	Council 26 August 2021	Completed	Corporate Governance Co-ordinator		Minute 6.2: Add report on 6 month review of agile working to forward planner for May 2022 (6 months after end of Sept 2021). Update 11.11.21: Agile working not yet approved. Will not commence before 31 March 2022 - reschedule first report into November 2022.	

C61 Joint Annual Care Inspectorate and SSSC meeting Council 27 May 2021

Completed

Chief Executive

Minute 9: Arrange an annual joint meeting between Council and Care Inspectorate (CI) Board to consider partnership agreement and shared services matters. Schedule date to receive end of financial year reports. Update 08.11.2021: Raised at the shared services review board on Monday 08.11.2021 - a joint meeting is not in the governance arrangements - agreement only requires the Convener/Chair and Chief Executives to meet annually and for a shared services report to be submitted annually to Council/CI Board. Update: Chair of CI Board and SSSC Convener discussed and agreed that joint meetings were no longer necessary.