

**Date Issued: 20 February 2023**

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 27 February 2023 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by TEAMS meeting.



**Sandra Campbell  
Convener**

**AGENDA  
PUBLIC SESSION**

<b>Item</b>	<b>Report no</b>
1. Welcome and apologies for absence	
2. Declarations of interest	
3. Minutes of previous meetings: 3.1 - 24 November 2022 3.2 - 13 December 2022	
4. Matters arising	
5. Convener's report	<b>01/2023</b>
6. Chief Executive's report	<b>02/2023</b>
7. Audit and Assurance Committee's report to Council	<b>03/2023</b>
8. Risk Management Policy review	<b>04/2023</b>
9. Strategic Plan 2023-2026	<b>05/2023</b>
10. Financial Strategy 2023-2026	<b>06/2023</b>
11. Review of SSSC Corporate Governance Framework	<b>07/2023</b>
12. Draft Budget 2023/24 and indicative budgets for 2024/25 and 2025/26	<b>08/2023</b>

13. Procurement Strategy April 2023 to March 2026 **09/2023**
14. People Strategy mid-year progress report **10/2023**
15. Council Action Record
16. Date of next meeting and calendar of business:  
The next scheduled meeting of the Council is on Monday 27 March 2023 at 10am to consider specific time sensitive matters only. This is an online meeting.

The following meeting, to consider usual business, will be held on Thursday 25 May 2023 at 10 am. This meeting is in a hybrid format.

### **PRIVATE SESSION**

17. Draft confidential minute of previous meeting – 24 November 2022
18. The employment status of Fitness to Practise Panel Members **11/2023**

### **Private session items explained**

The Convener of Council has directed that an/some item(s) be taken in private session and has given the following reasons for their exclusion from the public session:

<b>Agenda item</b>	<b>Reason for exclusion</b>
17.	Matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation).
18.	Information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC.

**SCOTTISH SOCIAL SERVICES COUNCIL**

**Unconfirmed minutes of the Scottish Social Services Council held on  
Thursday 24 November 2022 at 10:00 am in Compass House,  
11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.**

**Present:** Sandra Campbell, Convener  
Theresa Allison, Council Member  
Professor Alan Baird, Council Member  
Julie Grace, Council Member  
Lynne Huckerby, Council Member  
Linda Lennie, Council Member (online)  
Peter Murray, Council Member

**In attendance:** Maree Allison, Acting Chief Executive  
Laura Lamb, Acting Director, Workforce, Education and Standards  
Laura Shepherd, Director of Strategy and Performance  
Chris Weir, Acting Director of Regulation  
Cheryl Campbell, Head of Registration (for item 8 only) (online)  
Anne Garness, Head of Legal and Corporate Governance  
Audrey Wallace, Corporate Governance Coordinator

**Observing:** There were 16 observers noted

**1. Welcome**

1.1 Sandra Campbell welcomed those present. Apologies were noted from Rona King and Doug Moodie, Council Members and Lynn Murray, Interim Director of Finance and Resources.

**2. Declarations of interest**

2.1 There were no declarations of interest.

**3. Minutes of the previous meeting – 25 August 2022**

3.1 The minutes of the meeting of 25 August 2022 were approved as an accurate record.

**4. Matters arising**

4.1 There were no matters arising that were not covered elsewhere on the agenda.

**5. Convener's report**

- 5.1 Sandra Campbell presented report 39/2022 which summarised her activities as Convener since the last scheduled Council meeting in August 2022.
- 5.2 Maree Allison advised that the details of the scope of the Independent Review of Inspection, Scrutiny and Regulation (IRISR) would be shared with Council Members. Information is also available on the Scottish Government website and the outcome of the review is due to be released in June 2023.
- 5.3 Sandra Campbell advised Members on the process to date relative to recruitment arrangements for the appointment for a Council Member, particularly that interviews were scheduled to be held on 12 December.
- 5.4 The Council
1. noted the summary of the key issues and activities covered in the report.

**6. Chief Executive's report**

- 6.1 Maree Allison presented report 40/2022 which detailed the SSSC's key performance against strategic priorities as well as the work of the directorates.
- 6.2 The following areas were highlighted and discussed:
- Maree Allison confirmed that approximately 36% percent of sector workers are employed by the local authorities and who would therefore have their registration fees paid by their employers. Data will be gathered to look at whether this has an effect on workers remaining in the sector and if there is a difference between these workers remaining in the sector and those who do not have fees paid by their employer. Theresa Allison commented that the private sector is losing workers at an alarming rate currently and there is a concern that more workers will leave the private sector to work with Local Authorities. Chris Weir confirmed that this issue, with other matters, is discussed at the Sponsor Liaison Group.
  - We have published the sector vacancies report which highlights vacancies across the care sector. 47% of services are now reporting vacancies.
  - The directorate formerly the Development and Innovation Directorate has changed its name to Workforce, Education and Standards. This better reflects the work being carried out by the directorate and is in line with the outcomes of the National Care Service review.
  - Lorraine Gray will return to her post as Chief Executive as of 7 December 2022. Members thanked Maree Allison for acting as Chief Executive for the last six months and commended her for the work she has carried forward in that role.

- There were discussions around how the pay award for SSSC staff is progressing. Maree Allison confirmed the current position that the SSSC is in discussion with Scottish Government and it was hoped to put an offer to the trade union shortly. She confirmed that there was a possibility that the union would ballot members on industrial action if there was no imminent offer.
- Discussion turned to the reduction in open regulatory cases and it was noted that this had now been reduced to below 2000 cases. Chris Weir advised on the various processes and actions, especially in regard to recruitment, now in place which had led to the higher throughput of cases and therefore reduced numbers of open cases. There are continuing issues with staff retention and he was in discussions with HR to identify and try to resolve the issues. Benchmarking salaries with major competitors was one option. A report on options would be brought to Council in due course.
- Members discussed the 'Codes Conversation' events and noted these were well attended. Maree Allison clarified that the Care Inspectorate (CI) is in a position to take action against a service which is not complying, but the SSSC is reliant on the CI reporting any Managers' non-compliance before action can be taken.
- Maree Allison gave some insight into her attendance at the Health, Social Care and Sport Committee's session on the National Care Service (Scotland) Bill, on 15 November. She commented that it had been an interesting session and although she did not expect to be called back to attend, she may be asked to make further comments in writing.

- 6.3 The Council
1. noted the information in the report
  2. offered comment on the content.

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

- 7.1 Alan Baird presented report 41/2022 from the Audit and Assurance Committee meeting of 01 November 2022, along with the assurance report which was submitted to the Committee and the draft minutes of the meeting.
- 7.2 Several key issues were highlighted including:
- continuing budget uncertainty
  - that the assurance report and risk register were reviewed
  - three internal audit reports were presented and these were very positive as were the previous audit reports for this year. Officers involved in digital transformation and strategy and those involved in the future proofing programme were commended
  - the assurance map review was very positive and the mapping exercise is intended to show where there may be gaps.
- 7.3 Maree Allison confirmed that there is scenario planning carried out in relation to the uncertainty over the budget. She confirmed that this

may be discussed further at the Member's away day the following week.

**7.4**

**The Council**

1. accepted that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that
  - a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department
  - b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget
  - c. operational delivery and financial expenditure are consistent
2. takes sufficient assurances from the level of assurance awarded in the internal audit reports, the management audit report and internal and external audit action tracker
3. noted:
  - a. the concern of the Committee over the further delays of external auditors in carrying out their audit of the annual accounts and the resulting pressure on the SSSC to adhere to the terms of the Executive Framework in presenting accounts to Parliament
  - b. the Committee instructed the Chief Executive to write a follow up letter to Audit Scotland and Scottish Government reinforcing the unacceptable situation over the lateness in the external auditors carrying out their audit of the annual accounts
  - c. the concern of the Committee about the continuing uncertainty over future funding and budget situation and the associated risks to the work of the SSSC
  - d. the Committee took assurances from the reports on benefits realisation, fraud and bribery, assurance map review and quality assurance of approved programmes.

**8. Future Proofing Programme**

**8.1**

Chris Weir presented report 42/2022 which detailed future proofing proposals related to the structure of the Register and to qualifications and skills in the workforce. He briefly addressed the background, in particular relating to the first four proposals relating to reducing the number of register parts, a change to legislation to reduce the time for workers to apply for registration, publishing additional information on the public facing register (PFR) and introduction of ongoing registration.

**8.2**

Chris Weir spoke to streamlining the number of register parts in order to reduce the register from 23 parts to four parts. This would enable workers to move between register parts and therefore result in a more flexible workforce. He also spoke to reducing the time allowed for

workers to apply for registration. The proposal is to positively encourage workers to apply for registration within three months of securing employment in the sector instead of the current six months. Chris Weir then addressed the proposal regarding the information published on the PFR, which would better align the fitness to practise information on the website with the PFR and would make it easier to find information of public interest. The fourth proposal is to take away the need to register every year and would introduce a process of continuous registration instead.

The following issues and queries were raised and discussed:

- 8.3
- Julie Grace commended officers on the work carried out. She asked about implications for PVG membership, particularly whether workers would continue to apply for two memberships if moving between adult and childcare positions. Cheryl Campbell confirmed that the PVG process would be changing, but for the moment, workers moving between adult and childcare positions would need to have two sets of checks carried out.
  - Referring to reducing the number of parts of the register, Peter Murray asked whether it was anticipated that this more flexible approach would result in better care for users of services. Maree Allison responded saying that delays in workers moving between positions would be minimised as there would be no need to re-register in different parts of the register. This should mean the workforce would be more flexibly deployed.
  - Chris Weir was asked how we can ensure that this programme continues should there be insufficient funding from Scottish Government. He explained the steps being taken to minimise the risk of the programme being underfunded but also spoke to what can be achieved should there be insufficient funding. He assured Members that a report on proposals would be brought back to Council should it transpire that insufficient funding is available for the full programme to go ahead.
  - The Convener asked for further detail on the information available to the public, particularly in relation to fitness to practise and how long that information is kept on the Register. Maree Allison explained the varying timescales for retaining this information on the Register. She also advised on the timeframe for information being held in the Fitness to Practise area of the website. She added that these retention details are being reviewed.
  - Members spoke generally of positive outcomes from the programme and how these could be captured to show the benefits.
  - Members approved recommendations 1,2,3 and 4 as detailed below at para 8.6 below.

- 8.4
- Laura Lamb spoke to proposals 5 to 12. She drew particular attention to the proposal to reduce the time allowed for workers to obtain qualifications, in most cases, from five years to three years. She also spoke on the proposal to redesign the continuous professional learning (CPL) model for all register groups and the return to practice standards for social workers. The final proposal she spoke to was regarding

adding an additional register part for practitioners within care at home and housing support, to bridge a gap between support worker and supervisor.

8.5

- A number of questions and issues were raised and discussed:
- Julie Grace asked about workers evidencing their skills if moving between the different parts of the Register. Laura Lamb advised that the proposal was that workers would be able to complete the open badges relevant to the new area of work to show they have the particular skills required. Julie Grace acknowledged the benefit of open badges but preferred a 'conditions' approach.
- Members agreed that it was good to have a distinction between three years and five years to obtain qualifications. Laura Lamb confirmed that currently we have robust processes in place to manage and assist cases where workers will have difficulties with the revised timescales, whether language, remote rural locations etc. There will be information available for employers before these new timescales come into effect. Alan Baird agreed that we should move to three years where possible and asked about assurances that there are sufficient training providers available to provide training in the shorter timescale. Laura Lamb referred to data ingathered from consultations confirming that there is sufficient capacity in training provision for the proposed changes which will come into effect in 2024. She advised that Council will continue to be updated on progress through the future proofing programme board and through the assurance report.
- Laura Lamb confirmed that the responders to the consultations were wide ranging in services and geographically. Consultations will continue until the date of effect of the proposals and therefore information will continue to be ingathered and any issues will be flagged up.
- On another query about the revised time allowed for workers qualifications, Members were advised that the timescale was different depending on particular scenarios.
- Laura Lamb confirmed that the proposal was to effect a big change in 2024, rather than a phased approach, as many changes are interdependent. Communication with the sector is the key to ensuring that the workforce is fully aware of the changes.
- There was some discussion on aligning a knowledgeable qualified workforce with fair pay and it was acknowledged that the SSSC promotes the benefits of a well-qualified workforce on many of the groups and forums of which it is a participant.
- Laura Shepherd advised Members that a business case for resource and capacity has been presented to the digital strategy board and she is confident that we can deliver the digital services required.
- Alan Baird asked if there were processes in place for supporting and developing new social care staff coming into the sector. Peter Murray also asked if we have a strategy for attracting school leavers into the sector. Laura Lamb assured Members that we have a framework in place for induction into the sector. There is still work to be done on this but it is a key component in the programme. We are also in the



process of engaging with the young workforce and there is information contained in the new strategic plan.

- On the final point, Members commented that the addition of a practitioner category was an excellent example of consulting and acting on feedback.

**8.6 The Council approved**

1. a reduction in the number of register parts from 23 to 4
2. asking for a change to legislation to introduce a requirement that workers apply for registration within three months of starting a new role, and be registered within six months
3. publishing additional information on the public facing register (PFR)
4. introduction of ongoing registration
5. acceptance of our main benchmark qualifications for additional register parts with the same SCQF level requirements
6. reduction in the timescales for achieving a required qualification from five years to three years for function-based register parts, with exceptions as specified
7. design of a new model of continuous professional learning (CPL) in consultation with the sector
8. delegating authority to the future proofing programme sponsor group to sign off the agreed new model of CPL when complete
9. development of a return to practice standard for social workers
10. inclusion of return to practice requirements for function-based workers within the revised CPL requirements
11. delegating authority to the future proofing programme sponsor group to sign off the agreed return to practice standard when complete
12. creation of a new practitioner level on the register for housing support/care at home, with the qualification requirement being Social Service and Healthcare SCQF level 7.

**9. Review of Opt-in Hearings**

9.1 Chris Weir presented report 43/2022 which provided information and data on the opt-in hearings process, since it began in July 2021. The information was collated for the period 1 September 2021 to 31 August 2022. The data showed that the case outcomes were very similar to previous years before the opt-in process was adopted. The number of hearings has been reduced significantly and therefore disruption to service providers and cost to the organisation has also been significantly reduced. The sanctions imposed are comparable to earlier years. Appendix 1 to the report shows that there was no significant change to number of workers being removed from the register since the start of the opt-in process.

9.2 Alan Baird commented that this was an excellent example of the benefits of the change to the process, acknowledging that as well as a financial benefit to the organisation but also to the others involved in a case, the quality of engagement from registrants had improved.

9.3 It was agreed by all Members that this successful change to the process should be shared with other regulators, but it was noted that the SSSC benefitted from the structure of the legislation, whereas other regulators did not necessarily have the same flexibility and therefore would be unable to change their process without a change to legislation.

9.4 The Council

1. noted the success of this pilot scheme over the year
2. agreed to permanently change the process to an opt-in hearings process.

**10. Provisional meeting dates for Council and Committee 2003-2026**

10.1 Anne Garness presented report 44/2022 which proposed dates for Council, Audit and Assurance Committee, Fitness to Practise Committee meetings and Development Sessions for financial years 2023/24, 2024/25 and 2025/26.

10.2 The Council

1. approved the dates in Appendix 1 to the report, subject to these being thoroughly checked, having noted that one line in December 2023, contained errors.

**11. People Management Policies – Dignity at Work**

11.1 Laura Lamb presented report 45/2022 along with the Dignity at Work Policy which had been reviewed and was appended.

11.2 Laura Lamb additionally advised that the Youth Employment Strategy would no longer exist as the themes are now incorporated into the People Strategy. Theresa Allison confirmed that she and Rona King had been given the opportunity to review the policy and were content with the content of it.

11.3 The Council approved

1. the updated Dignity at Work Policy
2. that the Youth Employment Strategy is incorporated into the People Strategy and progress is reported at the People Strategy Board.

**12. SSSC/Care Inspectorate Partnership Agreement annual report**

12.1 Laura Shepherd presented report 46/2022 which gave an overview of the areas of partnership working with the Care Inspectorate (CI) over the past year, from the start of the new partnership agreement which was agreed in March 2021. She confirmed that officers from the CI had contributed to the report content.

12.2 Maree Allison confirmed that the next meeting of the executive team, comprising the Convener of the SSSC, the Chair of the CI and the Chief

Executives of each body, would be held in January 2023 and it was expected that this team would continue to provide a good working relationship between the two bodies.

- 12.3 Laura Shepherd advised that this report referred to the key areas but there are additional crossover working practices. She confirmed that she would look at possible areas where benefits could be realised and data collected and reported. Additionally, we would look at the benefits to the sector of this partnership working.

- 12.4 The Council
1. noted the areas of partnership working which were highlighted within the appendix to the report.

**13. Appointment of Lay and Social Service Panel Members and reappointment of Legally Qualified Chairs to the Fitness to Practise Committee**

- 13.1 Chris Weir presented report 47/2022 which recommended individuals into various roles related to Fitness to Practise Panels. He advised that the Lay and Social Service recommendations are new members to the panels and the recommended appointments for the Legally Qualified Chairs were in respect of their second term. When members are appointed to the panel, the appointment is for an initial period of three years with an option to extend for an additional four years.

- 13.2 The Council
1. approved the appointment of 26 Lay and Social Service panel members to the Fitness to Practise Committee
  2. approved the reappointment of 13 existing Legally Qualified Chairs to the Fitness to Practise Committee.

**14. Council Action Record**

- 14.1 The Council considered and approved the Council action record. Anne Garness added that one action, C77 relative to a development session, would be updated to show that this has been postponed to 16 January 2023. Council agreed that completed actions C86, C1, C2, C4, C7i and ii, C8, C10, C11, C12, C13 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 Tuesday 13 December 2022 to consider Annual Report and Accounts only, and this will be an online meeting. The next meeting to consider usual business will be held on Monday 27 February 2023 at 10.00am.

*Item 16 was discussed in private and minuted separately.*

**Council 24 November 2022**  
**Start time: 10am**  
**Finish time: 12.20pm**

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

**Sandra Campbell**  
**Convener**

**SCOTTISH SOCIAL SERVICES COUNCIL**

**Unconfirmed minutes of the meeting of the Scottish  
Social Services Council held on Tuesday 13 December  
2022 at 10:05 am by online Teams meeting.**

**Present:** Sandra Campbell, Convener  
Professor Alan Baird, Council Member  
Rona King, Council Member  
Linda Lennie, Council Member  
Peter Murray, Council Member

**In attendance:** Lorraine Gray, Chief Executive  
Maree Allison, Director of Regulation  
Laura Lamb, Acting Director of Workforce Education and Standards  
Laura Shepherd, Director of Strategy and Performance  
Anne Garness, Head of Legal and Corporate Governance  
Audrey Wallace, Corporate Governance Coordinator

**Observing:** There were no observers

**1. Welcome and apologies for absence**

- 1.1 Sandra Campbell welcomed everyone to the meeting. She commented that a number of apologies for absence had been received. Anne Garness confirmed the meeting was quorate.
- 1.2 Sandra Campbell welcomed Lorraine Gray to her first Council meeting since her return to work.
- 1.3 Apologies were intimated from Theresa Allison, Julie Grace, Lynne Huckerby and Doug Moodie, Council Members and Lynn Murray, Interim Director of Finance and Resources.

**2. Declarations of interest**

- 2.1 There were no declarations of interest.

**3. 2021/22 Annual Report and Accounts (ARA)**

- 3.1 Lorraine Gray presented report 48/2022 which summarised the various stages and datelines used in preparation and presentation of the ARA for the year to 31 March 2022. Appended to the report were the ARA for the year 2021/22, the external auditor's report for the year ended March 2022 and the Accountable Officer's draft letter of representation to the external auditors.
- 3.2 Lorraine Gray advised on the process which had been followed and the recommendations contained in the report.

- 3.3 Members had no questions on the content of the report or appendices, having had the opportunity to comment at previous Council and Committee meetings.
- 3.4 Sandra Campbell asked if there was any further information about the delay in receipt of the external auditor's report, which had been received after the due date for issuing papers. While there was no detailed explanation, Anne Garness reported that the auditors had advised the Audit and Assurance Committee, on 28 November, that they still had to complete final checks. It was also noted that there was a known resource issue in audit. Anne Garness advised that we have another company appointed to carry out the external audit function from the next financial year.
- 3.5 The Council
1. accepted the assurances from the Audit and Assurance Committee set out in section 9 of this report (report 48/2022)
  2. endorsed the 2021/22 Annual Report and approved the 2021/22 Accounts
  3. noted the positive annual report for 2021/22 to the Council and Auditor General for Scotland from the external auditors
  4. agreed that it is content with the assurances provided by the Accountable Officer in the Letter of Representation to the external auditors.

#### **4. Date of next meeting**

- 4.1 The date of the next meeting will be Monday 27 February 2023 at 10 am.

**Council 13 December 2022**

**Start time: 10:05am**

**Finish time: 10:10am**

**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 full Council meeting on 24 November 2022.
<b>Recommendations</b>	The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener.
<b>Author</b>	Sandra Campbell, Convener
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p>
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p>

	<p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Business continuity Plans (PCP) are in place and tested.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</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 24 November 2022 to date, although it should be noted that a formal meeting of the Council took place on 13 December 2022 to approve the Annual Report and Accounts.

## **INTRODUCTION**

2. First of all, I would like to note and welcome the return of Lorraine Gray to her post as Chief Executive and to thank Maree Allison for her sterling service in acting-up during the period of Lorraine's absence.
3. The SSSC continues to operate in a changing strategic environment, where the longer-term shape of regulated services is subject to review. In the interim period the biggest challenge for us relates to the constraints around public service financing and our ability to plan ahead for more than one financial year. Despite this we continue to focus on our Strategic Plan and Futureproofing agenda. The Rewards Review remains on our agenda and of course is linked to the strategic financial environment.

## **MEETINGS WITH PARTNER AGENCIES**

4. As an ex-officio member of the board of the Care Inspectorate I attended a board meeting via Teams on 15 December 2022 and an in-person meeting on 26 January 2023, which was a combination of formal Board meeting and Board Development Event. On 9 February 2023 another Board meeting and Board Development Event takes place and it should be noted of course that in the wider context of consideration of both the organisation of the delivery of services, and of the future provision of scrutiny and inspection, it is clear that there are issues of common interest to both the SSSC and the Care Inspectorate and I'm aware that Doug Moodie, Chair, is reviewing whether there may be merit in holding a joint Care Inspectorate Board/SSSC Council meeting on an informal basis.

## **MEETINGS WITH THE SCOTTISH GOVERNMENT**

5. I have continued to have regular meetings with Iona Colvin, the Chief Social Work Adviser and my key link with our Sponsor. These have been helpful as always, and on the date of the last Council meeting on 24 November 2022, a short meeting was facilitated with Ms Clare Haughey, Minister Children and Young People.
6. I'm pleased to be able to confirm the successful recruitment of a new Council Member following interviews held in December at our offices.

Lindsay MacDonald, joins us at today's meeting and will take up a role in the Audit and Assurance Committee, given his experience and qualifications.

## **COUNCIL MEMBERS**

7. The Council Members had our Annual Away days on 28/29 November 2022, aiming to avoid the bad weather experienced normally in January. We held the meeting in the SSSC office this year and the view of Members was that this worked well and agreed that will be the format from now on. We covered a wide range of topics, together with SSSC senior officers, including how senior officers and Members work collaboratively, the draft Strategic Plan and the challenges facing our organisation. We also discussed how to take forward our long-standing ambition for Council Members to gain a better understanding of registered services. It was agreed that small-scale visit to services would be helpful and that the best way to organise this would be to ask services if they would like to host a visit.
8. There was also a Development Session on 16 January 2023 where the topics covered included the Risk Register and risk appetite for the organisation, the Financial Strategy linked to the Strategic Plan and a session covering how the Council can contribute to the SSSC being a Trauma Informed organisation.

## **CONCLUSION**

9. In conclusion, I would like to end on a positive note: the SSSC has made a very significant contribution to the social work and social care workforce, notably so during the turbulent times of COVID and since. I am confident that we can continue to do so, together with our partners in the coming years, despite the current financial constraints and I would like to thank all of our hard-working staff for their continued contributions.

<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 Officer
<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 provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Business Continuity Plans (BCP) are in place and tested.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</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 by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last Council meeting on 24 November 2022, and looks forward to emerging issues.

## **INTRODUCTION**

2. Since returning to work I have got up to speed with all the issues facing the SSSC and the wider public sector. I am fortunate that Maree Allison carried out the role of acting Chief Executive so well and the hand back has gone smoothly.
3. Many of the areas I want to highlight follow on from the Chief Executive's report in November 2022. We are still in discussions with Scottish Government sponsor to next year's budget. We have a Council meeting in March 2023 to finalise the budget with Council Members.
4. Scottish Ministers agreed to renew the lease for Compass House and Quadrant House from April 2023. Once the final tenant is confirmed we will have certainty on the space we will occupy and cost.
5. Our staff completed a survey in December and initial results show an improvement since the last survey across all areas, apart from pay and benefits. We are analysing the detailed results and aim to share information with staff in the next few weeks. We will also send this information to Council Members. We will set out the actions from the staff survey at the Council meeting in August when we present the six-monthly report on the People Strategy.
6. In January 2023, we were required to provide information to the Director General of Education and Justice. All public bodies were required to complete a template providing baseline information to inform future plans and spending. We worked closely with our Sponsor to produce the information in the short timescales provided. The purpose is to ensure public services remain sustainable and are best placed to deliver improved outcomes in relation to Public Service Reform and the Resource Spending Review (RSR). Further work is planned throughout the year as we prepare for even more financial challenges.
7. The Non Departmental Public Bodies (NDPB) forum met with Scottish Government representatives and the key aims of this transformation programme are to ensure public services remain fiscally sustainable, support improved outcomes, and support reduced inequalities of outcome

among communities in Scotland. For all public bodies, making that happen will require working with a relentless focus on ensuring available resources are deployed as efficiently as possible towards priorities. It will require a critical eye on whether existing organisational structures and service models for public services best support these ambitions. For some bodies, it will require further reductions in costs, to prioritise growth where it is most needed elsewhere in public services.

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

8. At the November meeting Members made decisions about the future shape of our Register and approach to qualifications, continuous professional learning and return to practice. Implementation plans for these areas are being developed through the Future Proofing Programme, subject to budget and legislative change.
9. The other important strand of this Programme, the review of the Code of Practice will move to the next stage in April when we will formally consult on revising the Codes. We have worked with stakeholders for six months, gathering their views on the current Codes. The Future Proofing Sponsor Group will review the proposed draft of the Codes at its meeting in March before the formal consultation launches in April. Council Members will receive a report on the outcome of the consultation and seeking approval of the revised Codes at its meeting in November.
10. Regulatory Improvement and Hearings met with the Faculty of Advocates as part of our work to improve access to representation for workers at fitness to practise hearings. The proportion of workers represented at hearings has increased from 10% two years ago to 22% over the last twelve months.
11. Phase Seven of the Scottish Child Abuse Inquiry concluded in December. The Director of Regulation gave evidence to the Inquiry at the beginning of the phase and as an Interested Party we were invited to give a closing submission. The professional practice theme arising from the evidence related to identifying and acting on signs of abuse. We will use this as a theme for focus when carrying out our annual monitoring of the social work degree programme.
12. Susan Peart is the new Head of Fitness to Practice following the departure of Chris Weir.

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

13. We held a session for the Mental Welfare Commission Social Work Practitioners group focused on our current Continuous Professional Learning (CPL) requirements, the upcoming changes and proposed new model, including input on the development of return to practice standards. A representative from the group will join the stakeholder advisory group for the development of the new CPL model.
14. In partnership with NHS Education for Scotland (NES), we are currently recruiting to the Scottish Improvement Leaders (ScIL) programme cohort. The SSSC is funding priority places for individuals working in any area of social work and adult social care.
15. We have completed testing the CEIM (Care Experience Improvement Model) with Healthcare Improvement Scotland (HIS) and five social service organisations. Evaluation of this testing phase is in progress. The model focusses on understanding what matters to people using services as a way of influencing improvement work.
16. We have agreed with Scottish Government that the SSSC will take responsibility for the hosting CPL resources linked to the National Standard for early learning and childcare including a suite of CPL modules previously hosted by the University of West of Scotland and The Open University. The SSSC will also migrate the existing National Directory of CPL resources for Early Learning and Childcare workforce currently hosted by the Care Inspectorate and redevelop this into a comprehensive CPL portal for this part of the sector. These modules and the portal will be linked up to our existing MyLearning system to allow learners and the SSSC to better track learning and report on trends.
17. In response to a Care Inspectorate complaint that related to communicating with a family, our Changing Times, Changing Perspectives (CTCP) resource was used at North Ayrshire Health and Social Care Partnership (HSCP) to work through the complaint and make improvements to the service. CTCP involves a set of serialised videos that follows the story of Irene Wilson, a woman living with a diagnosis of dementia and due to changing needs, is moving from her own home to a care home. North Ayrshire HSCP have provided feedback that of the positive impact the CTCP resource has had in helping them to address complaints, support their staff development and improve service delivery and outcomes for people.
18. We have held four registrant events, two with a focus on social media and cyber security and two events aimed at promoting use of the SSSC's learning resources to support their CPL. The sessions were designed to support participants to:
  - know where to go to access our full range of learning resources and information

- better understand the role of supervision in supporting learning and reflective practice
- use our learning resources to support their continuous professional learning and career development
- reflect on how they might use social work, social care or early learning and childcare specific learning resources in other professional contexts
- log and keep track of their learning activity through the MyLearning app
- get recognition for their learning by using SSSC Open Badges.

A recorded version of the session will be made available to workers on our website.

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

19. We have developed an online guide for employers recruiting Ukrainian nationals <https://news.sssc.uk.com/news/new-guide-for-employing-ukrainian-nationals>. We have also published a new page on the SSSC website for International recruitment <https://www.sssc.uk.com/supporting-the-workforce/workforce-planning-and-development/recruitment-of-refugees-and-asylum-seekers-and-workers-from-outside-the-uk/>
20. We are working in collaboration with the office of the Chief Social Work Adviser to develop a proposal for Scottish Government to implement an additional route into social work through development of a social worker in training post graduate route where those undertaking their studies are employed by the local authority as a social worker in training.
21. Working with partners including Scottish Government and Social Work Scotland we will establish a reserve social worker list to assist with current staffing shortages. Those eligible for the reserve list will be qualified social workers who have left the Register within the last two years or are currently on the register but not employed in a social work role.
22. On behalf of Scottish Government and the Social Work Education Partnership forum we are commissioning research into practice learning funding to inform a full financial model review. The aim of the research is to identify all funding streams linked to practice learning, how it is distributed, who and what the funding is for. It will provide an analysis of how funding is used in social work practice learning across Scotland. The research will outline recommendations to ensure that there is consistency in and maximisation of funding available to support employers to offer placements to both undergraduate and postgraduate students.



## **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**

23. Colleagues from Communications and Workforce, Education and Standards (WES) are supporting the latest Scottish Government adult social care recruitment campaign which is running from January to March. The campaign includes digital and outdoor marketing and advertising along with a new TV feature to run on STV during ad breaks. And Lorraine Gray also features in a recorded radio segment on careers in care which is running on commercial radio stations across Scotland during the campaign.

## **HIGH PERFORMING ORGANISATION**

24. We are implementing a digital equipment refresh. As part of our proactive management approach outlined in the digital strategy, we have reached the end of useful life of the equipment we introduced in 2019. We will be supporting Council Members with their digital needs as part of the refresh plan.
25. Through the roll out of our new workforce equalities data capture we are contributing to actions in the Scottish Government's Ethnicity Data Improvement Action plan. This data collection project will contribute to improving national ethnicity data across the health and social care. It will inform the future work of the SSSC and its partners in tackling inequalities in the workforce as part of the activity in the new Strategic Plan.
26. In December 2022 we provided Council Members with an overview of the of the new PowerBI dashboards that we have implemented through the Intelligence & Insights project. Phase 1 of the project has now ended and internal dashboards are live and in use across several departments. Work will continue to set up more internal dashboards, an internal oversight group and operational data management functions. Phase 2 will begin in March with the identification of the plan for external data sets that will support requests from Scottish Government, our partners and others. As part of phase 2 we will develop proactive data sets that will be published regularly for our stakeholders, such as the overview of a live register.

## **HORIZON SCANNING**

27. **National Care Service (NCS):** The National Care Service (Scotland) Bill is due to complete Stage 1 by 17 March 2023. In November Maree Allison participated in the Health, Social Care and Sport Committee's evidence session on the Bill.

28. **Independent Review of Scrutiny and Regulation of Adult Social Care (IRISR):** The IRISR has several aims, such as exploring how regulation and inspection of social care services contribute to care and wellbeing and effectively support improved outcomes and experiences for the people of Scotland. The IRISR's call for evidence closed in January 2023 and the review will report in June 2023.
29. **Education Reform:** The Scottish Government's consultation on the next steps for improving and streamlining the inspection of Early Learning and Children (ELC) and school age childcare services ended in October 2022. The consultation follows a recommendation in Professor Muir's report setting out a future vision for Scottish Education. The Scottish Government is also expected to confirm the intended next steps and a proposed timeframe to implement the recommendations.
30. **Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law:** The Scottish Parliament will reconsider the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. The timescales are still to be confirmed.
31. **Early learning and childcare:** The Scottish Government is developing a Strategic Framework for Scotland's Childcare. The framework will explore several key themes including recruitment and retention.

## **CONSULTATION**

32. 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.

## **IMPACT ASSESSMENTS**

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

## **CONCLUSION**

34. 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</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 SSSCs 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 is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department</li> <li>b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget</li> <li>c. operational delivery and financial expenditure are consistent</li> </ol> </li> <li>2. the Council approves               <ol style="list-style-type: none"> <li>a. the Risk Management Policy at item 7 on the agenda</li> <li>b. the revised Risk Register and the revised Risk Appetite Statement, effective from 1 April 2023 (at Appendices 2 and 3)</li> </ol> </li> <li>3. the Council notes               <ol style="list-style-type: none"> <li>a. Karlyn Watt from the new External Auditors, Deloitte, attended the meeting</li> <li>b. the Committee noted challenges faced in recruitment and retention of staff</li> <li>c. further information which was sought during scrutiny of the assurance report may be available once data is ingathered through development of the insights and intelligence project</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>d. the risk register position was approved</li> <li>e. the views of the Committee will be conveyed to the Care Inspectorate when its committee meets to consider the joint internal audit report on payroll</li> <li>f. the Committee requested a further report on improvements made by the external payroll company, once the company has had sufficient time to implement these</li> <li>g. the Committee approved a revised completion date of 31 January 2024 for one recommendation from the internal audit report on Data Protection</li> <li>h. the Committee approved the draft internal audit plan for 2023/24, subject to the Interim Director of Finance and Resources approving any minor amendments</li> <li>i. the Committee's continued concern over the funding of the organisation and that a full presentation and updated budget report will be submitted to Council on 27 February</li> <li>j. there are no instances of fraud, bribery or corruption detected in quarter 3 of 2023/24</li> <li>k. a further report on the position of Fitness to Practice Panel Members will be submitted to Council on 27 February 2023.</li> </ul>
<b>Author</b>	Alan Baird, Chair, Audit and Assurance Committee
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Link to Strategic Plan</b>	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p>

<b>Link to Risk Register</b>	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: Assurance report as of 31 December 2022</p> <p>Appendix 2: Strategic Risk Register</p> <p>Appendix 3: Risk Appetite statement</p>
<b>Background papers</b>	<a href="#"><u>Draft unconfirmed Minutes of the Audit and Assurance Committee meeting of 02 February 2023.</u></a>

## **INTRODUCTION**

1. As set out in the Executive Framework Document and Scheme of Delegation, accountability for strategic oversight remains with the SSSC Council. The Council has delegated responsibility for oversight and scrutiny of achievement of operational key performance indicators, monitoring of Financial Performance and Strategic Risk Management to the Audit and Assurance Committee.
2. This report records the recommendations of the Audit and Assurance Committee to SSSC Council following the Committee's meeting of 2 February 2023.

## **ASSURANCE REPORT**

3. The Committee reviewed the assurance report as of 31 December 2022 relating to the activities of the SSSC. Committee noted that Finance information was as at 30 November 2022, there having been staffing issues in the section which prevented a more recent update being available. Appendix 1 to this report is the assurance report considered by the Committee.

### **Budget**

4. The Committee was advised that budget pressures continued to be a concern. A presentation and second draft of the budget with updated information will be made to Council on 27 February. The Executive Management Team is focussing on identifying where savings can be made.

### **Risk Register**

5. Officers expect Risk 9 – We do not have accommodation in place that meets our business requirements at an acceptable cost - to be deleted by April 2023, once the new lease of the buildings at Compass House and Quadrant House is finalised.
6. Laura Shepherd reported on the overrun and overspend on the insights and Intelligence project, due to resourcing the project.
7. Laura Lamb assured members that communication was ongoing with higher education institutes to make sure that there is sufficient provision of learning resources for registered workers to achieve their qualifications.
8. Members were also assured that the Future Proofing Project will derive the benefits from the digital transformation including the work on future proofing the register. It was noted that support from Scottish Government would be needed for this to be realised.

9. Laura Shepherd confirmed that in relation to the Risk 5, regarding developing and supporting staff, she would include mitigating actions in the Risk Register, but that the risk would remain in the current category as it remains high.
10. Laura Shepherd reported that there was some progress towards resolution of the current issues in relation to costs related to office accommodation. It was anticipated that the risk would be closed off in the next version of the risk register as the lease would be concluded.

### **Performance indicators**

11. In discussing some of the performance indicators, there was particular focus on issues in recruitment and retention of staff within the organisation. Non-competitive levels of remuneration and a large number of temporary posts were cited as factors leading to some vacancies being advertised multiple times before being filled. It was recognised however that pausing the job evaluation exercise was the correct decision at this time.

## **INTERNAL AUDIT**

12. Members were presented with the following:

### **Payroll Audit report**

13. The Committee was presented with the joint Care Inspectorate/SSSC Internal Audit Payroll report. Payroll is a shared service. The auditors made three recommendations, all three were agreed by SSSC management, one to be completed by end of February 2023 and the other two by end of March 2023. The Committee expressed concerns regarding the performance of the payroll company and requested a report, after an appropriate time is given for improvements to be made to the service provided. Particularly, Committee is looking for a reduction in errors made by the company, which has led to SSSC staff spending time making checks and corrections.

### **Management Audit Report**

14. Committee was presented with a progress report from the internal auditors as well as an updated extract from the internal/external audit tracker. All upcoming audits and reports will be completed as planned. Committee approved a revised completion date for one action arising from the Data Protection audit due to the high volume of work required to complete the action.
15. The Committee took assurances from the audit reports and management's updated responses which show that action is being taken where there are recommendations from the auditors.

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

16. The Committee discussed the draft revised Risk Register and revised Risk Appetite Statement. Committee noted that there were few changes proposed and also that it is expected that risk 9 will be removed once the lease to the headquarters building is finalised. Members discussed the risks associated with National Care Service review.
17. Risk six relates to finance and value for money and members again expressed concern over budget uncertainty and noted that the Executive Management Team would discuss possible areas of savings at its upcoming meeting. The second draft of the budget will be presented to Council on 27 February.

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

18. Committee was presented with a report from management confirming that no instances of fraud were detected in quarter three of the 2022/23 year.
19. The report provided the Members with assurance on the fraud, bribery and corruption workstream.

## **STATUS OF FITNESS TO PRACTICE PANEL MEMBERS**

20. The Committee considered a report in private session on the status of members of the Fitness to Practice Panels. The Committee noted the information and instructed the Director of regulation to submit an updated report to Council at its meeting in February 2023.

## **CONSULTATION**

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

## **RISKS**

22. 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**

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

### **Compliance**

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



## **IMPACT ASSESSMENTS**

### **Equalities**

25. An EIA was 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**

26. This report, appendices and background minutes give assurances to Council that the Audit and Assurance Committee is carrying out its remit in accordance with the terms of reference contained in the Code of Corporate Governance. The Committee requests that Council takes the recommended actions, notes actions taken by the Committee and takes assurance following consideration of the documents that the Committee has been presented with a fair view of the operational and financial performance and risk facing the SSSC.

<b>Title of report</b>	Assurance Report as of 31 December 2022
<b>Summary/purpose of report</b>	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> <li>assesses delivery of our strategy through the analysis of strategic performance indicators</li> <li>highlights areas of concern</li> <li>identifies corrective action required.</li> </ul> <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
<b>Recommendations</b>	<p>The Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> <li>endorse the direction of travel for the strategic measures</li> <li>approve the risk register position</li> </ol>
<b>Author</b>	Laura Shepherd, Director of Strategy and Performance
<b>Responsible</b>	Lorraine Gray, Chief Executive
<b>Links 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 policymakers 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 the Strategic Risk Register</b>	Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.
<b>Documents attached</b>	Full 2022/23 Strategic Risk Register.

# ASSURANCE REPORT AS OF 31 DECEMBER 2022

AAC Meeting Version

January 2023

Agenda item: 05, Report no: 01/2023

Action: For Decision

# EXECUTIVE SUMMARY

## December 2022 SSSC PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V(+/-)	Movement	Proj. YE	Actions & Comments
Finance	Net expenditure (£000) (excluding grants)	1-4		3,680	2,591		↓	Amber	Position reliant on receipt of additional £2m from Scottish Government
Finance	Risk sensitivity (£000)	1-4		N/A	-95		↓	Amber	Will be impacted by any future under/overspends
Finance	Reserves (%)	1-4		2 to 2.5	2.3		↑	Green	Current reserve projection within ambition, however, may be impacted by future under/overspends.
3.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	27.3	+2.2	↓	Red	
3.2 Reg	Time taken to process a fitness to practise case is less than organisations we benchmark against (months)	1	1	6.8	2.3	-2.5	↑	Green	
3.3 Reg	Increase the percentage workforce who engage... in fitness to practise process (%)	1	1	80.0	75.3	-1.1	↓	Amber	
3.4 D&I	Increase the percentage of the registered workforce with the correct qualification (%)	2	2	50.0	50.4	0	→	Green	
3.5 D&I	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	50.0	47.0	+0.4	↑	Amber	
3.6 D&I	Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)	2	2	80.0	80.1	+4.6	↑	Green	
	Cumulative performance (%)	2	2	80.0	79.3	0	→	Amber	
3.7 D&I	Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective (#resources)	3	5	N/A	324	-191	↓		
3.8 Reg	Deliver the Future Proofing Programme	1	1	N/A	-	-	-	N/A	
3.9 S&P	The work of the SSSC promotes the value of the social care workforce (% positivity)	4	5	N/A	-	-	-	N/A	
4.2 S&P	External stakeholder engagement (%)	1-4	5	41.0	45.8	-12.4	↓	Green	
4.3 S&P	SSSC complaint information for Stage 1 (%)	1-4	5	90.0	100	+2.3	↑	-	
	SSSC complaint information for Stage 2 (%)	1-4	5	90.0	100	-	-	-	
4.4 HR	The overall percentage of staff who are absent from work (%)	1-4	6	<3.6	4	+0.8	↓	-	
4.5 HR	The overall staff turnover percentage (%)	1-4	6	<12.4	13.2	-1.6	↑	-	
4.7 L&CG	SAR requests are dealt with within timescales (%)	1-4	3	100	100	-	→	-	
	FOI requests are dealt with within timescales (%)	1-4	3	100	100	-	→	-	
4.8 L&CG	Number of data security incidents reported (#Red)	1-4	3	0	0	0	→	-	

December 2022 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	➡	DoWES	
3	We fail to meet corporate governance, external scrutiny and legal obligations.	1	16	9	➡	DoFR	
4	We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	9	➡	DoSP	
5	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	16	➡	DoFR	
6	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	1	20	16	➡	DoFR	
7	The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	1, 2, 3, 4	20	4	➡	CEO	
8	We fail to have the appropriate measures in place to protect against cyber security attacks	1, 2, 3, 4	20	12	➡	DoSP	
9	We do not have accommodation in place that meets our business requirements at an acceptable cost		16	4	➡	DoFR	

## [Current Full Strategic Risk Register](#)

### [New, Emerging, and Changed Strategic/Directorate Risks identified](#)

The ability to recruit to posts is a further cause for concern. Several key posts across the organisation remain vacant due to failed recruitment. We now require a more detailed analysis of recruitment stats and exit interviews to understand the turnover reasons and how this will impact on recruitment.

Accommodation issues are causing a concern. We are currently unable to determine our liability for space and the cost of this. It is recommended that the impact score is increased until a firmer position is found. This is impacting on our ability to manage the space with limited scope to make decisions.

## **SSSC – CORPORATE FINANCIAL POSITION**

### [Financial summary](#)

The information included in this financial summary is the position at November 2022 rather than December 2022. This is due to 60% vacancies in the Finance Team which has impacted on capacity to complete the full range of services. This means that there is increased risk that the current year projected figures are not correct as they are out of date so close to the year end. Two new members of staff and an agency worker will join the Finance team in January but we will still have capacity issues until they complete training and development over the next few months.

2022/23 Budget	Revised budget for monitoring purposes £000
Operating budget	20,276
VSDF and disbursements	939
Postgraduate bursaries	2,914
Practice learning	2,846
	<b>26,974</b>
Workforce development grant (WDG)	543
<b>Total expenditure</b>	<b>27,517</b>
<b>Funded by:</b>	
Grant in aid	16,035
VSDF	900
<b>Sub total</b>	<b>16,935</b>
Registration fee income	5,962
Other income	397
<b>Sub total</b>	<b>6,359</b>
WDG and cyber resilience grant income	376
WDG and Cyber resilience grant funded from reserves	167
Net deficit - funded from reserves and SG spending pressure	3,680
<b>Total net deficit</b>	<b>3,847</b>
<b>Total funding</b>	<b>27,517</b>

Budget by Strategic Outcome	2022/23 Revised Budget £000	2022/23 percentage %
SO1	15,884	79%
SO2	3,101	15%
SO3	1,004	5%
SO4	125	1%
	<b>20,114</b>	
Disbursements/grants	7,403	
(all inc. o/heads)	<b>27,517</b>	

	Expenditure £000	Fees and other income £000	Grant in aid and disbursement income £000	Net expenditure £000
Budget for monitoring purposes	26,974	(6,359)	(16,935)	3,680
Actual	14,206	(4,007)	(5,207)	n/a
Committed	1,778	n/a	n/a	n/a
Year end projection	26,230	(6,325)	(17,313)	2,592
projected (under)/overspend	(744)	34	(378)	(1,089)

Net expenditure	Budgeted net expenditure £000	Projected net expenditure £000	Projected (under)/overspend £000
June 2022	2,614	2,614	0
July 2022	2,614	2,627	13
August 2022	2,614	2,574	(40)
September 2022	3,680	3,082	(598)
October 2022	3,680	3,082	(598)
November 2022	3,680	2,591	(1,089)

### Overview

- At 30 November 2022 there is a projected corporate underspend of £1,089k (excluding grants). Although Scottish Government confirmed in the 2022/23 budget allocation letter of April 2022 that £1.638m spending pressure funding would be available, there is a risk that it will reduce given Scottish Government's financial challenges. Since our last report Scottish Government have agreed additional funding towards our pay award of £300k and a further £78k to fund technology developments for the Local Authority Fee Waiver. Assuming we receive the additional funding of £2.016m, we expect a general reserve balance of £1,269k at 31 March 2023.
- £666k of the general reserve balance relates to disbursements, which is ringfenced. This leaves an available general reserve balance of £603k which is 2.4% of our target minimum reserve (2% £500k to 2.5% £625k). We plan to ask Scottish Government to approve carry forward of £217k underspend from our Futureproofing project to complete development work in 2023/24. This would reduce our general reserve to £386k in 2023/24 which is 1.54% of our £500k (2%) minimum reserves target.

Despite the finance team being significantly understaffed at the moment, they still held budget monitoring meetings with all budget holders and all budget lines were reviewed.

The finance team have broken down the underspend and movements since the beginning of the financial year as follows.



Key movements since the beginning of the financial year 30 November 2022	Projected overspend or (underspend/ additional income) £000	Movement: increase/ (decrease) to projection since last report £000
<b>Projected overspends</b>		
Accommodation upgrade (NR)	300	0
Panel Member Allowances (P)	170	0
Legal Fees (P)	87	6
Registration fee income (P)	68	(19)
Insights and Intelligence Project (NR)	71	6
Practicing certificates (P)	29	11
Digital developments - excluding Insights and Intelligence & FPP projects (NR)	23	23
Advertising for new employees (P)	10	0
<b>Total projected overspends</b>	<b>758</b>	<b>28</b>
<b>Projected underspends/additional income</b>		
Disbursements -postgraduate bursaries (P)	(517)	(288)
Additional grant in aid - £300k staff pay award; £78k Fee waiver development (NR)	(378)	(378)
Staff costs, including hired agency and secondments inwards (P)	(306)	115
Futureproofing project including digital development (P)	(217)	168
Disbursements - practice learning fees (P)	(148)	0
Communications publicity, printing, design and postage (P)	(81)	1
Staff training (saving £20k - Flexible Workforce Development Fund grant) (NR)	(41)	(18)
Stationery, postage, travel, storage and archiving (corporate) (P)	(38)	(9)
Secondees outwards (NR)	(34)	0
Staff pay and grading review - paused (P)	(33)	(33)
Workers phone line and support advocacy (P)	(31)	(31)
WES Venue hire & hospitality and Dementia underspend (P)	(15)	(15)
Other minor underspends across the organisation (P)	(9)	(4)
Digital running costs (P)	(1)	(30)
<b>Total projected underspends</b>	<b>(1,846)</b>	<b>(520)</b>
<b>Net expenditure and movements</b>	<b>(1,089)</b>	<b>(492)</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 risk for changes to projections until the end of the financial year relate to staff costs (including pay negotiations), our futureproofing project and the accommodation upgrade. In addition, practice learning fee rates increased from August 2022, and we estimate less registration fee income than budgeted.

### Reserves

- Our general reserve position was £2.389m at 31 March 2022 (audited). This is £272k less than the draft figure of £2.661m we included in the March 2022 budget paper, due to accruals. We budgeted for an overspend of £3.847m (including grants) and projections at 30 November 2022 show our projected outturn will be £2.758m (including grants).
- Although Scottish Government confirmed in the 2022/23 budget allocation letter of April 2022 that £1.638m spending pressure funding would be available there is a risk that it will reduce given Scottish Government's financial challenges. Since our last report Scottish Government have agreed additional funding towards our pay award of £300k and a further £78k to fund technology developments for the Local Authority Fee Waiver. Assuming we receive the additional funding of £2.016m, we expect a general reserve balance of £1,269k at 31 March 2023.
- The general reserve balance of £1,269k includes £666k projected underspend on disbursements, which is ringfenced. This leaves a general reserve balance of £603k which is 2.4% of our target minimum reserve (2% £500k to 2.5% £625k).
- We plan to ask Scottish Government to approve carry forward of the £217k underspend on our Futureproofing project to allow completion of this work during 2023/24. This would reduce our general reserve to £386k in 2023/24 which is 1.54% of our £500k minimum reserves target.

### Budget changes

- Council agreed our 2022/23 budget of £1.638m (deficit) for 2022/23 on 25 March 2022. Sponsor has included a corresponding in year spending pressure of £1.638m in their projections. Council also agreed an additional £976k of expenditure (detailed in the table below) which will be funded from our general reserve as working capital.

<b>Additional 2022/23 budget</b>	<b>2022/23 £000</b>
Temporary posts	378
Futureproofing digital development	300
Fitness to practise – reinstatement of vacancy management	192
Carry forward of 2021/22 digital development underspends	59
Futureproofing service design and programme governance	36
Other planned administration expenses	11
<b>Total to be funded from our general reserve (working capital)</b>	<b>976</b>

- Since March, Scottish Government has allocated funding for the Voluntary Sector Development Fund (VSDF) of £900k and £361k to the Workforce Development Grant (WDG).
- Scottish Government agreed we could carry forward underspends from 2021/22 to use during 2022/23. We carried forward underspends totalling £943k. The breakdown of these underspends is included in the table below.
- Over the last three financial years we put aside £290k for digital replacement. This was held in our general reserve. We have a further £100k in our operating budget for 2022/23, giving a total of £390k for digital replacement and we will spend this in full during 2022/23.
- There is a total revised budget for monitoring purposes of £3.847m. This is summarised in the table below.

Summary of budget movements during the year	2022/23 Budget agreed by Council £000	Additional in year funding from Scottish Government £000	General reserve funds to be used in 2022/23 £000	2022/23 Revised budget for monitoring purposes £000
<b>Expenditure</b>				
Base budget agreed by Council on 25 March 2022	1,638			1,638
Additional budget agreed in budget report (parag 23)	976			976
Voluntary sector development funding (VSDF)		900	24	924
Workforce development grant (WDG)		361	135	496
Cyber resilience grant			32	32
Practice learning fees			493	493
Postgraduate bursaries			259	259
Digital replacement			290	290
<b>Gross expenditure</b>	<b>2,614</b>	<b>1,261</b>	<b>1,233</b>	<b>5,108</b>
VSDF and WDG grants from Scottish Govt		(1,261)		(1,261)
<b>Net expenditure</b>	<b>2,614</b>	<b>0</b>	<b>1,233</b>	<b>3,847</b>
<b>Net expenditure to be funded by:</b>				
Spending pressure from Scottish Government	(1,638)			(1,638)
General reserve (working capital)	(976)		(1,233)	(2,209)
	<b>(2,614)</b>	<b>0</b>	<b>1,233</b>	<b>(3,847)</b>

### Income and expenditure

- Actual and committed spend, excluding disbursements is £15.9m (59%) at this point in the year.
- We have accounted for 39.5% of our expected fees and other income (£5.693m).

### Registration fees

- We have written off £240k so far this year (budget £337k, projection £337k). The main reasons for removal from the register are that people have not paid their fees or no longer need to be on the register.

## Specific Grants

- Scottish Government agreed that we could carry forward £32k underspend on staff costs in the 2021/22 cyber resilience grant for use in 2022/23. We expect to fully spend the cyber resilience grant at 30 November 2022.
- Scottish Government have also agreed we could carry forward £135k underspend for workforce development activity to 2022/23 so that we can fully deliver the outcomes. We expect an underspend of £45k on workforce development grant activity. This is from Leadership and improvement learning £37k and workforce planning £8k. Scottish Government has asked us to return the underspent grant, so we will not draw down this funding.

## Significant variances from budget & key risk

The key financial risks to the position at the end of March 2023 are shown in the table below with potential sensitivity of £95k underspend.

Members of EMT met with our Scottish Government Sponsor Team last quarter and highlighted the following key risks:

- Future funding – Scottish Government (SG) has an extremely challenging financial position they are trying to manage which is likely to impact on future funding and potentially current year
- Pay remit – Unison has now submitted their pay claim. They have not asked for a specific percentage but rather a consolidated and inflation proofed pay increase for all grades. Inflation is currently around 10%.
- Reserves/ working capital – it is highly unlikely that SG will allow us to carry forward any working capital to next financial year. Areas we are particularly concerned about are:
  - Digital development required for future proofing the register estimated at £300k to £600k over 2022/23 and 2023/24.
  - Estimated costs of £300k to improve our office accommodation due to delays agreeing the lease. The Deputy First Minister agreed the lease in December, although we are still waiting to hear whether the sixth tenant is definitely moving in. This creates uncertainty on our future budget, the space we will occupy and the work we can complete this financial year from current budget.
- We are also concerned that we will not have sufficient funding in future for:
  - Vacancy management adjustment of £192k for Fitness to Practise staff, which would allow us to recruit additional solicitor posts early in the financial year to enable training and development of staff before posts become vacant due to natural turnover.
  - Temporary posts required to deliver outcomes in the Strategic Plan.

- Potential spend relating to the National Care Service and panel member remuneration decision.
- Rewards review – Council made a decision in August to pause the rewards review until next year so there will not be a financial impact this financial year, although it remains an issue for future years.
- Fees – Scottish Ministers decided to delay a consultation on fees until 2023 meaning we will have a higher budget deficit next year than we outlined in the budget paper to Council in March 2022.
- Efficiency savings – Scottish Government is likely to request efficiency savings of at least 3% next financial year.

The most significant risks relate to staff costs (including pay negotiations), our futureproofing project and the accommodation upgrade. In addition, practice learning fees and postgraduate bursaries are expected to be underspent. We currently estimate we will receive 1.47% less registration fee income than budgeted.

Budget area	Current projection £'000	Projection reported to last EMT £'000	Risk sensitivity	Likelihood (RAG status)	Reason for variance and reason for movement
<b>Futureproofing project</b> – (outcome 1)	£217k underspend	£385k underspend	£69k (25%) over/under	High	We received Scottish Government approval for £168k additional development work on the project during November 2022. Of the £217k underspend, £173k relates to digital development. There is a risk that we may not get permission to carry forward this underspend or alternatively this may not be affordable in 2023/23. Timeline and ability to deliver has been significantly affected by prioritisation of the local government fee waiver.
<b>Staff costs</b> – (all outcomes)	£306k underspend	£421k underspend	£75k under	Medium	Staff cost underspends (total £306k) are Regulation (including FPP) (£116k); Strategy and performance (£47k); Workforce, Education and Standards (£98k); Finance and Resources (£62k). These underspends are partially offset by an overspend of £123k on hired agency costs across the organisation.
<b>Staff costs – pay award</b>	n/a	N/a	£150k over	High	We have budgeted for the current pay policy of approx. 2%. Unison has submitted a pay claim

					to reflect inflation (10%). Every 1% increase is approx. £150k. SG is currently saying they will not pay more than 5% in total but this may increase on negotiation with Unions. SG has agreed additional funding of £300k for the pay award and this is included in our projections.
<b>Accommodation upgrade</b>	£300k overspend	£300k overspend	£100k under	High	Based on the projected spend at the end of March 2022 we expected to pay this from working capital. However, actuals were less and this funding is no longer available at this point in 2022/23. Spend estimates may change when we know the outcome of tenders for works.
<b>Panel Member Allowances - (outcome 1)</b>	£170k overspend	£170k overspend	£50k over	Medium	We reduced our budget because of opt in hearings, however, the number of days have not reduced in the same proportion as the number of overall hearings as hearings are taking longer.
<b>Registration fee income - (outcome 1)</b>	£68k less income	£87k less income	£75k over/(under)	Medium	Current projections suggest an underachievement of registration income of 1.16% of the total budget.
<b>Communications publicity, printing, design and postage - (all outcomes)</b>	£82k underspend	£82k underspend	Possibly a further £10-£20k reduction to come depending on activity for the rest of 22/23	Low	Projections reduced across professional fees and printing due to no longer being required and activities not taking place e.g. less in person events than anticipated, no progress on stakeholder involvement and engagement due to not being able to recruit staff There was money allocated in the budget for ongoing costs due to the impact of the FPP work on corporate activity however, that work hasn't reached that stage yet so this will move into 2023/24.
<b>Legal fees - (outcome 1)</b>	£81k overspend	£81k overspend	£25k under	Medium	Full legal fee budget is either committed or spent, projections based on current expectations.

<b>Insights and Intelligence Project</b> - (all outcomes)	£71k overspend	£65k overspend	0	Medium	This overspend relates to hired agency costs which are due to delays to the project timescales. We re-allocated (vired) £33k from the digital development budget to partially offset these costs, leaving a £71k overspend.
<b>Practice learning fees</b> - (disbursement)	£148k underspend	£148k underspend	£25k over	Low	We carried forward £493k from 2021/22. Current modelling data suggests an underspend of £148k on practice learning fees. This is based on estimates from the HEIs but is subject to change as the pattern of practice learning placements within programmes remains disrupted as a result of the pandemic. We expect to receive up to date data from the HEIs during December. Once these are reviewed, we will update the projection.
<b>Postgraduate bursaries</b> - (disbursement)	£518k underspend	£230k underspend	£100k under	Medium	We carried forward £259k from 2021/22. Current estimates suggest an underspend of £518k, however, we have yet to receive and process applications for all universities. Any underspend is ring-fenced for use to fund Hardship Funding applications from post graduate social work students. We expect to receive more accurate information in January 2023.



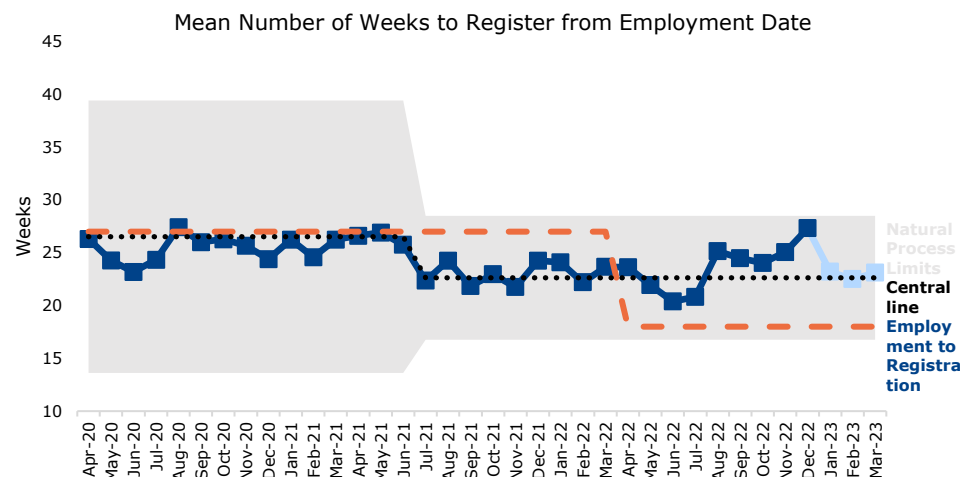
### 3. STRATEGIC PERFORMANCE INDICATORS

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

Time taken from employment to registration was 27.3 weeks in December 2022. Employment to application increased by 2.4 to 23.1 weeks and application to registration decreased by 0.1 to 4.2 weeks.

RAG		
<18	18 to 22	>22
Target: 18 weeks		
Actual and Reforecast		
Apr-22	23.6	31.4%
May-22	21.9	21.9%
Jun-22	20.4	13.3%
Jul-22	20.8	15.7%
Aug-22	25.1	39.7%
Sep-22	24.5	36.0%
Oct-22	24.0	33.5%
Nov-22	25.1	39.2%
Dec-22	27.3	51.8%
Jan-23	23.2	28.9%
Feb-23	22.5	25.0%
Mar-23	23.1	28.3%

We have revised our aim to register workers within 12 weeks of employment, 8 weeks to apply and 4 weeks processing time. Recruitment and retention in the sector and the impact of the fee waiver continue to be a significant challenge. We have therefore reforecast and now predict to end the financial year in amber and above overall target of 18.0 weeks.



#### Management Action and Risk

We will be reviewing the data around this in December/January. We expect to be able to identify specific organisations who require additional support to encourage their workers to apply for registration sooner. Work with those organisations will start in February 2023.

The FPP changes to require workers to apply for registration within 3 months of commencing the role will improve the time from starting work to applying for registration. There will be lots of engagement on the FPP changes during 2023 which will include highlighting this change and encouraging employers to get into the practice of supporting workers to apply within 3 months prior to the change to Regulations.

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

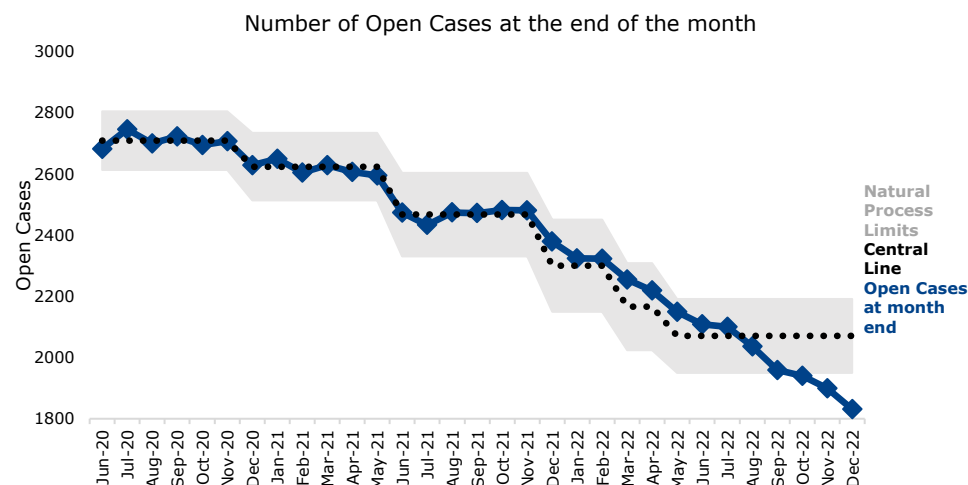
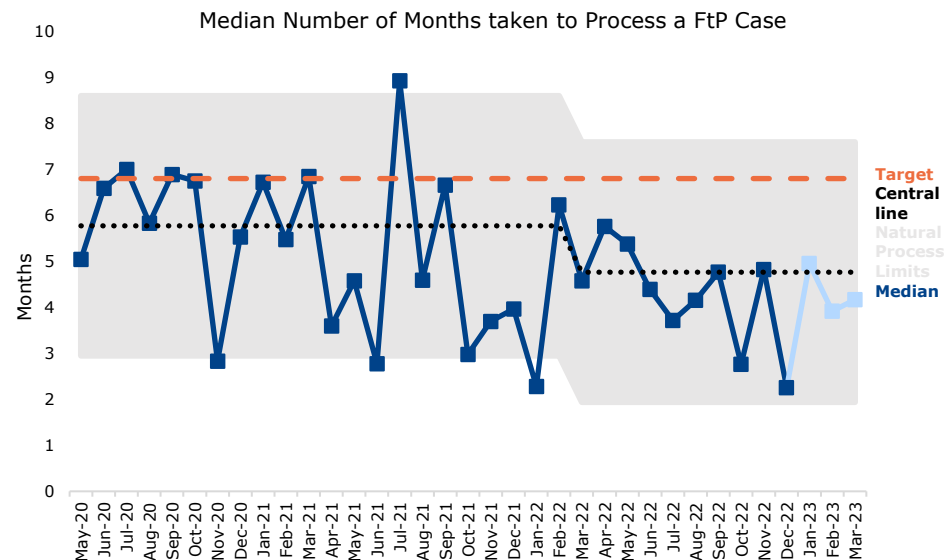
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. We continue to outperform similar bodies (external target 17.4 months), so an internal target of 6.8 months was set.

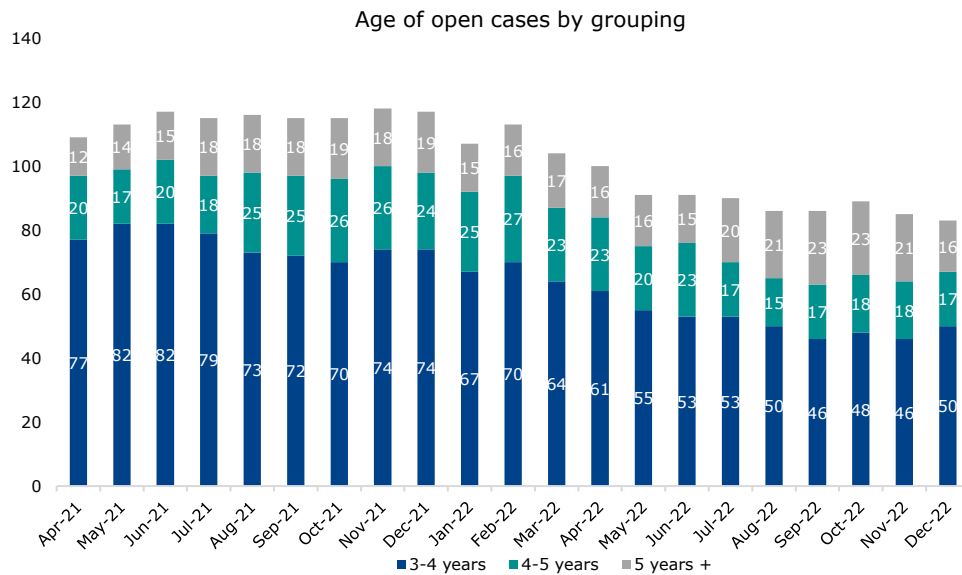
RAG		
<0%	0% to 10%	>10%
Internal Target: 6.8 months		

Actual and Reforecast		
Apr-22	5.8	-15.3%
May-22	5.4	-20.9%
Jun-22	4.4	-35.5%
Jul-22	3.7	-45.4%
Aug-22	4.1	-38.9%
Sep-22	4.8	-29.9%
Oct-22	2.8	-59.4%
Nov-22	4.8	-29.1%
Dec-22	2.3	-66.9%
Jan-23	4.9	-27.2%
Feb-23	3.9	-42.4%
Mar-23	4.2	-38.7%

December 2022's performance was 2.3 months to process a Fitness to Practise case. 51% of cases (99 of 195) were closed at screening stage, a 2% increase from last month (150 of 306).

At the end of December 2022, the number of open cases was 1,831. A decrease of 69 from the previous month and an overall reduction of 548 from December 2021. The median age of open cases at the end of December 2022 was 273 days, an increase of 19 days from the previous month.





- We are promoting the benefits of working for the SSSC including agile working and generous leave and pension provisions.
- We are focusing on building resilience in staff and encouraging autonomy in their reasoning and decision-making.

## Management Action and Risk

### Key risks:

Performance is steady and consistent. The FtP workforce has been stable since 2020. Solicitor turnover remains an ongoing challenge. Feedback from exit interviews consistently is that salary is an issue.

- There is a risk that performance could drop if we continue to lose experienced staff, especially in legal roles.

### Actions:

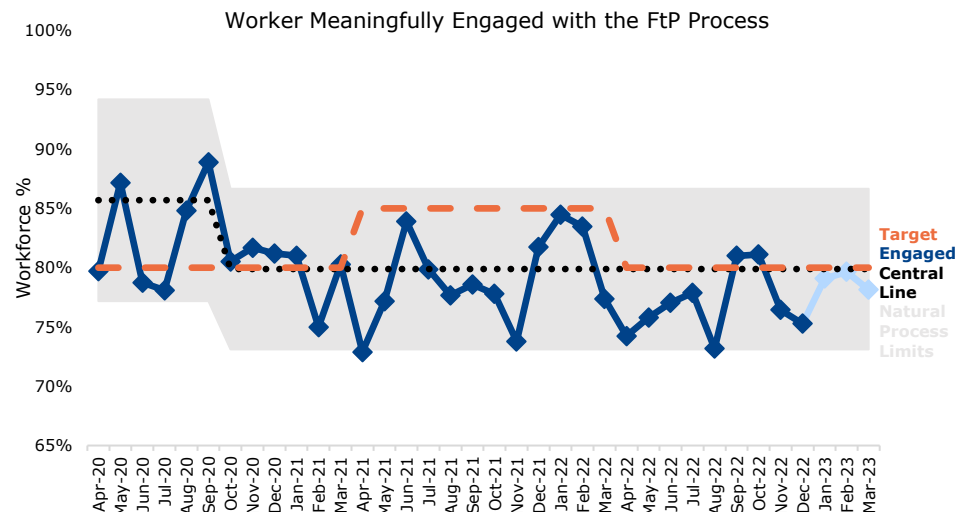
- We are continuing to ensure that we have the right people doing the right work for their role to ease the workloads on remaining solicitors.

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

If a worker has provided a response to allegations, this is likely to amount to meaningful engagement. December 2022's performance was 75.3% engagement (70 of 93 cases).

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

Actual and Reforecast		
Apr-22	74.2%	-7.2%
May-22	75.8%	-5.3%
Jun-22	77.0%	-3.7%
Jul-22	77.9%	-2.7%
Aug-22	73.2%	-8.5%
Sep-22	81.0%	1.2%
Oct-22	81.1%	1.4%
Nov-22	76.4%	-4.5%
Dec-22	75.3%	-5.9%
Jan-23	79.1%	-1.1%
Feb-23	79.6%	-0.5%
Mar-23	78.1%	-2.3%



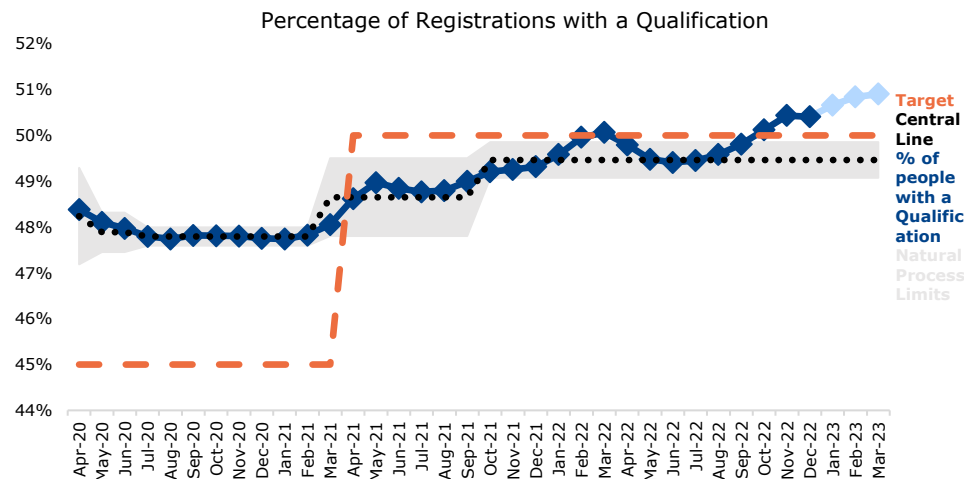
#### Management Action and Risk

- We continue to work to improve access to representation and support services for workers, which helps them to meaningfully engage. We have given staff and panel members training on trauma informed practice.
- We continue to work with employers to teach the workforce about how important it is for them to engage with us. We have produced a fact sheet for employers. This fact sheet includes the employer's role in our investigations and how to support workers.
- We prompt case holders through our case management system to phone workers under investigation at the start of the case to improve engagement as well as supporting them to use the FtP portal to keep up to date with their case.

### 3.4 Workforce Education and Standards: increase the percentage of the registered workforce with the correct qualification.

December 2022's performance was 50.4%.

RAG		
>50%	47.5% to 50%	<47.5%
Target: 50%		
Actual and Reforecast		
Apr-22	49.8%	-0.4%
May-22	49.5%	-1.0%
Jun-22	49.4%	-1.2%
Jul-22	49.5%	-1.1%
Aug-22	49.6%	-0.8%
Sep-22	49.8%	-0.4%
Oct-22	50.1%	0.2%
Nov-22	50.4%	0.9%
Dec-22	50.4%	0.8%
Jan-23	50.7%	1.3%
Feb-23	50.8%	1.7%
Mar-23	50.9%	1.8%



### Management Action and Risk

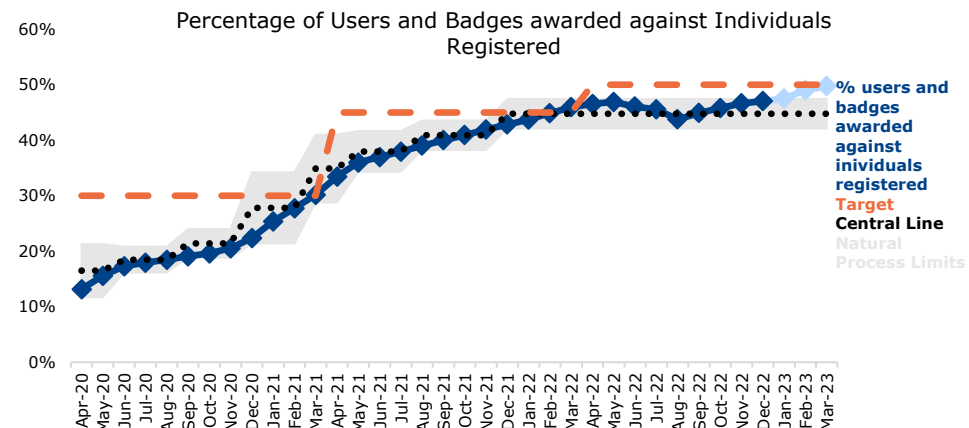
- The Register for the Future consultation proposals including more flexibility in the qualifications we accept for registration and reducing the timescales given to obtain the relevant qualification for registration were approved by Council in November 2022 and. these changes will help increase the qualified status of the workforce. .
- In partnership with SQA we surveyed all training and learning providers who currently deliver the benchmark qualifications to gather further intelligence on capacity within the system to adapt and address the supply and demand challenges highlighted within the WSR. The results show there is sufficient capacity amongst the providers,
- We are working in partnership with Skills Development Scotland, Scottish Government and NES to develop a skills response plan for Adult Social Care. The findings of the initial research and scoping will be available by end of March 2023
- The Voluntary Sector Development Fund (VSDF) this time has prioritised applications from Care at Home and Housing Support as these remain the least qualified groups on the register. Funding is available for SVQ Social Services and Healthcare at SCQF levels 6 and 7; given the increasing complexity of roles and changing models of care delivery, the SSSC/SG encouraged level 7 applications. Funding decisions were made in November, resulting in 75 voluntary organisations being awarded grants to support the workforce to gain qualifications. Grant letters were issued in December and payments will be made by March.

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

The indicator reflects the number of learners registered to use our learning resources and the number of SSSC open badges awarded. December 2022's performance was 47.0%. We track how many people have been actively using the MyLearning app in the last 30 days, which was 2,322 compared to last month's 4,480. We also monitor the number of learning logs created in the last 30 days which was 6,071 compared to last month's 13,883.

RAG		
>50%	45% to 50%	<45%
Target: 50%		
Apr-22	46.5%	-6.9%
May-22	46.9%	-6.2%
Jun-22	46.0%	-7.9%
Jul-22	45.6%	-8.9%
Aug-22	43.8%	-12.5%
Sep-22	44.9%	-10.2%
Oct-22	45.8%	-8.4%
Nov-22	46.6%	-6.8%
Dec-22	47.0%	-5.9%
Jan-23	47.5%	-5.0%
Feb-23	49.0%	-2.0%
Mar-23	49.7%	-0.6%

There are 5,984 accounts that currently fit the criteria of a dormant account. However, not all of these accounts are true dormant accounts and some users will keep their accounts active once they have a reminder email. They will remain as part of the calculation for this financial year but for the new Strategic Plan WE&S and the Business Intelligence team will propose a different way of measuring performance for this strategic outcome.



#### Management Action and Risk

- The data shows a continued uptake of individuals using our learning resources to achieve their CPL requirements. The majority of dormant accounts are individuals who no longer work in social services. To understand the impact on performance we need to remove dormant accounts currently identified and monitor the trend data for dormant accounts per month against new users. Key actions to increase those using our learning resources include the following.
  - Using functionality within MyLearning to encourage users to remain active.
  - Implementation of improvement plan from January 2023 to ensure continual targeted promotion of MyLearning and our learning resources in registrant newsletters and on social media taking account analysis of the feedback from the analysis of our learning resources survey issued to registrants and JRS research.

- Registrant events planned for 24 January and 2 February 2023, delivered by WES that will focus on using SSSC resources to support CPL and highlight newly published resources. Over 100 people are registered for each event.

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

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

- the 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 and our learning zone
- post-event feedback.

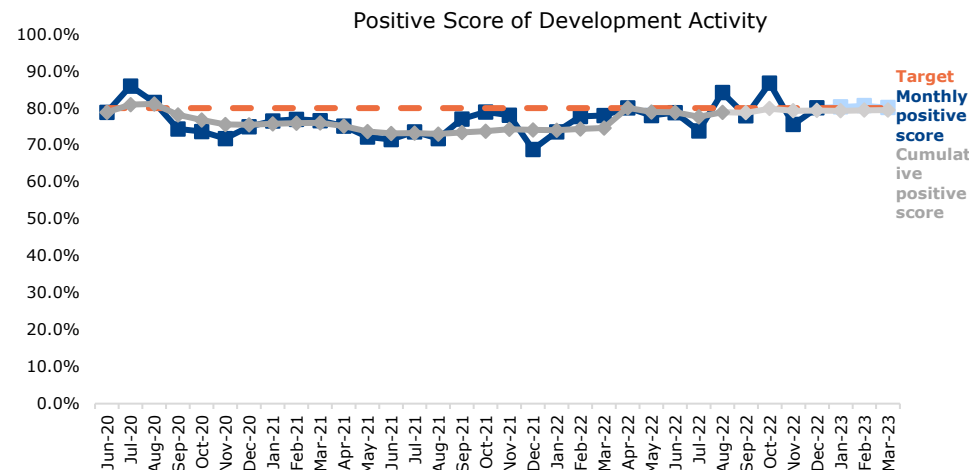
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance Actual and Reforecast		
Apr-22	80.1%	0.1%
May-22	78.0%	-2.5%
Jun-22	78.6%	-1.5%
Jul-22	73.8%	-7.7%
Aug-22	84.2%	5.3%
Sep-22	77.9%	-2.6%
Oct-22	86.7%	8.4%
Nov-22	75.5%	-5.6%
Dec-22	80.1%	0.1%
Jan-23	80.3%	0.4%
Feb-23	80.6%	0.8%
Mar-23	80.1%	0.1%

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

Cumulative Performance actual and Reforecast		
Apr-22	80.1%	0.1%
May-22	79.0%	-1.3%
Jun-22	78.9%	-1.4%
Jul-22	77.6%	-3.0%
Aug-22	78.9%	-1.4%
Sep-22	78.7%	-1.6%
Oct-22	79.8%	-0.2%
Nov-22	79.3%	-0.9%
Dec-22	79.3%	-0.8%
Jan-23	79.3%	-0.9%
Feb-23	79.4%	-0.8%
Mar-23	79.5%	-0.7%

From the above sources, the number of responses we received in December 2022 was 266 compared to last month's 364. In December 2022 we received a positive score of 80.1% and overall cumulative performance to 79.3%. Since April 2022 we have received 3,005 responses.



### Management Action and Risk

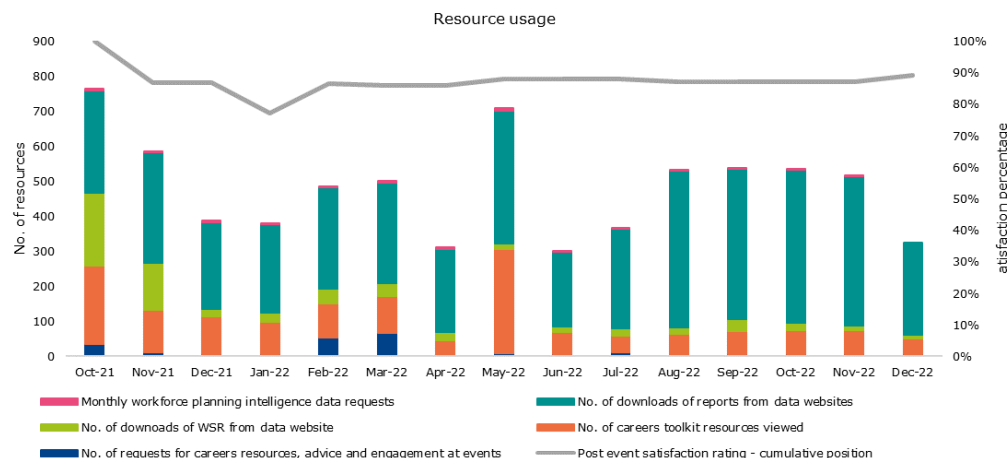
WES is undertaking further work to measure stakeholder satisfaction with resources. This includes the following.

- 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 and digital insights has informed development of an improvement action plan to target promotion and use of resources.
- The registrant learning resources survey was issued in December 2022, with a return date of late January. Results will inform improvement actions.



### 3.7 Workforce Education and Standards: Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective.

The indicator reflects the number of people using our workforce planning resources and their rating of the content.



324 resources were used in December 2022 compared to 515 last month. The number of careers toolkit unique views decreased from 69 to 43. The number of downloads of reports from the data website decreased from 427 to 264 in December 2022. However, all levels remain consistent.

#### Management Action and Risk

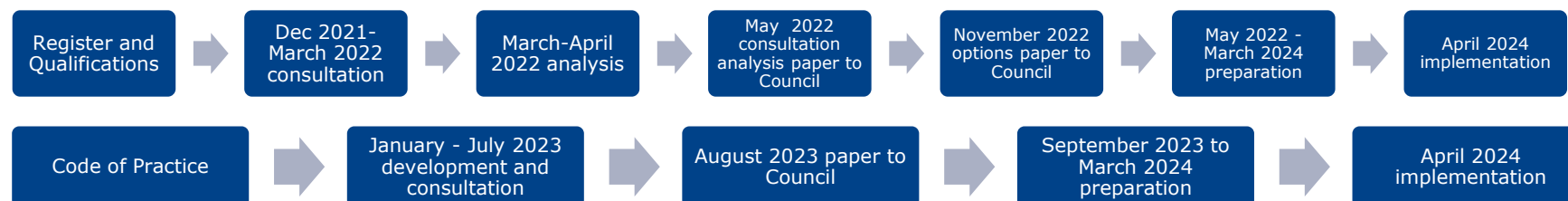
The workforce planning stakeholder survey held in January 2022 has provided a benchmark measure of satisfaction. We will be undertaking a repeat of this survey in February 2023. This will help us to understand the impact of workforce planning activity

and to monitor performance going forward. Actions to increase use of our resources are set out below.

- We are developing four pre-employment resources, including 10 Steps to a Career in Care, which we will add to our suite of careers toolkit resources. We will launch these by March 2023.
- We continue to promote our resources at our quarterly workforce planner network webinars. The December webinar was popular with a 38% increase in people registering compared to the previous event (up to 184 from 133) and 58 attending. We continue to promote these and the LinkedIn group which has seen membership increase slightly in the last month.
- We published a new recruitment resource in December 2022 to support social services employers recruit people from Ukraine.
- We will be increasing the frequency of our published vacancy data for social workers. This will be produced on a quarterly rather than annual basis. Timescales for this currently being agreed.
- Producing new workforce data report focusing on workforce distribution. This will be available by the end of January 2023.

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

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 has been amended as follows.



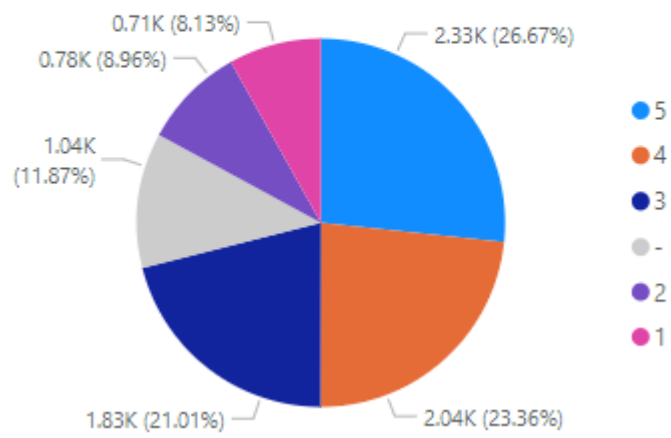
#### Management Action and Risk

- There are two significant risks to this programme. Firstly securing legislative change and secondly securing funding for this and future years to do the work necessary to change the structure of the register. Sponsor team is working on this with the Scottish Government Legal Department but it is now unlikely we will have legislative change in time for an implementation date of April 2023. We are now working towards implementation in 2024. We are continuing to speak positively with government about securing the funding that we need to complete this programme.
- Meetings with project leads regarding milestones and planned timescales are due to be held in January along with a revision of the stakeholder mapping.
- Incremental Group and staff from Systems Development and Registration completed the discovery phase of systems development work as part of the programme. Incremental Group provided a summary report following the sessions held during that phase which will inform development of Wave 1 and subsequent phases in 2023/24.

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

This measure focuses on feedback that our work promotes the value of the social care workforce through engagement activity, and the impact of this workforce being qualified and registered, professional and regulated, by surveying registrants throughout the year, as well as our key stakeholders. Our Registrant Survey which ran for three weeks in July 2022 asked the following question, where 1 is 'not at all' and 5 is 'very much'.

**How much do you think the work of the SSSC promotes the value of the sector and the workforce?**



#### Management Action and Risk

Three further surveys are due for release in January and February, learning resources, stakeholder survey and workforce planning. These will also ask questions about how the work of the SSSC promotes the value of the sector. Once these are completed the full data will be analysed and actions developed as part of department's work to support the new outcomes in 2023 – 2026 strategic plan.

## 4. ORGANISATION INFORMATION

### 4.1 Programme Management Office

#### Overall Summary: Programmes

Programme	Project Sponsor	Phase	Budget RAG	Risk/ Issues RAG	Stakeholder Buy In RAG	Timescale RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Digital Programme	Director of Strategy and Performance	Implement	Red	Amber	Green	Green	Red	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	Future proofing systems changes project PID approved.  Fee waiver digital project complete.	While the overall digital programme budget position is not at risk, the red level risk is being created by Future Proofing. The systems changes part of FPP is currently tracking as an underspend this year and budget commitment for 2023/24 has not yet been approved.  The Mattersphere software upgrade project is on track to be completed by TRE in this financial year.  The conditions not met improvements project is progressing now Fee Waiver improvement work has been implemented.
Insight and Intelligence Project (part of Digital Programme)	Director of Strategy and Performance	Deployment	Red	Amber	Amber	Amber	Red	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	No milestones to be achieved this month.	The project has an overspend and extended timescale to January 2023. Resourcing internally is challenging.

Future-Proofing Programme	Director of Registration	Deployment	Red	Amber	Green	Amber	Red	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	Systems changes PID approved.  Employee survey completed.	Budget remains red as there is a significant projected digital underspend for 2022/23 and no agreed confirmation of budget for 2023/24.  Timescales will depend on rule/legislative change via SG which we are not fully in control of.
Rewards Review	Director of Finance and Resources							Programme approved and monitored by the Rewards Review Programme Governance Group monthly.		Programme suspended until further review.

### Overall Summary: External Projects

Programme	Project Sponsor	Phase	Cost vs Budget RAG	Risks / Issues RAG	Stakeholder Buy In RAG	Timescale RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Newly Qualified Social Worker	OCSWA		Green	Amber	Green	Amber	Amber	Approved by EMT. Monitoring and oversight now undertaken by Social Work Education Partnership Forum	No milestones to be achieved this month.	The risks and issues level will remain at amber until OCSWA can confirm infrastructure and funding going forward.

## 4.2 External Stakeholder Engagement

Our 'opened performance' is based on users opened against delivered. Each month there are five regular mailers 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.

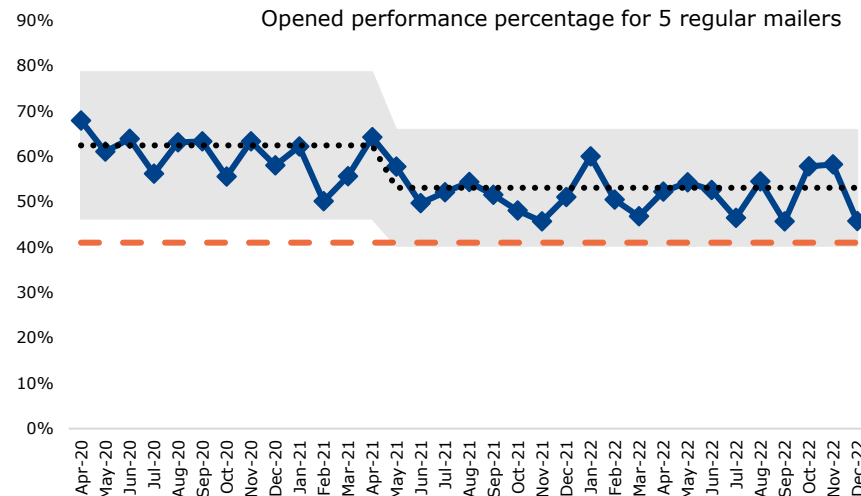
December 2022's performance was 45.8%.

RAG		
>5%	-5% to 5%	<-5%
Target: 41%		
% Opened		
Apr-22	52.3%	27.4%
May-22	54.3%	32.4%
Jun-22	52.6%	28.2%
Jul-22	46.4%	13.2%
Aug-22	54.5%	32.9%
Sep-22	45.6%	11.3%
Oct-22	57.8%	41.0%
Nov-22	58.2%	42.1%
Dec-22	45.8%	11.6%
Jan-23		
Feb-23		
Mar-23		

December was a particularly quiet month for content for SSSC News which is not unusual for the time of year. Engagement was also down and there will be a number of factors in this. Most often it is the context at the time of sending the newsletters.

The release of the SSSC and CI staff vacancies report on the sector was the top article although the engagement was significantly lower than for the report released at the same time the previous year. We are waiting for the data from the CI to assess how well the article performed in engaging people in the report.

Opened performance percentage for 5 regular mailers



### Management Action and Risk

- We are running a series of objective setting training sessions with teams and departments to make sure that we have outcomes or targets for engagement set out at the start of each campaign so that we can measure success and tailor the call to action to reach the specific audience.
- The newsletters are sent to between 165k – 185k people each time and go out twice a month. There are different newsletters for the parts of the register as well as for employers and subscribers who are people with an interest in our work.

## DECEMBER IMPACT HIGHLIGHTS

### **Article: Staff vacancies in care services 2021**

**Communications objective:** to attract our audiences to read the article and download the report.

**Client objective:** as above

**Communications outcome:** met – 2,294 clicks and waiting number of referrals to document on CI website to assess engagement. In comparison, the Staff Vacancies in Care Services 2020 article in the December 2021 enewsletters received 6,352 clicks.

**Client outcome:** as above

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### **Article: Meet the SSSC registrant events**

**Communications objective:** attract registrants to book a place at the events.

**Client objective:** around 50 people attend events.

**Communications outcome:** met with ,164 clicks- both events fully booked. However, in comparison, the events promoted in October 2022 newsletters received more than double the engagement.

**Client outcome:** TBC following the events

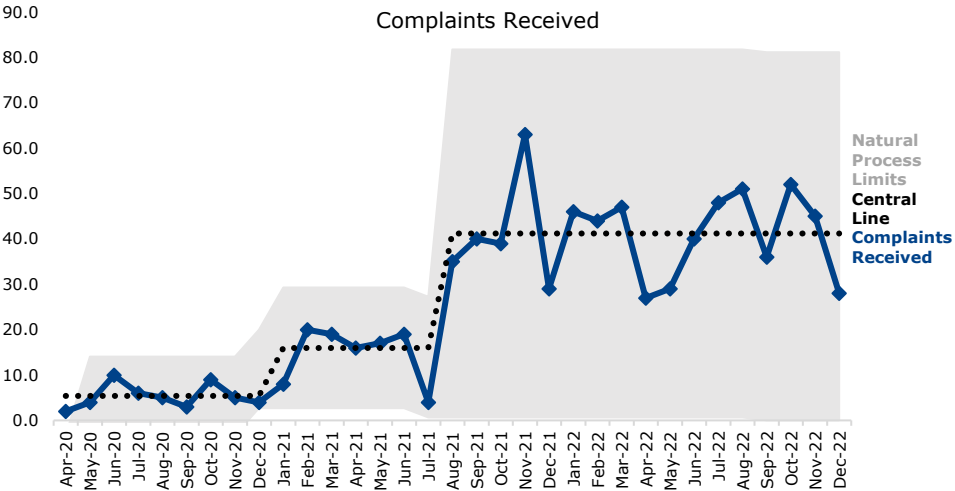
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4.3 Strategy and Performance: SSSC complaint information.

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 shows the trend in number of complaints received. We have twenty days to resolve a stage two complaint and five days to resolve a stage one complaint.

RAG		
>90%	80% to 90%	<80%
Target: 90%		
Percentage of stage one complaints resolved on time		
Apr-22	96.2%	6.8%
May-22	96.4%	7.1%
Jun-22	100%	11.1%
Jul-22	97.9%	8.7%
Aug-22	100%	11.1%
Sep-22	100%	11.1%
Oct-22	100%	11.1%
Nov-22	97.7%	8.6%
Dec-22	100%	11.1%
Jan-23		
Feb-23		
Mar-23		

RAG		
>90%	80% to 90%	<80%
Target: 90%		
Percentage of stage two complaints resolved on time		
Apr-22	-	-
May-22	-	-
Jun-22	100%	11.1%
Jul-22	100%	11.1%
Aug-22	-	-
Sep-22	100%	11.1%
Oct-22	-	-
Nov-22	-	-
Dec-22	100%	11.1%
Jan-23		
Feb-23		
Mar-23		



We resolved 26 stage one complaints and 2 stage two complaints in December 2022.

Management Action and Risk

No action needed.



HUMAN RESOURCES PERFORMANCE

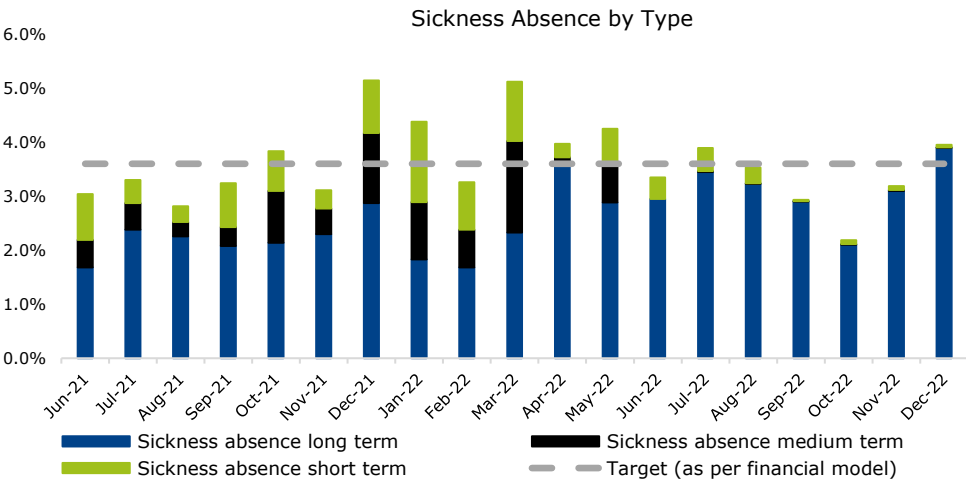
4.4 HR: The overall percentage of staff who are absent from work.

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		
<3.6%	3.6% to 4.6%	>4.6%
Target: 3.6%		
Apr-22	4.0%	10.3%
May-22	4.2%	18.0%
Jun-22	3.3%	-7.0%
Jul-22	3.9%	8.1%
Aug-22	3.5%	-1.9%
Sep-22	2.9%	-18.6%
Oct-22	2.2%	-39.3%
Nov-22	3.2%	-11.5%
Dec-22	4.0%	9.8%
Jan-23		
Feb-23		
Mar-23		

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 off on long term sick in December, the majority (seven) in the Regulation Directorate for a range of reasons. Three of those who were absent in December have since returned to work.



Management Action and Risk

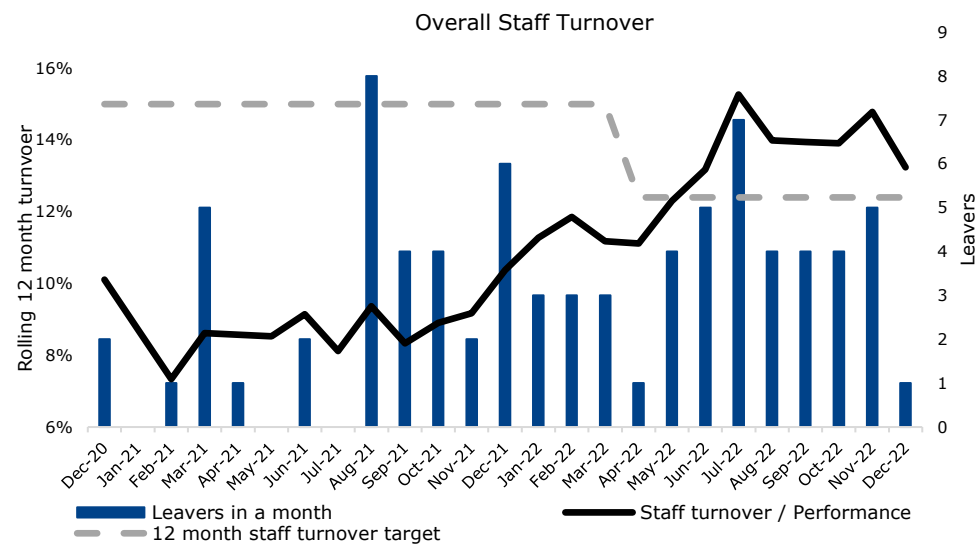
There are no areas of concern in terms of absence – there are no common themes or causes and the reasons for absence are varied. HR continue to work with managers to support them to manage staff who are absent and escalate as appropriate through the maximising attendance processes.

4.5 HR: The overall staff turnover percentage.

This metric looks at the 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.

RAG		
<12.4%	12.4% to 13.4%	>13.4%
Target: 12.4%		
Apr-22	11.1%	-10.3%
May-22	12.3%	-0.8%
Jun-22	13.2%	6.3.%
Jul-22	15.3%	23.1%
Aug-22	14.0%	12.8%
Sep-22	13.9%	12.5%
Oct-22	13.9%	12.1%
Nov-22	14.8%	19.2%
Dec-22	13.2%	6.8%
Jan-23		
Feb-23		
Mar-23		

There was one leaver in December 2022 who left for a career development opportunity. There are three confirmed leavers in January 2023 all three from Regulation directorate.



Management Action and Risk

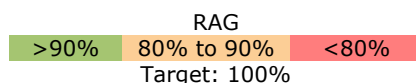
HR are making sure that exit interviews are carried out for all leavers where possible and will report on reasons for leaving and any themes emerging via the Assurance report and the People Strategy Board. Reporting will include comparisons to previous years where possible and we will also assess any areas where we are having recruitment difficulties and outline action taken.

## LEGAL AND CORPORATE GOVERNANCE

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

We must respond to 100% of SAR requests within one calendar month. In December 2022 we responded to five SAR requests and met the statutory timescales.

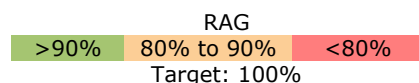
We must respond to Freedom of Information (FOI) requests within 20 working days. In December 2022 we responded to five request and met the statutory timescales.



Percentage of SAR completed on time

Apr-22	100%	0%
May-22	100%	0%
Jun-22	100%	0%
Jul-22	100%	0%
Aug-22	100%	0%
Sep-22	100%	0%
Oct-22	--	--
Nov-22	--	--
Dec-22	100%	0%

Jan-23  
Feb-23  
Mar-23

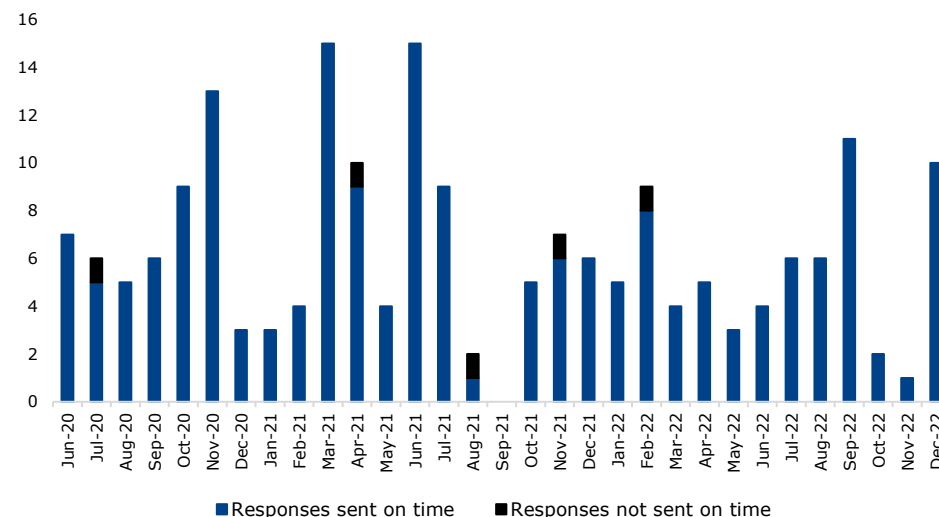


Percentage of FOI requests completed on time

Apr-22	100%	0%
May-22	100%	0%
Jun-22	100%	0%
Jul-22	100%	0%
Aug-22	100%	0%
Sep-22	100%	0%
Oct-22	100%	0%
Nov-22	100%	0%
Dec-22	100%	0%

Jan-23  
Feb-23  
Mar-23

SAR and FOI responses



Management Action and Risk

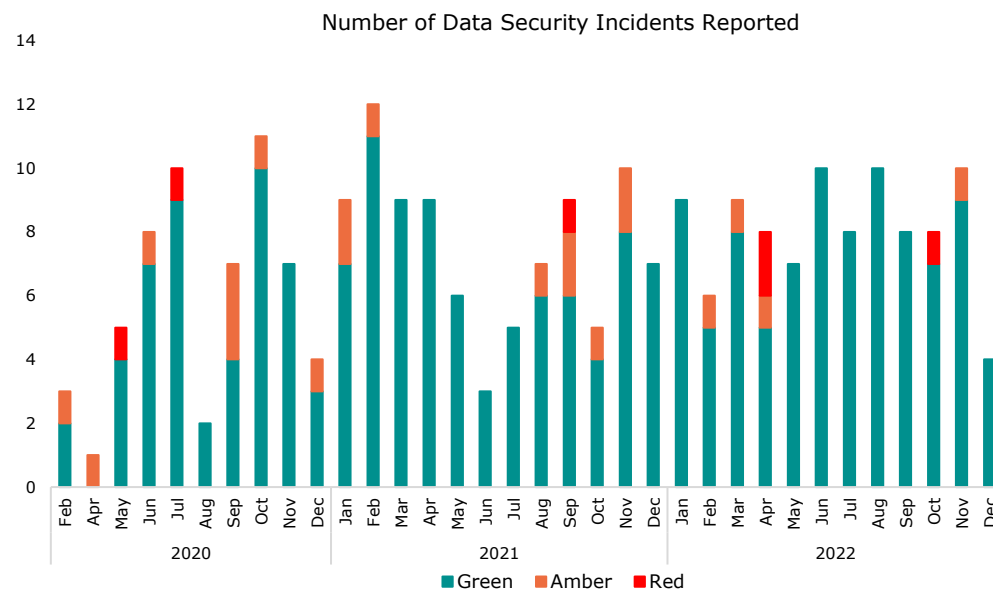
No action needed.

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

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 four data security incidents in December 2022 and categorised all four as low/green.



#### Management Action and Risk

The Information Governance Team assesses each incident and makes recommendations to ensure 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 on recommendations for an amber or red categorised incident.

## CONTROL CHARTS

This section gives a brief description of some of the terms used within the control charts.

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

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

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
1	Regulatory or compliance	Averse (risk score 25)	<p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p><b>Cause:</b></p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> <li>Insufficient staff as a result of external factors we cannot controls such as the Scottish Abuse Inquiry, resourcing issues in the sector affecting service provision , difficulty recruiting or errors in our resource model assumptions</li> <li>Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties</li> <li>Legislation or third party policies preventing us from obtaining necessary information.</li> </ul> <p>We do not share/receive information and intelligence with/from other organisations.</p> <p>Our processes and approach are bureaucratic and our legislative framework is a structural barrier to flexible working across care.</p> <p>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law</p> <p>Failure to fund implementation of Future Proofing Scottish Government payment of registration fees dilutes the importance of registration for local authority workers.</p> <p><b>Consequence:</b></p> <p>A worker's fitness to practise is not assessed as they do not comply with registration requirements, or our registration process is</p>	Director of Regulation	5	4	20 (High)	<p><b>Existing Mitigation and Controls</b></p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, and hold hearings, with ongoing development of those systems</p> <p>Resource modelling for calculating our staff base.</p> <p>Training and quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve.</p> <p>Relationships and where necessary data-sharing agreements with other agencies to share intelligence for public protection</p> <p><b>Planned Mitigation and Controls</b></p> <p>Implement and embed fitness to practise help and support lines for witnesses and members of the public making</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>too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p>					<p>a referral – Summer 2023 – Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by 2024. – Owner – Director of Regulation</p> <p>Implement customer voice software to enable improved understanding of customer experience of regulation to enable us to improve (subject to budget) – March 2024</p> <p>Implementation of the data and intelligence strategy to share intelligence with partner bodies, (linked to action in risk 4)</p> <p>Work with Police Scotland, Scottish Government, Disclosure Scotland and GTCS mapping information sharing processes – Director of Regulation – March 2024</p>						
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p><b>Cause:</b></p> <p>Failure to fund implementation of Future Proofing</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> <p>Individuals are not able to complete qualifications.</p>	Director of Workforce, Education and Standards	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. 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>In partnership with NES and Scottish Government we developed a national induction framework for adult social care to support sector and meet the SG commitment in PFG The first iteration was published in February 2022 in response to winter pressures and is being reviewed Feb 2023 to ensure still for for purpose</p> <p>Developing a new Graduate Apprenticeship Route into Social Work</p> <p>Developing a new integrated health and social care SVQ qualification</p> <p>We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups.</p> <p>Developing new model of CPL and return to practice standards for social workers for implementation will by April 2024</p> <p>Working in partnership with Skills Development Scotland, SG and NES to develop a Skills Response Plan for Adult Social Care. The research and scoping to inform the plan will be completed by end of March 2023</p> <p>Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025</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			
								<b>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</b>						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Lack of management. Ineffective working relationships between Council members and Officers. Poor assurance mapping. Shared services governance and operational arrangements are ineffective eg lack of clarity over services to be delivered, performance standards not met, consequences of service failure not understood, resources not aligned, unclear on accountability/ responsibility for decision making</p> <p>Reduced capacity in the Finance team due to high level of vacancies</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. .</p> <p>Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</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>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 – Positive internal and external audit reports. Regular review meetings with CEOs and senior managers from SSSC and CI. Positive annual review of shared services to August 2022 Council and positive feedback from June 2022 customer survey.</p> <p>Assurance mapping carried out and agreed by the Audit and Assurance Committee.</p> <p><b>Planned actions</b></p> <p>Finance Officers and Audit and Assurance Committee to meet new external auditors, Deloitte, in early 2023. Agree external audit plan before 31 March 2023 (Council). Agree internal audit plan for two year contract extension</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			
								with Henderson Loggie by 31 March 2023 (Audit and Assurance Committee and Council).						
4	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p><b>Cause:</b></p> <p>NCS and Independent Review recommendations and impact on the organisation 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. . Limited ability/resource to market the role of SSSC. Unable to respond timeously to requests for internal data due to lack of resource</p> <p>Scottish Government decision to fund local authority fees</p> <p><b>Consequence:</b></p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in delivery of strategic outcomes not achieved. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p><b>Existing mitigation and controls</b></p> <p>Regular review of business plan objectives 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>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p><b>Planned actions</b></p> <p>Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)</p> <p>Development of new strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders April 2023 (Director of Strategy &amp; Performance)</p> <p>)</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			
			Conflict of interest with SG when consulting on fees											
5	People and culture: Organisational development	Averse (25)	<p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce 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. Managers are unaware of their duties in relation to supporting staff. No consistent approach to leadership and management development. No mentoring programme for new staff. Outcomes of job evaluation. Impact of rewards review uncertainty High number of vacant posts to support business as usual which impacts on other members of staff. Large number of fixed term contracts supporting delivery. Business critical posts not recruited to. Single points of failure in several areas. Implications of the NCS Implications of unsettled 2022/23 pay award Unsuccessful recruitment</p> <p><b>Consequence:</b></p> <p>High turnover of staff. Staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences.</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>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback eg Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on particular issues, annual staff event.</p> <p><b>Planned actions</b></p> <p>Delivery of People Strategy action plan (Director of Finance and Resources – September 2024)</p> <p>Agreed at August 2022 Council to pause the rewards review until next year. We will reinstate the Programme Governance Group, regular EMT meetings and communication with staff as appropriate (Chief Executive).</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to</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			
			Organisation is exposed and may not be able to deliver objectives if key staff are absent – single point of failure. Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended. Industrial action due to pay claim/ outcomes from rewards review.					deliver the objectives in the strategic plan. (Chief Executive – March 2023)  Discussion with Scottish Government and negotiation with UNISON re pay claim (Chief Executive and Director of Finance and Resources – March 2023)						
6	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> <p>Insufficient GiA to fund all permanent posts needed to deliver the strategic plan. Increased pay award for 2022/23 on exacerbates this position. Scottish Government has significant financial challenges which is highly likely to impact on funding for SSSC and other public bodies Mid term review by SG may impact on current year funding. Scottish Government decision to pay local authority registration fees</p> <p><b>Consequence:</b></p> <p>Unable to deliver our statutory functions Unable to deliver strategic plan Unable to fund implementation of FPP Reputational damage. Reduced confidence in our protection arrangements.</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).</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>EMT and OMT business and budget planning sessions arranged to prepare for 2023/24 and beyond (Director Strategy and Performance and Director of Finance and Resources – March 2023).</p> <p>Resource models reviewed and updated and regularly compared to the actual</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			
			Reduced current year and 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. Increased pay award may mean need to reduce headcount.					<p>position (Director of Regulation).</p> <p><b>Planned actions</b></p> <p>We will review the financial strategy at the same time as developing the 2023-26 Strategic Plan (Director Strategy and Performance and Director of Finance and Resources – March 2023)</p> <p>Scottish Government (SG) has agreed a standstill budget for 2023/24 and indicative budgets for future years identify significant budget gaps. Work will continue in the planning and budgeting process to achieve a balanced budget. Increased pay award exacerbates this position and SG has partially funded the increased pay bill. Continue to work with SG to address issues and put in place sustainable funding. (Chief Executive/ Director of Finance and Resources – March 2023)</p> <p>Identify potential scenarios and resulting implications for discussion with Government if we do not get sufficient funding as well as evidencing the efficiencies we have made over the last few years. (Chief Executive/ Director of Finance and Resources – March 2023)</p> <p>Review all vacancies as they arise and document reasons for filling or not. (Director of Finance and Resources – from November 2022)</p> <p>Vacancies resulting in insufficient capacity in the</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			
								Finance Team means that we have had to prioritise between annual accounts, budget and budget monitoring. We will fill two vacancies in January 2023 and aim to fill the one vacancy remaining in the team of five soon after (Director of Finance and Resources - March 2023).						
7	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.</p> <p>Availability of resources to take forward the updating of business impact assessments and recovery plans.</p> <p>Untested plans.</p> <p>Plans not taking account of recent increased threats – cyber-attacks on public sector</p> <p><b>Consequence:</b></p> <p>Modified audit options.</p> <p>Loss of front-line services to registrants with no recovery plan.</p> <p>Mismanagement of major incident.</p> <p>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>Incident management testing underway (Head of P&amp;I – September 2022)</p>	2	2	4 (Very low)	↔	N	
8	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p><b>Cause:</b></p> <p>Insufficient funds allocated to manage core IT infrastructure.</p> <p>Insufficient development investment to upgrade security and systems.</p> <p>Lack of staff, skills and knowledge.</p> <p>Lack of IT policies.</p> <p>Insufficient horizon scanning of future threats.</p> <p>Lack of understanding and awareness by staff.</p> <p>Successful cyber attack.</p>	Director of Strategy and Performance	4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit</p> <p>Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place</p> <p><b>Planned actions</b></p> <p>Planned Digital Development Programme for 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			
			<b>Consequence:</b> 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.											
9	Operational and policy delivery: accommodation	Minimalist (16-20)	We do not have accommodation in place that meets our business requirements at an acceptable cost  Cause SG Property Division (SGPD) do not make a timely decision on our accommodation six months before the lease runs out on 19 April 2023. SGPD do not take our business requirements or available budget from reduced office space into account before agreeing accommodation.  Consequence Our office accommodation is unsuitable. We don't have office accommodation and must work from home again/ make alternative arrangements for Panel Hearings. No reduced budget or savings from accommodation. Not enough time to complete work on office improvements and resource from current year's working capital and budget is not available next year.	Director of Finance and Resources	4	4	16 (High)	Continued discussion with SGPD and Sponsor along with other occupiers, Care Inspectorate (CI) and OSCR.  The Depute First Minister has agreed to a new lease in Quadrant House and Compass House from April 2023.  <b>Planned actions</b>  There is some doubt as to whether one of the new tenants will move into the building which creates uncertainty for SSSC in terms of the space we will occupy and the costs we will incur. We do not know when SG will clarify this.(Director of Finance & Resources April 2023)	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.

Description	Directorate	Risk Appetite	Residual Risk																				
			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
We fail to ensure that our system of regulation meets the needs of people who use services and workers.	Regulation	Cautious	12	12	16	16	16	16	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
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	WES	Cautious	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
We fail to meet corporate governance, external scrutiny and legal obligations	F&R	Averse	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
We fail to plan and resource our activities to deliver our digital strategy	S&P	Averse	4	4	4	4	4	4	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1
We fail to provide value to our stakeholders and demonstrate our impact	S&P	Open	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes	CE	Averse	12	12	12	12	12	12	12	12	12	12	12	12	12	12	16	16	16	16	16	16	16
The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan	F&R	Cautious	12	12	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
The current Business Continuity plan in place, is not up to date, for the SSSC	CE	Minimalist	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
The SSSC is unable to operate due to effects of global pandemic COVID-19	CE	Open	9	9	9	9	9	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2
The new shared services governance arrangements are ineffective.	F&R	Open			6																		
We fail to have the appropriate measures in place to protect against cyber security attacks	S&P	Cautious													12	12	12	12	12	12	12	12	12
We do not have accommodation in place that meets our business requirements at an acceptable cost	F&R	Cautious																	12	12	4	4	4

## **2023/24 SSSC Risk Appetite Statement**

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

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

### **Risk Appetite Definition**

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

## **Risk Appetite Rationale**

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

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

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, motivate, develop and train our staff. This includes having the right people in the right jobs and a structure fit to deliver our organisational outcomes. We have an **open** risk appetite for decisions that improve culture and support transformational change or continuous improvement.

## Legal Compliance

### How do we meet our legal obligations?

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

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

## Regulatory Quality

### How will we deliver effective regulatory functions?

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

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

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

## Developing the Sector

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

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

## National policy landscape

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

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

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

## Communication and Profile

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

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 the work of the SSSC 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		
	Cost/benefit appraisal	Cautious		
	Financial management	Cautious		
Infrastructure	Developing new process, systems and projects	Hungry		
	Existing processes, systems and controls	Cautious		
	Business continuity and adaptation of service	Minimalist		
People and Culture	Organisational development (developing SSSC workforce)	Averse		
	Culture and transformational change	Open		
Legal Compliance	Failure to meet obligations	Averse		
Regulatory Quality	Deliver effective regulation	Cautious		
	Quality and standards of education and training for the sector	Cautious		
National policy landscape	Changes to regulation	N/A	Cautious	New category

	Supporting wider policy development	N/A	Open	New category
Developing the sector	L&D innovation & responsiveness	Hungry		
Communication and profile	Exposure to scrutiny	Cautious		
	Failure to respond to policy developments	Minimalist		
	Promoting the SSSC brand	Open		
	How we engagement with stakeholder	Open		



<b>Title of report</b>	Risk Management Policy review
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To present to Council the updated risk management policy for approval.
<b>Recommendations</b>	The Council is asked to approve the revised Risk Management Policy.
<b>Author and Responsible Officer</b>	Laura Shepherd, Director of Strategy and Performance
<b>Link to Strategic Plan</b>	<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 provide value to stakeholders and demonstrate our impact.</p>

	<p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Business Continuity Plans (BCP) are in place and tested.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p>
<b>Impact assessments</b>	<ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was developed.</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: Risk Management Policy
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. Our Risk Management Policy is due for review. The Policy sets how the SSSC manages risk throughout the organisation.
2. The revised policy was endorsed at Audit and Assurance Committee on 2 February 2023.

## **INFORMATION**

3. Minor changes were made to the policy. It now includes a link to the risk management procedure and reduced detail about the risk management process, as this is now in the procedure.

## **CONSULTATION**

4. We have received comments from Executive Management Team and Operational Management Team on the contents of the policy and these changes have been reflected as appropriate.

## **RISKS**

5. This policy supports how we manage risk in the organisation and there are no additional risks identified to the process because of this policy.

## **IMPLICATIONS**

### **Resourcing**

6. There are no resourcing issues associated with this policy that have not already been identified.

### **Compliance**

7. There are no compliance issues associated with the policy.

## **IMPACT ASSESSMENTS**

### **Equalities**

8. An EIA was developed in 2019 when the policy was last reviewed and does not require any further update.

## **CONCLUSION**

9. Council is asked to approve the policy.

# **Risk Management Policy February 2023**

**Document governance and management**

Document owner/author/lead	Director of Strategy and Performance
Version number	V2
Current version referred for approval to	Council February 2023
Date of next review	February 2025
Date of equality impact assessment (mandatory)	December 2019
Date of privacy impact assessment (if required)	N/A
Date of environmental impact assessment (if required)	N/A

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

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

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# 1. Introduction

The SSSC recognises that risk is inherent in all aspects of delivering public protection services. These risks relate to our staff, registrants, users of services, their families or carers, employers and the wide range of stakeholders we work with, as well the systems and facilities we use.

This policy is designed to manage the risks of the SSSC and support the identification, evaluation and control of risk to ensure, as far as possible, that they are eliminated or reduced to a level that is acceptable to the Council.

By undertaking risk management, we will better manage the successful delivery of our objectives by both preparing for and understanding the implications of adverse events. We will also be better able to provide assurance to our stakeholders that we are managing risks and appropriately maximising business and public value opportunities.

The policy describes the SSSC approach to risk management, details the roles and responsibilities of the of the Council, Audit and Assurance Committee, Executive Management Team (EMT) and Operational Management Team (OMT). It outlines key parts of the risk management process and identifies the main reporting procedures. It also describes the methods used to evaluate the effectiveness of the internal controls and approach to risk.

## 2. Principles

- The Council is accountable for overseeing risk management.
- The Council adopts an open and receptive approach to solving risk problems and addressing risk implications.
- We will set our appetite for risk, maintaining a formal statement.
- We will have a dynamic approach to risk that will allow of escalation and de-escalation of risk within the tolerance and appetite set by Council.
- The Chief Executive and all managers and staff are responsible for the identification and management of risks.
- We take a prudent approach to the recognition and disclosure of both the financial and non-financial implications of risks.
- Managers are responsible for ensuring good risk management practice within their functional areas.
- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the relevant programme board, EMT, Audit and Assurance Committee or Council as appropriate.

## 3. Roles and responsibilities

### 3.1 Council and committee

The Council is accountable for the oversight of the management of risk. The responsibility for overseeing the management of strategic risk is delegated to the Audit and Assurance Committee.

The Council sets the tone and influences the culture of risk management at the SSSC. This includes determining:

- whether the SSSC is 'risk taking' or 'risk averse' as a whole or any relevant individual issue
- the risk appetite of the SSSC
- what types of risk are acceptable and which are not
- the appropriate level of risk exposure for the SSSC
- the standards and expectations of staff with respect to conduct and probity in relation to risk management.

The Council is also responsible for:

- agreeing the strategic risks of the organisation and reviewing these annually
- delegating strategic risk monitoring and management to Audit and Assurance Committee
- satisfying itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively.

### 3.2 Audit and Assurance Committee

The Audit and Assurance Committee is a committee of the Council and is responsible for:

- reviewing the Strategic Risk Register and any associated management plan
- making recommendations to Council on the removal or additions of strategic risks
- advising Council and Chief Executive of the adequacy of the identification and management of strategic risk
- providing assurance to Council on the adequacy and effectiveness of the SSSC arrangements for risk management
- producing an annual report for the Council and Chief Executive as Accountable Officer, including advice on the effectiveness of the SSSC risk management.

### 3.3 Executive Management Team

The Executive Management Team is the senior management team of the SSSC and are responsible for:



- developing and implementing procedures on risk management and ensuring staff understand these
- identifying, monitoring and evaluating the strategic risks faced by the SSSC for consideration by Audit and Assurance Committee
- reviewing risk in relation to performance and budget to achieve strategic outcomes
- delegating the operational management of risk to Heads of Service and ensuring they understand their responsibilities in relation to risk
- ensuring Directorates undertake the requirements set out in this policy.

## 3.4 Operational Management Team

The Operational Management Team oversee the day-to-day operational management of the SSSC. They are responsible for:

- ensuring operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate
- identifying, monitoring and evaluating department risks, maintaining a risk register and ensuring risks are controlled and escalated where necessary
- undertaking monthly reviews of their department risks, include those contributing to the Directorate Risk Register
- escalating risks to EMT through the monthly directorate meeting to be reviewed as part of the Assurance Report process
- ensuring risk is appropriately documented month to month, including any escalated risks or changes to risk assessment.

## 4. Risk Management processes

### 4.1 Risk identification and review

Departments will review department risks on the Directorate Risk Register in line with the SSSC Risk Management Procedure. Departments and Directors will identify new operational risks for discussion at monthly performance review meetings.

Any new, emerging or escalated risks and associated management actions will form part of the Assurance Report to EMT monthly. EMT will consider the actions and identify if the consequences will lead to an impact on the strategic risks or create the emergence of a new strategic risk. EMT will also consider the actions required in the report.

EMT will consider the strategic risk register at each monthly meeting and provide a report on new, emerging or escalated risks to the Audit and Assurance Committee. EMT will also agree any further actions to be undertaken to manage strategic risk.

Any member of staff can identify a risk and raise it with their operational manager for assessment for the directorate risk register. Where a member of staff has identified a risk which they feel has not been taken seriously enough, they should raise it with

their director, and as a last resort where it is potentially very serious, through the SSSC's Whistle-Blowing Policy.

The SSSC Health and Safety Policy outlines the requirements in relation to risk assessments and health and safety risk. Please refer to this policy for further guidance.

## **4.1 Monitoring risks and management actions**

Heads of Service are responsible for monitoring and managing their risk registers in line with the SSSC Risk Management Procedure.

Strategic risk is monitored through the Assurance Report on a quarterly basis and is reported to Council with recommendations from the Audit and Assurance Committee.

The Audit and Assurance Committee prepares an annual report to Council on its activity, including oversight of risk. Development sessions are held to ensure that Council Members understand their collective responsibilities for oversight of risk where necessary. In addition, the Council considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the EMT will consider and update in-year changes to the residual risk scores and update the Audit and Assurance Committee accordingly.

## **5. Risk Appetite**

The Council is responsible for preparing a Risk Appetite Statement which is reviewed annually. The EMT is responsible for developing risk tolerance for individual risks in support of the overall Risk Appetite Statement.



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If you would like this document in a different format, for example, in larger print or audio-format, or in another language please contact the SSSC on 0345 60 30 891.

We promote equality by removing unlawful and unfair treatment on

<b>Title of report</b>	SSSC Strategic Plan 2023-2026
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	This report presents the Strategic Plan 2023-2026 for approval.
<b>Recommendations</b>	The Council is asked to approve the new 2023-2026 Strategic plan.
<b>Author</b>	Laura Shepherd, Director of Strategy and Performance
<b>Responsible Officer</b>	Lorraine Gray, Chief Executive
<b>Link to Strategic Plan</b>	This report sets out the new strategic outcomes of the organisation to be agreed by Council and does not link to the existing outcomes.
<b>Link to Risk Register</b>	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Business Continuity Plans (BCP) are in place and tested.</p>

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<b>Documents attached</b>	Appendix 1: Strategic Plan 2023-2026
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. The current Strategic Plan concludes in March 2023.
2. The proposed Strategic Plan for the period 2023-2026 is attached (Appendix 1) for approval by Council.

## **INFORMATION**

3. The plan contains a wide range of activity to be achieved over the next three years. Here are examples of what we have planned.
  - Working with our stakeholders to increase career pathways into the sector with a particular focus on young people. We will continue the drive to tackle recruitment and retention, implement a trauma informed approach to practice and to support the wellbeing of the workforce.
  - Developing our data, insights and analysis capacity and our ability to share intelligence from our work both internally and externally. This will enable us to influence the context for learning and care. We will continue to develop and promote our data and intelligence role, adding expertise and value through the unique insight we gather.
  - We will scope new groups to join the SSSC Register. Working with national partners we will determine the need for further registration in social work, social care and children and young people services and develop models of registration for these groups. We will implement this along with the review of the Codes of Practice as part of the larger Future Proofing Programme. Our Future Proofing work is a key objective to be delivered as part of this plan.
  - Our activities will involve a greater focus on leading work to develop the workforce and social service sector. We will develop new qualifications and return to practice standards, as well as supporting the development of advanced practice frameworks. We will set continuous professional learning (CPL) requirements to make sure the workforce have the right skills and knowledge at the right time in their career journey.
  - The Social Work Education Partnership (SWEP), the national strategic partnership group, aims to improve the quality, consistency and experience of social work education across Scotland. We continue to be a key delivery partner in the work to transform social work education and professional learning. This will also involve our work to help shape the National Social Work Agency as part of the National Care Service.
4. To deliver this work, the Strategic Plan identifies four outcomes that we will set out to achieve over the next three years. These

outcomes are linked to four themes with key areas of work that we will deliver on or contribute towards.

**Trusted**

5. People who use services are protected by a regulated workforce that is fit to practise.

- Registering with us will be simple and easy to understand.
- We will have a plan for bringing new groups of workers onto the register.
- People involved in the fitness to practise process will have access to the support they need.

**Skilled**

6. Our work supports the workforce to deliver high standards of professional practice.

- Our new model of CPL will ensure we can respond to emerging skills needs and support the workforce to have the right skills and knowledge at the right time.
- Return to Practice standards will ensure those who return are fit to practice.
- We will deliver new qualifications and career pathways to support the flexibility of the workforce, new models of care delivery and support career progression.
- National Occupational Standards and qualifications will be fit for purpose and reflect current best practice.
- The development of our learning resources and contribution to national policy, workforce strategies and workforce planning will be informed by use of our data and intelligence.

**Confident**

7. Our work enhances the confidence, competence and wellbeing of the workforce.

- Trauma informed practice will be embedded in qualifications, CPL requirements and programme delivery.
- Our learning resources will be accessible to all.
- The workforce will have increased access to wellbeing support.

**Valued**

8. The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.

- Access to career pathways will be increased, well defined and easy to understand.
- The sector across Scotland will feel more valued for the work they do.
- There will be more people working in the social work, social care and children and young people workforce.
- The social work, social care and children and young people workforce will be more diverse and represent the communities we live in.

## **CONSULTATION**

9. In February 2022 an external agency carried out research to inform the Strategic Plan 2023-2026. Over 30 key stakeholders and representative groups participated in the research.
10. In June 2022 we held a development session with Council Members to agree the outcomes and a revised vision. A further development session took place in December 2022 to review the final content of the Plan.
11. We held another four online engagement sessions during September 2022 to consult with stakeholders on the proposed outcomes and areas of priority included in the Plan.
12. We invited SSSC staff, Executive Management Team and Operational Management Team at various stages to contribute and comment on the draft.

## **RISKS**

13. Our new Strategic Plan recognises the risks, challenges and opportunities we have faced over the last three years and potential risks for the future. We have developed the Plan with all our risk appetites in mind.

## **IMPLICATIONS**

### **Resourcing**

14. The delivery of this Plan relies on an increase Grant In Aid (GIA) allocation from Scottish Government. We acknowledge this and advise Council Members that this Plan will not be delivered in its entirety should our GIA remain the same. This is a risk Council and the Executive Management Team have accepted and a risk that has been communicated to our Scottish Government Sponsor team. At the time of writing this report we are still awaiting confirmation of further funding for 2023/2024 budget.



### **Compliance**

15. There are no compliance issues to note associated with the Strategic Plan.

## **IMPACT ASSESSMENTS**

### **Equalities**

16. An EIA has been carried out. There are no detrimental impacts identified from this assessment. The Strategic Plan is designed with our mainstream equality duties at the forefront.

## **CONCLUSION**

17. Council is asked to approve the draft of the Strategic Plan at Appendix 1.

## **DRAFT SSSC STRATEGIC PLAN 2023-2026**

### **CONTENTS TBF in design**

#### **Foreword**

Every day, people working in social work, social care and children and young people services across Scotland support people in so many ways.

Our vision is that the people of Scotland can count on social work, social care and children and young people services being delivered by a trusted, skilled valued and confident workforce. Through our work we protect people using these services and strengthen the professionalism of this workforce.

Our strategic plan for 2023-2026 sets out our priorities for the next three years. In designing this plan, we involved as many people as possible. Thank you to everyone who contributed experiences, views and ideas to help us set our course and drive our work forward.

The last three years have been a time of exceptional and unprecedented turmoil with the impact of the pandemic, Brexit, war in Ukraine, the ever spiralling cost of living and the financial crisis across the country facing us for some time to come.

Against this backdrop, we are preparing for major changes in the next three years to the way social work, social care and children and young people services are delivered across Scotland. We are committed to being part of the changes ahead and we will listen, learn and do the right thing by the workforce and for care experienced people using these services.

The pandemic turned a spotlight on our sector like never before, which in turn highlighted the issues for this workforce and just how much we all need the right people with the right skills, qualifications and values in these roles. These are not jobs for just anyone and we will continue to play a lead role in telling their story and making sure their role is valued and equal to that of their health care colleagues.

The workforce faces significant challenges and we are determined to support the workforce and employers through these times. Through our work, we are in a unique position with have access to data and intelligence that can support improvement across a range of areas.

We will continue to strengthen our strategic partnerships with NHS Education for Scotland, the Care Inspectorate and other partners to deliver the work set out in this plan. And work closely with the Scottish

Government and all partners on critical issues including recruitment, trauma informed approaches and the essential wellbeing of the workforce that is dedicated to improving the lives of others. We will make sure that our regulation and workforce development roles are responsive, proportionate and relevant for this workforce and the people using services. In December 2021 we launched our Future Proofing Programme, focusing on streamlining our processes, making sure the Codes of Practice are relevant and supportive and developing the workforce with the skills for the future.

Many of you are involved in this and other areas of our work. We believe in designing our services with you, this is key to achieving our vision to be a public service that makes a positive and lasting contribution to improving the quality of Scotland's care services. And to providing exceptional value for our registrants and the people who use Scotland's social work, social care and children and young people services.

This plan sets our direction for the next three years which we know will continue to be a time of real change and will come with great opportunities and a few challenges for all of us along the way. We will work hard to make sure that you are confident in the service we provide and value the work that we do.

Lorraine Gray  
Chief Executive

Sandra Campbell  
Convener

## **WHO WE ARE AND WHAT WE DO**

The Scottish Social Services Council (SSSC) is the regulator for the social work, social care and children and young people workforce in Scotland. We were established in 2001 by the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training.

### **Our vision**

Social work, social care and children and young people services in Scotland are delivered by a trusted and skilled, confident and valued workforce, providing the high quality care people of Scotland need now and in the future.

We want to live and work in a Scotland that values its social services and the workforce that delivers those services in our communities, to our citizens.

To deliver our vision, we will focus on our two main areas of work.

The first is protecting the public by registering the workforce and acting where someone falls short of the standards we have set. The second is to work with others to develop the workforce, attract people to careers in this sector and make sure the workforce has the skills and professional knowledge needed to meet the demands of the changing landscape of social work, social care and children and young people services.

We deliver our work in a way that is customer-focused and evidence driven – making the best use of available technology to provide a seamless service that is based on the intelligence we hold. As a public sector body, we recognise the importance of best value services that are well governed and monitored.

### **Our purpose**

We protect the public by registering the social work, social care and children and young people workforce, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct, we can investigate and act.

We approve and quality assure delivery of programmes, develop and maintain the National Occupational Standards, set qualifications and continuous professional learning (CPL) requirements for the workforce and develop and endorse training. We are the national lead for workforce development across public, voluntary and independent employers working in health and social care settings. We identify the professional learning needs of the social work, social care and children and young people

workforce across Scotland and develop national resources to support practice improvement.

We have a statutory responsibility to:

- publish the national Codes of Practice for people working in social work, social care and children and young people services and their employers
- register this workforce and make sure they adhere to our Codes of Practice
- promote and regulate their learning and development
- lead workforce development and planning for the social work, social care and children and young people workforce in Scotland and provide national statistics.

## **OPPORTUNITIES AND OUR FUTURE**

(List below to become a graphic like p25-27 of current plan)

### **Delivering Scottish Government Policy**

- National Care Service
- Health and Care Workforce Strategy
- Promoting Fair Work
- Safe Staffing
- Delivering early learning and childcare
- Keeping The Promise
- A trauma informed workforce
- Incorporating the UN Convention on the Rights of the Child into law
- Modernising mental health law and promoting wellbeing
- Supporting carers
- Vision for community justice
- Mainstreaming equality, diversity and inclusion
- Promoting economic contribution of social work, social care and early years
- Education reform
- Scotland's National Strategy for Economic Transformation
- Modernising inspection, scrutiny and regulation
- Using data for public benefit

The social work, social care and children and young people workforce delivers critical and high quality services to hundreds of thousands of people across Scotland every single day. An estimated 1 in 25 people used or received social care or services at some point during 2020-21 and more than 210,000 children are registered with an early learning and childcare service. We expect the proportion of people over the age of 65 to grow, leading to increasing service demand.

The number of people employed in this sector has grown significantly over the past decade and we expect this will continue. The sector employs almost 210,000 people in Scotland, approximately 1 in 13 people in employment. The COVID-19 pandemic shone a light on the significant role of the social work, social care and children and young people workforce and its contribution to the Scottish economy.

During the pandemic we responded quickly, adapting the way we deliver our public protection, workforce planning and learning and development services to support the workforce, contribute to the development of national guidance and find solutions to the delivery of training programmes and practice placements.

We continue to have a vital part to play in the delivery of social services. Our activity contributes to Scotland's National Outcomes within the National Performance Framework particularly those where social work, social care and children and young people services support tackling inequalities, building strong communities, living healthier lives and delivering high quality public services.

There are ongoing challenges around recruiting, retaining and developing the workforce of today and tomorrow. The development of the National Care Service (NCS) and the Independent Review of Adult Social Care (IRACS) both note that high quality personalised services are delivered by a workforce that feels engaged, valued and rewarded for the work that they do. A key part of this is about making sure the workforce also has the skills and qualifications that they need.

We will continue to make sure the regulated workforce is registered and fit to practise. We are modernising our Register and making sure that workers get the right qualification for their role. We are making qualifications more flexible so it is easier for people to move across different kinds of services, developing new qualifications and career pathways and looking at registering further groups of the workforce.

We continue to work in a rapidly changing environment and over the next five years we will see major changes to the way Scotland delivers health and social care as the NCS is established.

We are central to the process of developing the NCS with Scottish Government, our partners and other agencies. As part of the NCS, the legislation proposes establishing a National Social Work Agency (NSWA) to promote training and development, provide national leadership and support workforce planning. The NSWA will develop the proactive role, currently sitting with the Office of the Chief Social Work Adviser (OCSWA) at Scottish Government, around advanced practice and other developments for social work as a profession.

We will work alongside OCSWA to set up the NSWA and continue to quality assure and approve social work degree and postgraduate programmes. We look forward to working closely with the NCS to establish the skills and knowledge needed in the social care workforce and that need to be reflected in the qualification requirements we set. And we will also continue to work with our UK partners to maintain and develop the National Occupational Standards for the sector.

We are committed to equality, diversity, inclusion and human rights in our varied roles which include being a public body, a regulator and an employer. We welcome the focus on a human rights-based approach for the NCS. The **SSSC Codes of Practice for Social Service Workers and**

**Employers** (the Codes) and the Scottish Government's **Health and Social Care Standards** embed human rights-based approaches in the provision, regulation and planning of care. Our review of the Codes of Practice is looking at how we can strengthen and maintain that focus.

We have a commitment to anti-racism and this Strategic Plan sets out how we contribute to an environment where all individuals feel safe, respected, included and valued.

We promote diversity and inclusion in the sector in several ways, including the Codes. We also do this as an employer, with our staff regularly undertaking training around fairness and equality for all.

### **Delivering on The Promise and promoting children's rights**

The Promise is about transforming the care system in Scotland and making sure that all children feel safe, healthy and have a good education. It is also about making sure that children know and feel that they are loved. We all need to work together to **Keep The Promise** for care experienced children, young people and their families.

One of the key actions identified by The Promise is our review of the **Codes of Practice for Social Service Workers and Employers**. We're working with The Promise and others to show how regulation helps employers and employees give children the care and support they need.

We continue to support the shift towards relationship-based practice and the focus on ensuring that the children's voice is at the centre throughout. We are supporting Change Programme One by leading the review of the Common Core for children and young people. This will set a national framework of the values, knowledge and skills we expect of everyone working with children and young people.

We are proud to be a corporate parent and we have an important role in promoting children's rights in Scotland. Our regulatory and workforce development roles all play a part in promoting the UN Convention on the Rights of the Child (UNCRC).

### **CARE AS A CAREER CHOICE**

With increasing demand on services, current shortages within the workforce and further forecasted workforce capacity issues, it is essential that we work with partners to promote care as a career of choice. Working with our Scottish Government colleagues we will develop new approaches to supporting recruitment, making sure those who are considering a career in care understand how they can join the sector to undertake life changing work.



There are significant opportunities that come from working in the care sector. There are many routes into careers in the social work, social care and children and young people workforce and different paths to take to build a long-term career in this sector. A skilled population is key to business productivity and economic prosperity. Developing a professional, skilled and confident workforce will contribute to the Scottish Government's ambition in **Scotland's National Strategy for Economic Transformation**. Alongside Scottish Government, our partners and employers we will do more to encourage people to consider careers in this sector and make a very real difference to their own lives, as well as the people they will work with and support. This will include a focus on those who are looking to return to work or looking to change careers.

As we further understand the recruitment and retention challenges faced by the sector, we will explore and develop ways to attract young people into the workforce. Focusing on school leavers, we will work with colleagues across Scotland to help them understand the rewards a career choice in care can bring.

Through outcomes three and four of this plan, we will continue to develop new qualifications, apprenticeship routes into careers and support the development of practice frameworks.

## **UNDERSTANDING THE VALUE OF THE WORKFORCE**

We have a unique role to develop and shape the landscape for this sector in Scotland. We bring intelligence from regulation, qualifications and quality assuring education and training to inform how we can develop a skilled and professional workforce that is ready to meet Scotland's needs now and for the future.

We have a direct connection to the workforce and employers through our Register and significant insight into the makeup of the workforce, including how it changes and develops over time.

Developing our insights, sharing intelligence from our work and collaborating with partners, means we can influence the context for learning and care. We will continue to develop and promote our role, adding expertise and value to this sector which benefits from the unique insight we bring.

As at December 2021, the social service sector employs more than 208,000 people which represents approximately 8% of all employment. Our 2018 research into the value of this workforce indicates that adult social care alone contributes £3.4 billion to the Scottish economy (Economic Value of the Adult Social Care sector - Scotland).

The sector is currently facing significant recruitment and retention challenges with increasing vacancies, particularly in the adult social care workforce. Alongside this, the continuing cost of living crisis is increasing pressure on the viability of services. Providers are seeing increasing difficulties in meeting the rising demand for the quality and choice of services available to the people of Scotland. Our research will support wider work around Fair Work by helping people to understand and value social services that support people to live well at any age and contribute to our economy.

We acknowledge the great contribution, commitment and compassion of the workforce throughout the COVID-19 pandemic. Those working in the sector showed immense resilience and navigated huge emotional and physically challenges to ensure the safety and wellbeing of those they were supporting during this time. The impact of COVID-19 on the sector will be long lasting. With our partners we will promote the role the sector plays in the lives of the people of Scotland. We continue to learn from the pandemic and develop support that will help the sector move through the changing landscape

## OUR CONTRIBUTION TO THE SCOTTISH GOVERNMENT NATIONAL OUTCOMES

<Insert graphic from last strategic plan>

Our work contributes to delivering the aims set out for Scotland by the Scottish Government. We align our work with the following key National Outcomes to demonstrate how we support registrants, employers and policy makers to delivery high quality and safe care.

<b>We live in communities that are inclusive, empowered, resilient and safe.</b>	<b>We grow up loved, safe and protected so that we realise our full potential.</b>	<b>We have thriving and innovative businesses with quality jobs and fair work for everyone.</b>	<b>We are well educated, skilled and able to contribute to society</b>
As the regulator, we will make sure that our standards and resources support the Scottish Government's aim that people are happy and fulfilled and Scotland is seen as the best place in the world to grow older.	The workers we register do all they can to make sure our children grow up in an atmosphere of happiness, love and understanding. We will provide the professional recognition and resources needed to do their work.	We develop and support the social service workforce so that it attracts and retains new talent. We take seriously the wellbeing and skills of our workforce and aim for the sector to provide good quality, fair work, training and employment support for all.	We set the standards for education and qualifications and develop the skills and confidence of the social work, social care and children and young people workforce. We work with stakeholders across education and learning to develop career pathways for a qualified workforce.

## **OUR AMBITION - Influencing the landscape**

### **Using intelligence**

We have a significant role in supporting and influencing evidence-based national policy development across the social work, social care and children and young people sector. Our work generates a wide range of data and intelligence that can help us and partners improve our understanding of the sector and its workforce. This includes data and intelligence about learning and development, the workforce, their qualifications, registration and fitness to practise that all contribute to a skilled workforce and, in turn, to improved public protection.

We will help inform future design of services and provide the data and intelligence that enables Scotland to better understand the sector and those who work in it. Our data and intelligence offering will be influential and as useful as it can be. Using the full range of data – national and local, quantitative and qualitative – we can offer vital intelligence to our partners. This will inform their decisions and influence the development of the sector and care services across Scotland.

### **Engaging and involving people**

We are serious about listening to our customers and stakeholders so that we meet their needs as we develop. We carried out independent research to help us to plan this strategy for the next three years.

Our key stakeholders, including registrants, people with experience of using this sector's services, organisations, employers and representative bodies, provided their insight into what our strategic focus should be for the next three years. And through our Future Proofing Programme we established a national advisory group to support consultation and engagement. The perspective and intelligence gathered from this forum also informs this plan.

We continue to encourage people to get involved with us, to formalise, coordinate and evaluate our approach to involving people in our work and organisational development at all levels. Our ambition is to fully embed the Scottish Approach to Service Design in our work so that all our stakeholders are empowered to actively participate in the design and delivery of our services. This helps us to develop a culture where our customer's voice is listened to. We will carry out research and ask for feedback to understand the impact of our work and identify where we can continue to improve.

This intelligence also means we can influence policy and decision making nationally and support the redesign of social work, social care and

children and young people services using evidence we gather from the sector.

To involve people in our work, during this strategic plan we aim to:

- establish an SSSC Advisory Forum of registrants, people with lived and learned experience of using social services and carers who will work with us on a range of activities, bringing their voice and experience into the heart of our work
- build and develop our relationships with the national network of service user and carer organisations and groups
- develop a permanent Stakeholder Advisory Group
- review our sector liaison framework and develop further capacity to build on our existing processes.



Our stakeholder map

## **OUR APPROACH**

### **<create visual for themes/outcomes/activities>**

We have four strategic themes each with its own outcome. The work we will deliver through this strategic plan will have a positive impact on the safety and wellbeing of people using social work, social care and children and young people services.

**1. Trusted**

People who use services are protected by a regulated workforce that is fit to practise.

**2. Skilled**

Our work supports the workforce to deliver high standards of professional practice.

**3. Confident**

Our work enhances the confidence, competence and wellbeing of the workforce.

**4. Valued**

The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.

## **1. Trusted**

**People who use services are protected by a regulated workforce that is fit to practise.**

**What will this look like?**

We deliver a public protection function by making sure the regulated workforce is registered and fit to practise, abiding by the SSSC Codes of Practice. We concluded the final planned phase of registration in October 2020 with care at home and housing support services.

Alongside the development of the NCS, we will look at scoping new groups to be registered. This new phase will see us working with national partners to determine the need for further registration in social work, social care and children and young people services and to develop models of registration for these groups.

In the final year of our 2020-2023 Strategic Plan, we implemented a new programme of work to look at the future of registration. The Future Proofing Programme consulted in 2022 on the future of the Register to see where we could improve. This strategic plan will see us implement changes to the Register and how it is structured and managed.

These changes will make registration as simple and as effective as possible for the people on our Register. Ultimately employers and workers will spend less time completing applications for registration, processing time will improve and they will become part of the regulated workforce more quickly.

We will continue to investigate concerns about workers and act where necessary to ensure that the right people are on the Register. Alongside this we will progress our work on improving our fitness to practise and hearings processes and timescales. We will continue to provide support to those involved in the process and to further develop a human rights-based approach to regulation.

The voice of those who use social work, social care and children and young people services are key to us making sure the sector is supported and ensuring the safety and wellbeing of those that use services. We will continue to enhance our relationships with the sector and to involve people in the future design of our services.

## **What will be different?**

- Registering with us will be simple and easy to understand.
- We will have a plan for bringing new groups of workers onto the register.
- People involved in the fitness to practise process will have access to the support they need.

## **2. Skilled**

### **Our work supports the workforce to deliver high standards of professional practice.**

## **What will this look like?**

Our activities will involve a greater focus on leading work to develop the workforce and social service sector. We will develop new qualifications and return to practice standards, as well as supporting the development of advanced practice frameworks. We will set continuous professional learning (CPL) requirements to make sure the workforce have the right skills and knowledge at the right time in their career journey.

As part of the Future Proofing Programme, we will launch and implement our redesigned Codes of Practice for registrants and their employers and continue to review the Codes regularly as the landscape changes. As we review the need to register new groups, we will develop their qualification requirements and standards.

The Social Work Education Participation (SWEP), the national strategic partnership group, aims to improve the quality, consistency and experience of social work education across Scotland. We continue to be a key delivery partner in the work to transform social work education and professional learning. We work collaboratively with SWEP partners to develop and agree proposals for national and regional approaches to practice learning and other aspects of qualifying programmes and post qualifying frameworks for practice. Through this work we use our intelligence and data to monitor supply and demand of qualified social workers, which will contribute to effective workforce planning for social workers at national level.

Through our co-production approach with employers and the workforce, we can set standards of professional practice and develop resources that will be led by the needs of the sector. We will be agile and responsive in our delivery of data and how we use it to support skills development. Using our approach to co-production and data we will use the intelligence from our fitness to practise work, Care Inspectorate inspections and



analysis of CPL submissions and sampling to inform our workforce development and improvement activity. This will support us to produce a targeted approach to delivering meaningful CPL to our registrants.

Following on from the early implementation phase of the supported year for newly qualified social workers (NQSWs) during our last strategic plan, we will continue to work with Scottish Government and partners to develop capacity and progress towards a full rollout of the programme. This national best practice model supports NQSWs' transition to the workforce and ensures an increasingly confident and competent workforce for people who use services and their families.

Continuing our work with stakeholders to develop career pathways, we will develop new qualifications, review current qualifications and the underpinning National Occupational Standards. We will develop new apprenticeship frameworks that support recruitment and retention in the sector and will look to develop and pilot a new graduate apprenticeship route for social work over the course of this strategic plan.

### **What will be different?**

- Our new model of CPL will ensure we can respond to emerging skills needs and support the workforce to have the right skills and knowledge at the right time.
- Return to Practice standards will ensure those who return are fit to practice.
- We will deliver new qualifications and career pathways to support the flexibility of the workforce, new models of care delivery and support career progression.
- National Occupational Standards and qualifications will be fit for purpose and reflect current best practice.
- The development of our learning resources and contribution to national policy, workforce strategies and workforce planning will be informed by use of our data and intelligence.

### **3. Confident**

**Our work enhances the confidence, competence and wellbeing of the workforce.**

**What will this look like?**

We are committed to collaboration and co-production of initiatives set out in our strategic partnerships with NHS Education for Scotland (NES) and others to deliver on key policy work nationally. We are accountable for delivering outcomes for Scottish Government policies and strategies for health and social care, early years and childcare, wellbeing, The Promise and Programme for Government.

We introduced our **MyLearning** online platform during our last strategic plan with marked success. We continue to improve the continuous professional learning (CPL) experiences for registrants and will develop our digital platforms in partnership with our stakeholders to streamline the experience for those who need to evidence their CPL.

As we continue to develop resources and products that increase confidence and empower those who deliver care services, we will ensure all workers whether registered or not, paid or unpaid, can access these resources.

We continue our role as an official national statistics provider and in line with our responsibilities, we will publish data and intelligence about the workforce for use by stakeholders and planning partners.

Our focus moves to supporting the wellbeing of those working in the sector. The COVID-19 pandemic highlighted the importance of the working environment on the delivery of high quality, safe care. We are committed to supporting staff to recover from their extraordinary role in helping the country through the pandemic. Their wellbeing remains a priority and we will work with our partners to develop local and national wellbeing resources.

Our shared goal is to put wellbeing at the heart of providers, commissioners, regulators and policy makers' thinking, focusing on the importance of investment in leadership at all levels and in culture to improve workforce health and wellbeing.

We are supporting the ambition of the Scottish Government and our partners across Scotland for a trauma informed and trauma responsive workforce and services. As a major partner we will focus our efforts on supporting services to develop trauma informed practice that ensures services are delivered in ways that reduce barriers and prevent further harm or trauma for those who have experienced psychological trauma or adversity at any stage in their lives. We will also make sure we work in a way that is trauma informed and trauma responsive.

### **What will be different?**

- Trauma informed practice will be embedded in qualifications, CPL requirements and programme delivery.

- Our learning resources will be accessible to all.
- The workforce will have increased access to wellbeing support.

#### **4. Valued**

**The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.**

##### **What will this look like?**

Our contribution to national workforce recruitment and retention will see a further emphasis on supporting people to be suitable and ready to work in social work, social care, or children and young people services. We will do this by working with Scottish Government to deliver national recruitment campaigns, promoting careers in the sector and continued involvement in the Fair Work agenda.

With our partners we will support improved entry routes to careers in the workforce. We will further develop and promote the employability, recruitment, induction and career pathways. We will continue to work closely with Careers Ambassadors to promote careers in social work, social care and children and young people services.

We understand the value the sector plays in the health and social care landscape in Scotland. In 2018 the adult social care workforce contributed £3.4 billion to the Scottish economy. We continue to explore the economic value of the sector further and work with partners use this to information to support the development of the sector.

We will continue our role in the Fair Work agenda. Through our contribution to its Effective Voice workstream, we will work with stakeholders to ensure the workforce experiences a safe working environment where dialogue and challenge are dealt with constructively and where employee views are sought out, listened to and used to influence positive change.

Effective employee voice and representation can support wider social priorities in terms of equal opportunities, pay equality, learning and skills acquisition and occupational health and safety. Our role in this promotes the value of the sector in how they feel and how they are viewed.

As the lead for national workforce planning for social services and building on our previous work nationally to improve data collection, we will

contribute to workforce planning at a national level and support workforce planners in social work, social care and children and young people services to increase their knowledge and capability around workforce planning. The continued development of our workforce planning network will support this. We will also continue to work with partners to ensure effective implementation of the Health and Care (Staffing)(Scotland) Act.

### **What will be different?**

- Career pathways will be increased, well defined and easy to understand.
- The sector across Scotland will feel more valued for the work they do.
- There will be more people working in the social work, social care and children and young people workforce.
- The social work, social care and children and young people workforce will be more diverse and represent the communities we live in.

### **MEASURING OUR SUCCESS**

We deliver our strategy through an annual operational plan.

Our quarterly performance reports monitor our progress against the strategic performance indicators (SPIs) set for each outcome. We report to our Council on our performance through our Audit and Assurance Committee.

Each year we agree our operational plan with our Scottish Government sponsor team. We set our activities alongside our annual grant in aid budget and the specific funding that may be allocated to us for workforce development activities.

Our Annual Report and Accounts provides our Council and Scottish Ministers with a yearly overview of our performance.

## **OUR VALUES**

Our values as an organisation are to **listen, learn and then do the right thing.**

**In doing this, we will:**

- **work together**  
At the SSSC we treat each other with kindness and respect and value the contribution every member of staff makes.
- **accept responsibility and accountability**  
We recognise the trust placed in us to ensure the safety and wellbeing of people who use social services and that is our guiding mission.
- **recognise and respect others.**  
We value the social service workforce and the life changing work they do. Our work increases recognition of their role and further develops that role. All our stakeholders contribute to our success and we recognise and respect their views.

## **DELIVERING OUR STRATEGY**

We are **a strong, sustainable organisation** that will deliver our outcomes through our underpinning strategies and frameworks.

- People Strategy
- Digital Strategy
- Communications Strategy – internal and external
- Equality Mainstreaming Action Plan
- Stakeholder Engagement and Involving People Framework
- Financial Strategy
- Procurement Strategy
- Counter Fraud, Bribery and Corruption Framework
- Data and Intelligence Strategy
- Corporate governance framework

### **People**

We are a people focused, agile, innovative and collaborative organisation and our people are skilled, professional and passionate about the work we do.

Across the organisation there is a shared commitment to achieve our vision. We will work together to make the SSSC a great place to work, where everyone is supported and provided with the tools, training and development, effective leadership and infrastructure to do their best work as we know that is what motivates us all. We come to work to do a great job that makes a real difference.

Our People Strategy underpins the strategic plan by committing to deliver six internal strategic themes:

- effective leaders and managers
- recruit and develop excellent people
- a healthy and inclusive organisation
- informed, involved and engaged employees
- investing in young people
- an agile and innovative workforce.

### **Digital and technology**

We have achieved a significant digital transformation programme over the last three years. We continue to build on this success and are developing technologies to allow us to deliver our activities in an agile and responsive way. Through delivery of our Digital Strategy 2021-2024 the activities of the organisation will enhance our relationships with stakeholders, the workforce and the wider social care ecosystem.

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

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

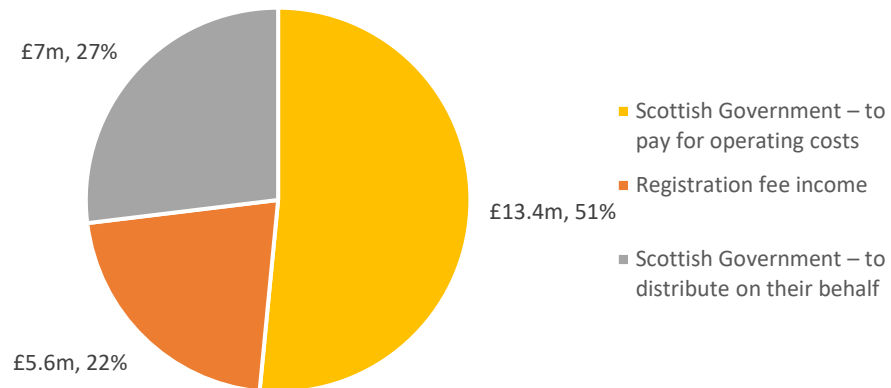
### **Good governance**

Our corporate governance framework of structures, strategies, policies and procedures make sure we have robust scrutiny and accountability for delivering the work we do. We will work to the highest standards of integrity in the public interest. Our Audit and Assurance Committee and Council regularly monitor and review the performance of our strategic plan. We take the action required to deliver what we set out to do. We introduced assurance mapping to understand the different levels of internal and external scrutiny and assurance across the organisation to provide our Council with confidence that we are doing the right thing.

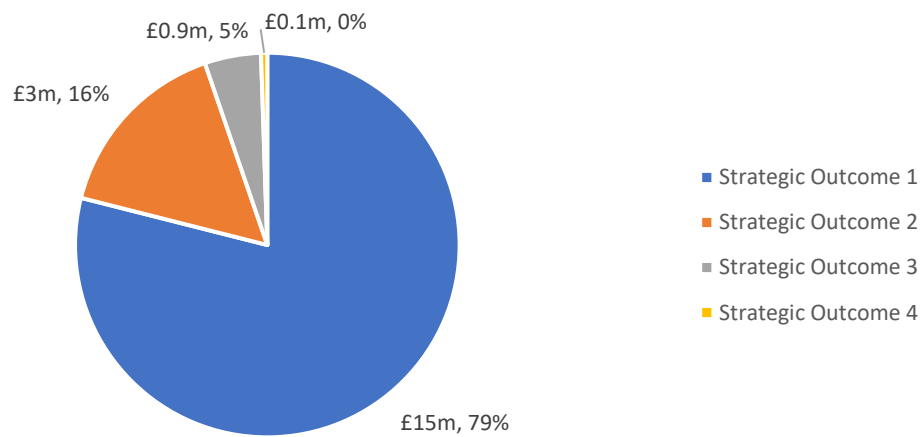
### **Where we get our money and how we spend it**

We have an annual budget of approximately £19m (based on 2022/23) to deliver our work. We also receive £7m from Scottish Government to distribute to others on their behalf, for example, postgraduate bursaries, practice learning fees and the Voluntary Sector Development Fund. The charts below show how our budget is funded, how we spend it and how we have allocated funding across our strategic outcomes.

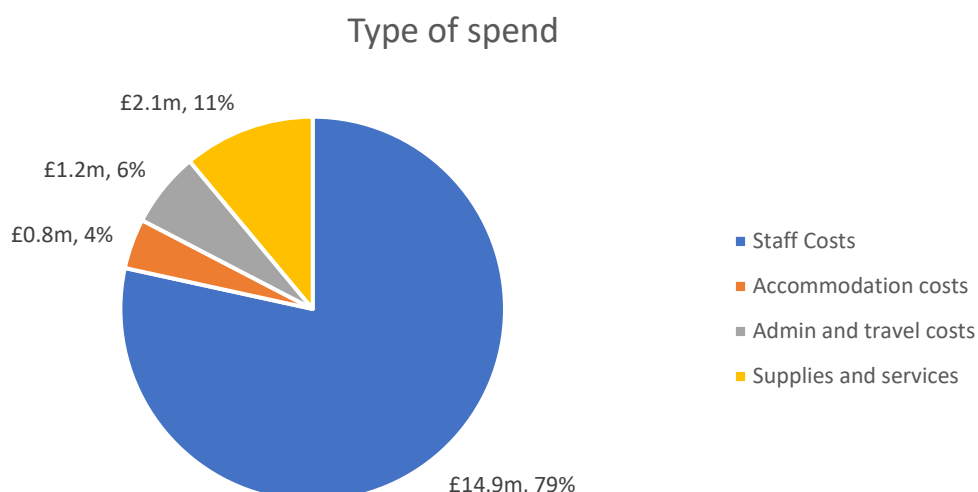
### Source of funding



### Spend by strategic outcome







<Chart to be replaced with designed graphic>

## Environmental

We have adopted an agile approach to the way we work since the start of the COVID-19 pandemic in 2020. Our facilities are available for staff to use as we move into a formal hybrid working environment, mixing remote with in-person work. These changes mean that our contribution to reducing emissions continues to be positive.

We manage our carbon emissions in partnership with the Care Inspectorate as part of our shared services provision. We will develop our new 2023-2026 Carbon Management Plan, which will set out how we will deliver our Climate Change (Scotland) Act 2009 duties.

## How we work

We are a Scottish Government non-departmental public body, sponsored by the Office of the Chief Social Work Adviser at the Directorate for Children and Families. We are governed by a council of 10 members, including a convener, who are appointed by Scottish Government.

We have 303 full time equivalent employees. Our staff cover the whole of Scotland to meet with registrants and stakeholders, to deliver learning and development events and to conduct hearings.

Our staff are split between four directorates to deliver our business functions. We also share some corporate services with the Care

Inspectorate, such as human resources, procurement, finance and estates.

<b>Title of report</b>	Financial Strategy 2023-2026
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	Approval of the Financial Strategy 2023-2026.
<b>Recommendations</b>	The Council is asked to approve the Financial Strategy 2023–2026.
<b>Author and 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 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>	Appendix 1: Draft Financial Strategy 2023-2026
<b>Background papers</b>	<a href="#">Link to current Financial Strategy</a>

## **EXECUTIVE SUMMARY**

1. The current Financial Strategy for the SSSC covers the seven year period from 2019/20 to 2025/26.
2. The Strategic Plan 2023 – 2026 is included on the Council agenda for 27 February 2022. We have put in place a medium term financial strategy that supports the Strategic Plan.
3. We ask the Council to approve the Financial Strategy 2023–2026.

## **FINANCIAL STRATEGY**

4. The Resources Committee (now disbanded) approved the current financial strategy at the meeting of 18 June 2019. Since then the Council has discussed the strategy at development sessions on 15 July 2021, 9 December 2021 and 29 November 2022.
5. In the revised draft we referred to best practice on medium term financial plans published by CIPFA (Chartered Institute of Public Finance and Accountancy). We made the following changes.
  - a. We aligned the financial strategy with the Strategic Plan for 2023-2026.
  - b. We did not change the financial strategic objectives as we consider that they are still relevant, although we have updated the strategy to reflect the external and internal environment we are working in now.
  - c. We removed the detailed financial analysis from the strategy as this is included in the budget and assumptions for 2023/24 and indicative budgets for the following two years.
  - d. We changed the format of some of the sections.
  - e. We amended the strategy to reflect SSSC branding and style.
6. We will update the sensitivity analysis and other figures within the strategy after Council agrees the 2023/24 budget.
7. We will review the strategy every three years and review our budgets each year in advance of the following year together with indicative budgets for the following two years.

## **CONSULTATION**

8. We have consulted with our Scottish Government Sponsor, Council Members, the Executive Management Team and the Operational Management Team.

## **RISKS**

9. We have an averse risk appetite towards governance matters. We have a cautious risk appetite to financial matters. We have included risks to the financial strategy within the document.

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

11. This report complies with legal and governance requirements.

## **IMPACT ASSESSMENTS**

12. 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**

13. This report asks the Council to approve the Financial Strategy 2023–2026.

# **Draft Financial Strategy 2023-2026**

**Version 0.5 February 2023**



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<b>Version Control</b>	<b>Changes</b>	<b>Changed by</b>
0.1 18/11/22	First draft	Lynn Murray Interim Director of Finance and Resources
0.2 22/11/22	Changes after EMT	Lynn Murray
0.3 07/12/22	Changes after Council development session on 29/11/22	Lynn Murray
0.4 09/01/23	Changes after OMT comments	Lynn Murray
0.5 10/02/23	Changes after comments from SG Sponsor	Lynn Murray





## 1. Background

This medium-term financial strategy (MTFS) covers the period 2023–26 and supersedes the current seven-year strategy to 2025/26. It is a summary of where we expect our money to come from and what we expect to spend to meet our priorities.

This strategy aligns with the Strategic Plan 2023-26 and therefore has the same strategic context with links to Scottish Government's National Outcomes. It includes the SSSC's business-as-usual activities as well as the financial impacts of the opportunities for the future included in the Strategic Plan.

The MTFS is supported by a financial plan ie budget for 2023/24 and indicative budgets for the following two financial years, although the Scottish Government awards funding on an annual basis [we're developing three year budgets for February and March 2023 Councils].

An integrated Financial Strategy will help the SSSC ensure its viability and sustainability, by providing a framework that enables us to manage and prioritise resources effectively within the SSSC's financial constraints to meet our strategic outcomes.

It will also assist in quantifying future resource needs, including the need for investment, and will enable the SSSC to develop a fully considered response to opportunities that have long term financing implications. Financial forecasts become more uncertain the further out in time the forecast but identifying potential longer-term revenues and expenses and the key risks associated with these forecasts will provide a valuable insight for the SSSC.

We will review the MTFS every three years and the financial plan every year.

## 2. External financial environment

At the time of writing, Scotland and the rest of the UK, is facing serious economic challenges, which will affect public sector budgets. There are impending changes on national policy and legislation for the social care sector with uncertainty over timescales to implement, available funding and the impact on the SSSC.

Despite the continued focus on the importance of the social care sector, this will almost certainly affect funding for the SSSC with examples below.

- Less funding available to the Scottish Government may mean less funding for public bodies like the SSSC. Since the 2022/23 financial year our permanent grant in aid does not cover our operational costs. We predict this pattern will continue in future years and it is uncertain whether the Scottish Government will fund the shortfall permanently, or in full or in part by an unfunded budget pressure.
- Our registrants, many of whom are low paid workers, are also suffering from the cost of living crisis and Scottish Ministers have agreed to pay fees for those working for Local Authorities directly to the SSSC. Fees have only increased once over the last 10 years, in 2017, and have not kept pace with inflation, which reduces our ability to become self-sustaining and perhaps to grow as an organisation. In the last two years, Ministers agreed to postpone consultation on fee increases for registrants. We would like to increase fees with a plan to increase incrementally in future years when the time is appropriate.



- The Strategic Plan identifies several opportunities for the future. However, we are uncertain how initiatives such as the National Care Service and Independent Review of Inspection, Scrutiny and Regulation will impact on our organisation and therefore any financial implications arising. This creates significant uncertainty in our financial plan.
- We want to pay our staff competitive salaries but rely on Scottish Government funding to do this.
- Crucial posts within the SSSC workforce are supported by temporary funding, which is contrary to Fair Work principles, as we do not have sustainable funding in place to appoint on a permanent basis to deliver our Strategic Plan.
- Non payroll costs are affected by inflation. Energy prices continue to soar.
- Scottish Government has set ambitious targets towards achieving net zero and reducing our carbon footprint as well as reducing our costs.
- Scottish Government will expect us to make efficiencies. We have made transformational and incremental changes, making best use of technology, which has resulted in millions of pounds worth of savings and costs avoided as the Register has grown. However, we have limited scope to reduce costs further without reducing staff, which will in turn impact on our ability to deliver our Strategic Plan. The Scottish Government has a no compulsory redundancy policy in place.

### 3. Financial strategic objectives

We have identified four strategic objectives, which will inevitably be affected by the financial and strategic environment that we are operating in now and for the next few years.

#### 1. Achieve long term corporate financial sustainability

The SSSC must be financially viable to deliver on our Strategic Plan and respond to changes in our environment. This means that we must balance appropriately our objectives and planned resources and infrastructure. We have a target of holding reserves at between 2.0% and 2.5% of gross expenditure.

Achieving long term sustainability will become increasingly difficult with the pressure on public finances and continued reliance on Scottish Government for funding. We will have.

- Regular discussions with our Scottish Government Sponsor and work with them with a view to increasing core permanent funding in our grant in aid to make sure SSSC has sufficient resources to deliver our strategic outcomes.
- Appropriate development on financial issues for senior managers and Council members so as they can make informed decisions and identify and mitigate risk.
- A suitably qualified, experienced and resourced Finance Team who provide financial training to budget holders to produce up-to-date and accurate financial information.
- Efficient systems that provide information easily with minimal manual intervention to give one version of the truth. We use the Scottish



Government's finance system which they will heavily invest in over the period of this strategy to make it more efficient, modern, streamlined and accessible. We do not have any control over the pace of this development.

- Regular reviews to make sure that we look for efficiencies and savings in anything we do. This is built into our project and programme management and procurement processes.

## **2. Invest appropriately in our key resources and capabilities over the medium and long term**

We will take a medium to long term view about our investment in key resources such as staff development, our digital systems, collective knowledge management and our physical environment.

The digital transformation programme in 2019 meant that we could easily pivot to work from home when the pandemic struck and has enabled us to increase resource capacity in intelligence, research and evidence gathering activities to use data to inform decision making. Our investment in staff development over the last two years was one of the key elements in achieving the gold Investors in People award. Due to the advances in digital capability and agile working we will reduce our office space in Dundee resulting in significant savings.

We completed the work to include all registrants on the Register in 2021 and have embarked on a programme to future proof the register, systems and regulatory processes.

We want to make sure we maximise the resources we have, working efficiently, effectively and economically to achieve the right balance of cost and quality. We already share a range of services with the Care Inspectorate including Finance, HR, Procurement, Estates, Health and Safety and Reception, and work with them on several other activities. We also work with a range of partners to deliver our strategic outcomes.

We will.

- Invest in our people by implementing our People Strategy and delivering across the five themes included within it. We will work with our Scottish Government Sponsor towards securing funding for permanent staff rather than relying on temporary employees to carry out core business.
- Continue to invest in our digital programme to make sure that we maintain systems vital to business as usual and keep pace with technology and hardware so as our staff are equipped to deliver services as efficiently and effectively as possible.
- Strive to make sure that our processes are as efficient as possible and work with our Scottish Government Sponsor to offset any savings to reduce unfunded budget pressures before reinvesting in the services we deliver.
- Work with our Scottish Government Sponsor to secure sufficient resources for any future initiatives and to complete our future proofing programme and carry out any activity needed to add further categories to the register as a result of the National Care Service and other initiatives.

- Increase capacity in our business intelligence function so as we can gather evidence, analyse data and gain insights to the workforce to develop capacity and capability leading to improved outcomes for people experiencing care.
- Seek opportunities to enhance our delivery by accessing government and other funding beyond our Sponsor division.
- Continue to assess best value with shared services and make sure that they are delivered in a way that best meets SSSC's requirements.
- Actively seek opportunities to work with other partners in the public, private and third sectors to maximise resources, funding and outcomes across the public sector.

### **3. Plan and control the financing of developments**

We operate within a financial planning and risk framework for reviewing strategic opportunities and deciding whether to reallocate existing resources or bid for or accept external funding.

A key element of the financial strategy is that the SSSC will plan for capacity for growth and change and will manage its key financial risks. We need a clear statement of investment requirements in terms of recurring and one-off costs. We will.

- Regularly review our financial regulations, which is a key control element that supports the financial governance framework, taking into account any changes to the Scottish Public Finance Manual (SPFM).
- Make sure that we align our financial governance and corporate governance documents and arrangements.
- Make sure that we embed financial considerations from the start of our project and programme management processes and monitor throughout, identifying benefits realised and efficiencies made.
- Consider the whole life-costs, value for money, recurring and one-off costs, risks and opportunities and focus on the outcomes we want to achieve when considering proposed developments. We must involve the Finance Team from the early stages of business case preparation.

### **4. Integrate and harmonise financial and other strategies**

This MTFS aligns to the Strategic Plan, which includes links to a range of other strategies that support the Plan. We will.

- Integrate the strategic planning and financial planning processes.
- Refer to the Financial Strategy when developing other strategies and vice-versa, making sure that they are in alignment and are achievable.
- Work to make sure that all SSSC managers understand the benefits of the Financial Strategy and conduct business in line with its objectives.
- Review the Financial Strategy every three years and the financial plans annually, amending to reflect any changes.

## 4. Income and expenditure profile

Over the next three years and beyond we predict that the income we receive is unlikely to cover our costs, leading to budget shortfalls. We need to take action to meet this challenge.

### Income

The SSSC is funded from two main sources (£19m total income in 2022/23):

- grant in aid from Scottish Government to fund our operating costs (2022/23: 71% of total income)
- fees charged to registrants (2022/23: 29% of total income).

We have a small amount of other income that relates mainly to modern apprenticeship funding and recharges for seconded staff.

We also receive income to disburse on behalf of the Scottish Government (£7m in 2022/23) relating to practice learning fees, postgraduate bursaries and the Voluntary Sector Development Fund. We receive extra funding from the Scottish Government for specific initiatives. Appendix 1 shows how our budget is funded, how we spend it and how we have allocated funding across our strategic outcomes.

We have made the following assumptions in planning for income.

- Grant in aid - With the pressure on public funding it is unlikely that grant in aid will increase permanently and likely that it will stay the same or reduce, subsidised in whole or in part by unfunded budget pressures. It is likely that Scottish Government will ask public bodies to make efficiency savings in future years.
- Registration fees – we are unable to increase fees without the consent of the Scottish Government. Fees were last reviewed in 2017 and Ministers agreed that it was not the right time to consult in 2021 and 2022 due to the cost of living crisis. We will consider again in 2023. Given the decision to directly fund fees for registrants working for Local Authorities in 2022, the concept of increasing fees is more complicated. It is likely that extra groups will be added to the register in the next three years, although the number of individuals within the current proposed groups are small.
- Specific funds for particular initiatives are unlikely to increase and may reduce due to the pressure on public funding with competing priorities and the impact of inflation.

### Expenditure

Most of the SSSC's funding goes towards paying for staff costs (2022/23:79%) and we also spend on supplies and services, accommodation and administration and travel costs that support us to carry out our business activity.

We have made the following assumptions in relation to expenditure.

- Permanent staff numbers will remain stable as the work we do remains broadly the same and there is a no compulsory redundancy policy. Any reductions are due to natural turnover.



- Payroll costs will continue to increase – to agree pay award for 2022/23.
- The triennial pension review takes place in 2023, which could lead to increased costs. Assume same as current 17% employer contribution.
- Assume shared services costs, which are mainly staff, will increase by the same percentage as pay increases.
- We will continue to rely on temporary posts to deliver on our strategic outcomes if there is not a permanent increase to grant in aid.
- Costs will increase by inflation even if our cost base remains the same.
- We will review the position relating to the rewards review project in 2023.
- We need to continue to invest and develop systems and processes to maintain business as usual, continually improve and realise savings and efficiencies.
- We will reduce our accommodation by approximately half from 2023/24.

## 5. Efficiencies and savings options

To plan and prepare for adverse financial scenarios, it is important to review the areas with potential to deliver efficiencies and/ or cost reductions.

Over the last 10 years, as the register has grown, we have implemented significant changes to how we carry out our fitness to practise work to try to target staff time, where there is a risk to service users, and have made huge efficiencies. We have saved over £14m by introducing legally qualified chairs to Fitness to Practise panels and by implementing orders by consent. We have also achieved considerable savings by increasing thresholds for referral, introducing opt in hearings, increasing the number of cases we close at screening and reducing the ratio of staff that maintain the register.

We have invested in technology over the years, which has led to efficiencies from transformational and incremental change and this, combined with better use of data, will enable us to be more efficient in the future. The move to agile working will allow us to achieve savings of approximately £270,000 from 2023/24 by halving our office space.

We have limited scope to make further efficiencies and savings but have set out below the areas where there may be some potential.

### Workforce Planning

Workforce planning is an ongoing process that an organisation carries out to match its workforce to its organisational objectives and outcomes. The SSSC has started to understand its current staff profile and how it is currently deployed, identify the mix and numbers and types/skills of staff needed in the future and develop plans to move towards the desired workforce shape and size.

### Staff Turnover

The staff turnover averages around 13% in 2022/23 with a buoyant recruitment market. Assuming this trend continues there will be an opportunity to review the need for vacant posts as they arise.

## **Future proofing programme**

Work has started to future proof the register, which will reform our core business including the register, qualifications and skills and the codes of practice to make sure we can continue to deliver services efficiently and sustainably. We will use digital technology to make systems and processes more efficient and data to more effectively influence the sector.

## **Benefits realisation and efficiency targets**

Efficiency targets still have a place in the form of being an element of Best Value reviews, EFQM assessments, Lean Business Process reviews, efficiencies plans and procurement savings.

Over the last two years we have introduced more rigorous project management principles and set out the benefits we are looking to achieve by undertaking each programme or project then reviewing the actual realised periodically.

## **Business and Digital Transformation**

We will continually review all processes and timescales within them to make sure they are robust and protect the public. Innovation at the SSSC is crucial and we must test new ways of doing our work to meet the demands on the organisation.

We invested heavily in a digital transformation project before the pandemic and most of our staff continue to work from home most of the time. We will continue to make sure we keep our equipment and critical systems, such as Mattersphere and D365 up to date, and identify how we can make further efficiencies and improvements.

## **Stakeholder Engagement and Focus on Customer Service**

These are cross-cutting themes that impact on process improvements, best value, efficiencies and digital transformation and will therefore contribute to many of the initiatives outlined above.

## **6. Scenario planning and sensitivity analysis**

There is uncertainty inherent in our financial position, primarily influenced by the external financial environment. We will prepare our budgets for the period based on assumptions and our best estimates given what we know.

Although it is a somewhat simplistic view in some areas such as registration income where there are complexities, it is useful to prepare a sensitivity analysis that gives an indication of the change in budget figures arising from a change in assumptions and parameters. The following table shows the figures for our key areas of income and expenditure based on 2022/23 figures [we will update once the 2023/24 budget is agreed].



	2022/23 Budget	+/- 0.5%	+/-1%	+/- 3%	+/- 5%	+/- 10%
	£000	£000	£000	£000	£000	£000
<b>Income</b>						
Grant in aid	11,038	55	110	331	551	1,103
Registration fees	5,962	30	60	179	298	596
External funding	376	2	4	11	19	38
<b>Expenditure</b>						
Pay award	410	68	136	410	680	1,360
Employer pension contribution	2,058	60	121	363	605	1,210
Digital services	1,158	6	12	35	58	116
Other supplies and services	3,322	17	33	100	166	332

It is also useful to consider our best case, worst case and realistic scenarios measured against our baseline. The table below provides our assessment based on the views of Council members and the Executive Management Team.

Scenario	Grant in aid	Registration Fees	External funding (not core)	Costs
Baseline	Flat cash	Current levels	Current levels	<p>Most costs below covered by grant in aid but budget gap covered by unfunded pressure:</p> <ul style="list-style-type: none"> <li>*Pay award increases</li> <li>*Essential temporary posts</li> <li>*Inflationary increases on non payroll costs including digital and other supplies and services</li> <li>*Investment in future proofing programme and essential digital developments</li> </ul>





				*Replacement of IT equipment every four years.
Best case	Permanent increase to pay for all costs	Yr 1 – as current Yr 2 – 12.5% increase Yr 3 – 5%	Current levels	All costs above covered by grant in aid. Temporary posts made permanent.
Realistic Worst case	Flat cash plus unfunded pressures for essential costs £1.6m	Current levels	Reduced by 50%	Most costs covered by grant in aid but budget gap covered by unfunded pressure.
Worst case	3% to 10% reduction	Current levels	None	High level of costs not covered by grant in aid or unfunded pressure. Reducing staff numbers necessary to close budget gap.

## 7. Risks

In our strategic risk register we have included strategic risk 6: The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan. We have a cautious appetite to this risk.

The key strategic risks to delivery of the Financial Strategy and potential mitigation are as follows, split between those that are to some extent within SSSC's control and those that are not within SSSC's control:

Risks within the SSSC's control	Mitigation
Underestimate future spending plans	Realistic assessment of future plans with clear rationale and assumptions
Projected costs/ income underestimated	Realistic assessment of projected costs and income with clear rationale and assumptions
Don't achieve anticipated savings/ efficiencies	Realistic assessment of anticipated savings and efficiencies with clear rationale and assumptions

Inability to align financial and other strategies	Reference to Financial Strategy when reviewing other strategies and vice-versa, amending as necessary
<b>Risks not within SSSC's control</b>	<b>Mitigation</b>
Future available funding less than assumed – grant in aid and specific funds	Make sure the Scottish Government (SG) is aware of the funding we need to deliver the Strategic Plan and corporate functions, what will not be delivered if funding is reduced and the impact
Volatility of registrant numbers and impact on fee income and workload	Regularly monitor to assess impact and adjust staff numbers as necessary
Not politically acceptable to increase registration fees to the sector/ add other groups to the register so can't increase registration fee income	Make sure Scottish Government is aware of impact and that extra funding may be required to meet budget gaps
Pay awards and price inflation higher than assumed	As above
Increased demand for services not matched by sufficient funding	As above
Unable to maintain target level of reserves	As above
Balance the budget by reducing headcount resulting in an impact on delivering core services and potentially public protection	As above
If headcount is reduced there are cost implications eg redundancy, pension strain	As above
If reduced funding means our ability to invest in intelligence and the programme management office is restricted, there is a high risk of the huge strides we've made in these areas being undone	As above
Implications of changes to legislation and government policy	As above

Related risks are.

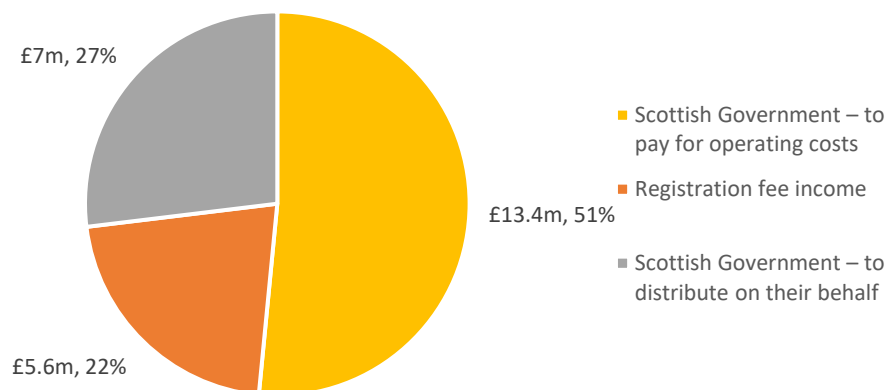
- If we don't continue to invest in staff our reputation, protection of the public, ability to meet corporate governance and legislative requirements and staff morale could suffer.

- If we don't develop as an organisation and continue to achieve our outcomes, existing Scottish Government funding may be put at risk.

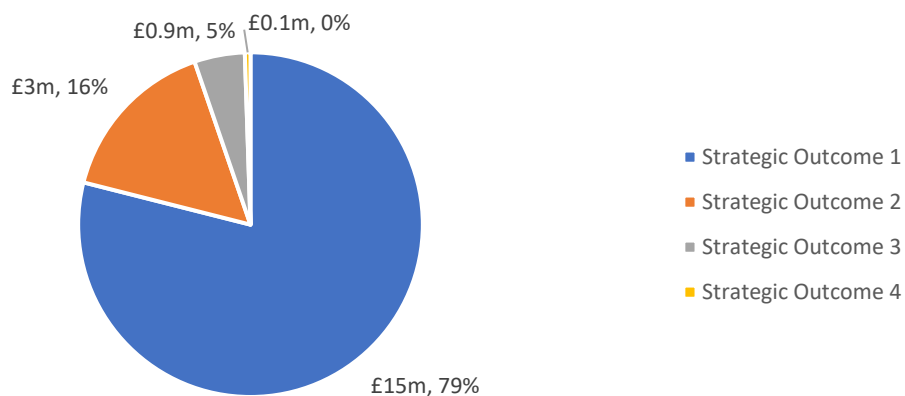
We will take action to mitigate these risks and monitor them through our existing risk management processes.

## Appendix 1 Sources of funding and how we spend it

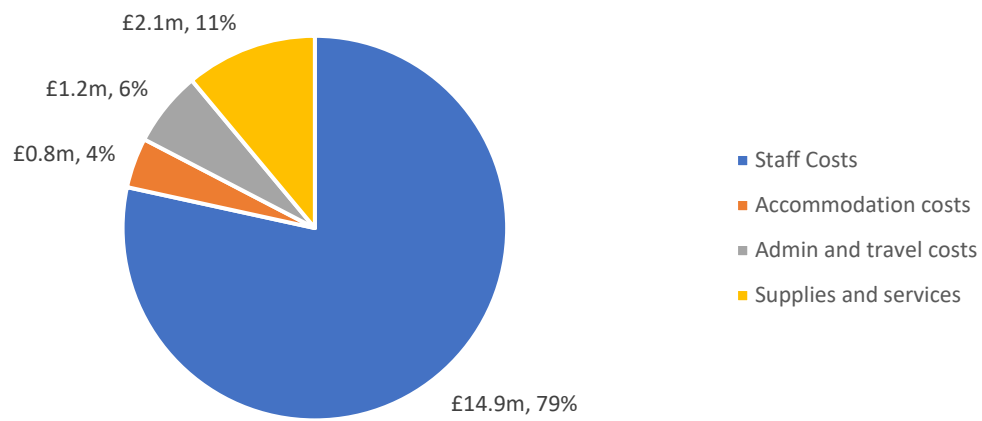
Source of funding



Spend by strategic outcome (excluding £7m disbursements)



### Type of spend (excluding £7m disbursements)





Scottish Social Services Council  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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please contact the SSSC on 0345 60 30 891

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<b>Title of report</b>	Review of SSSC Corporate Governance Framework
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	For Members to approve the Code of Corporate Governance and note the annual effectiveness review.
<b>Recommendations</b>	The Council is asked to: <ol style="list-style-type: none"> <li>1. approve the new Code of Corporate Governance</li> <li>2. note the annual effectiveness review.</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 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> </ol>

	3. A Sustainability Impact Assessment (SIA) was not required.
<b>Documents attached</b>	Appendix 1: Code of Corporate Governance
<b>Background papers</b>	<a href="#">Link to current Code of Corporate Governance 2022</a>

## **INTRODUCTION**

1. Council approved the current Code of Corporate Governance (Code) in October 2019 and approved variations in January 2020, June 2020 and February 2021.
2. The Head of Legal and Corporate Governance (HLCG) has completed the three-year review of the Code, an essential component of the SSSC corporate governance framework. This report summaries the proposed changes and seeks approval of the revised Code.
3. We have also carried out the annual effectiveness review and summarise this process at paragraph eight.

## **CODE OF CORPORATE GOVERNANCE**

4. The HLCG carried out a full review of the existing Code and looked at those of other public bodies. In particular, she considered the Audit Scotland S22 report on the Crofting Commission in which the auditors commented that "The Commission did not have in place an overarching code of corporate governance or equivalent framework. Instead, its governance arrangements were set out in general terms across various documents." In response, the Commission put in place a Code of Corporate Governance which clarified roles and responsibilities by bringing together into one place their founding legislation and applicable guidance.
5. The HLCG proposes we include details of the overarching framework within the introduction section of the Code. The Code will then incorporate our overarching framework, making it easier to understand the corporate governance structure within which we operate.
6. The proposed new Code aligns with the Executive Framework Document.
7. The principal amendments are:

### **Introduction**

- As stated in Section 5 of this report, the introduction includes details of our legislative basis, our structure and governance documents including the Executive Framework Document.
- We have included a provision for delegation of responsibilities by officers at section 7.
- We have added wording to include sub-committee and panel in the definition of Committee at section 9.

### **Section One**

- We have made changes to incorporate active language where feasible.



- We have removed the requirement to provide hard copy papers at meetings as all papers are published online.
- We have clarified section 36 which deals with non-quorate meetings.
- We have amended the wording for nomination of Deputy Convener to make clear that one **may** be appointed at section 70.

## **Section Two**

- We have added the carrying out of the annual effectiveness review to the remit of Council.
- The Head of Hearings and Regulatory Improvement has amended the quorate/membership wording for the Quality Assurance Sub-Committee.
- We have removed Chair from Table One as their duties are covered in Section One (Standing Orders).
- We have included detail on the type of policies which Members approve in Table One.
- We have included detail on the Chief Executive's, Executive Management Team (EMT) and Operational Management Team responsibilities in Table One.
- We have included "approval of corporate operational policies" into responsibilities of Chief Executive in Table Two.

## **ANNUAL EFFECTIVENESS REVIEW**

8. Principles of good governance say that the Council should review their effectiveness on an annual basis. We do this by receiving feedback from Members and measuring that against the Chartered Institute of Public Finance Accountants (CIPFA) International Framework: Good Governance in the Public Sector and considering improvements to make 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".
9. Council Members discussed the review with management at the Away Day in November and agreed actions. This report asks Members to note the completion of the annual effectiveness review.

## **NEXT STEPS**

10. We will publish the approved Code of Corporate Governance on the intranet and internet. We will provide a copy to our sponsor department.

## **CONSULTATION**

11. We have consulted with EMT and our sponsor department in carrying out the review of the Code of Corporate Governance.

## **RISKS**

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

## **IMPLICATIONS**

### **Resourcing**

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

### **Compliance**

14. This report complies with legal and governance requirements. This new Code is an improvement to our governance arrangements as it provides clarity on our overarching framework.

## **IMPACT ASSESSMENTS**

15. 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**

16. This report:
  1. asks for approval of the Code of Corporate Governance
  2. asks Council to note the completion of the annual effectiveness review.



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

## **Introduction**

We are the regulator of the social service workforce in Scotland. This means that the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce.

As a public sector body, we recognise the importance of best value services that are well-governed and effectively monitored.

The Scottish Social Services Council's Code of Corporate Governance sets out how we are run and how we take decisions to carry out our functions and achieve our Strategic Plan objectives.

It is written in line with the International Framework: Good Governance in the Public Sector principles which are:

- a. behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- b. ensuring openness and comprehensive stakeholder engagement
- c. defining outcomes in terms of sustainable economic, social and environmental benefits
- d. determining the interventions necessary to optimise the achievement of the intended outcomes
- e. determining the entity's capacity, including the capability of its leadership and the individuals within it
- f. managing risks and performance through robust internal control and strong public financial management
- g. implementing good practices in transparency, reporting and audit to deliver effective accountability.

## **Functions of the Scottish Social Services Council (SSSC)**

The Regulation of Care (Sc) Act 2001 ("ROCA") set up the SSSC to regulate social service workers and to promote their education and training. The SSSC protects the public by registering social workers, social care and early years workers, setting standards for their practice, conduct, training and education and by supporting their professional development.

## **Non-Departmental Public Body (NDPB)**

The SSSC is a NDPB. This means that while the Scottish Government is ultimately responsible for the SSSC, they appoint a Council of members to lead the SSSC.

The Council approves and has oversight of the achievement of strategic objectives and decides our priorities and how the SSSC will deliver its functions at a strategic level, in line with our statutory functions and requirements of the Scottish

Government. The Chief Executive is accountable for operational matters. Besides ROCA, there are many other legal responsibilities of NDPBs, including the SSSC.

## **Corporate Governance Framework**

The SSSC has a corporate governance framework which comprises:

- Executive Framework Document between the Scottish Government and the SSSC which sets out how we operate and defines the responsibilities which underpin our relationship with the Scottish Government. The Scottish Government decides what the powers, duties and responsibilities of the Council, its members, and officers of the SSSC are and has set these out in the Executive Framework Document. These roles and responsibilities are summarised in tables one and two in Section Two.
- this Code of Corporate Governance which includes the Standing Orders and terms of reference for the Council and its Committees
- Financial Regulations which provide a framework for the financial management of the SSSC
- Scheme of Delegation which sets out the decision making which the Chief Executive has delegated
- Assurance Map which sets out how we provide oversight and assurance on significant issues such as financial stability and risk
- SSSC Code of Conduct for Members of the SSSC which sets out the ethical standards expected of them
- the Index of Reports lists all reports submitted to the Council and its Committees
- the Index of Policies and Procedures lists policies, procedures and strategies approved by Council and the Executive Management Team (EMT).

## **The Council**

Scottish Ministers appoint a Council (the Council) of between eight and twelve members. At least two members must be registered with the SSSC and at least two members must be either people who use, or have used, care services or care for people who use, or have used, care services.

The Council provides leadership, direction, support and guidance to the Chief Executive and staff to ensure that SSSC delivers its functions effectively and efficiently in line with its statutory obligations and strategic objectives.

Section One of this Code of Corporate Governance comprises the Standing Orders for Council and its Committees.

Section Two of this Code of Corporate Governance comprises the terms of

reference for the Council and its Committees and contains a table of matters setting out where accountability and responsibility for decision making lies.

## **Committees**

The Council has delegated functions to several Committees. The remits of those Committees are set out in Section Two. From time to time the Council may set up ad hoc committees and working groups to deal with issues as they happen.

Audit and Assurance Committee  
Fitness to Practise Committee  
Quality Assurance Sub-Committee  
Employment Appeals Panel  
Training Appeals Panel  
Special Appeals Committee

## **Role of the Chief Executive, Executive Management Team (EMT) and Operational Management Team (OMT)**

The Chief Executive is the Accountable Officer for the SSSC which means she is personally answerable to the Scottish Parliament for the exercise of the SSSC functions. EMT assists her in her role. The Chief Executive is accountable to the Council for all aspects of organisational performance, financial probity, and achievement of strategic objectives.

EMT comprises the strategic directors who are responsible for SSSC operations.

OMT comprises the heads of department who are responsible for day to day operations.

Section Two of this Code provides more detail on the roles and responsibilities of the Convener, Members, Chief Executive, EMT and OMT.

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

1. The purpose of these Standing Orders is to ensure the orderly and effective conduct of formal meetings of the Council and its Committees.
2. The Head of Legal and Corporate Governance (HLCG) will review the Standing Orders annually.
3. The Council made these Standing Orders under Regulation 9(2) of the Scottish Social Services Council (Appointments, Procedure and Access to the Register) Regulations 2001 (the Regulations). If there is a section in this Code which is inconsistent with the Regulations, then the Regulations apply instead.
4. Scottish Ministers need to appoint a Council (the Council) of between eight and twelve members. At least two members must be registered with the SSSC and at least two members must be either people who use, or have used, care services or care for people who use, or have used, care services.
5. The Scottish Ministers decides the powers, duties and responsibilities of the Council, its members, and officers of the SSSC and have set these out in the Executive Framework Document. The Scottish Ministers and the Council on behalf of the SSSC agree this. These roles and responsibilities are summarised in tables one and two in Section Two.
6. Regulation 8 of the Regulations allows the Council to appoint Committees and delegate responsibility for carrying out its statutory functions to those Committees. The remits of those Committees are set out in Section Two. From time to time the Council may set up ad hoc committees and working groups to deal with issues as they happen.
7. An officer may delegate any of their responsibilities under these Standing Orders to another officer to exercise on their behalf and the reference to them shall include this representative.

### **Definitions**

8. 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 the relevant Committee.
9. Any reference to Committee shall include sub-committee and panel.

### **Committees**

10. The Council may convene Committees to assist and advise it in undertaking its responsibilities.
11. The Council approves Terms of Reference for Committees which are chaired by an individual appointed by the Council. The Terms of Reference for each Committee are set out in 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.

12. 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**

13. The Council may convene ad hoc Committees and working groups to assist and advise it in undertaking its responsibilities.
14. 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**

15. Before the start of each calendar year the Council will approve a provisional schedule of ordinary meetings of the Council and Committees and the SSSC will publish it on the SSSC website - [www.sssc.uk.com](http://www.sssc.uk.com) (the website).
16. The HLCG will advertise notice of ordinary meetings of the Council on the website at least five working days before the date of the meeting. The notice will include:
  - a. the date, time and venue of the meeting
  - b. the business that will be transacted at the meeting.
17. Meetings may take place online and/or in person and the Standing Orders remain the same. All meetings which allow public access will meet accessibility requirements.
18. 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.

19. Notice of any other meeting of the Council will be given in the same way as notice for ordinary meetings.
20. If a meeting has been called using section 18a or b, then no other business other than the business set out in the calling of the meeting can be



discussed at the meeting.

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

### **Dealing with urgent business**

22. If there is urgent business which the Council or Committee must deal with before the next scheduled meeting, then either:
  - a. the Chief Executive, or in his/her absence a member of the Executive Management Team, may call a meeting with the Convener or the relevant Chair or Vice-chair of the relevant Committee, to deal with that business. The HLCG will arrange the meeting at the earliest opportunity in an appropriate format, or
  - b. correspondence between the members of the Council or Committee will deal with the business.
23. If the business is being dealt with by correspondence, the relevant papers and proposals will be made available in a digital format. The timescales for responding will be clearly detailed in the communication. If a member does not respond within the timescale they will be deemed to agree with the proposed course of action.
24. 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**

25. Advised by the Chief Executive and the HLCG, 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.
26. Exceptionally and only if the Convener/Chair agrees then the HLCG may make changes to the agenda to deal with urgent business. If an agenda changes, the HLCG will circulate a revised agenda to members or, if not practicable, present it at the start of the meeting. If the meeting is open to the public, the HLCG will advertise the revised agenda on the website.
27. Any member(s) of the Council or Committee may ask for an item to be placed on the agenda of a meeting of the Council or Committee. The member should ask for this at least ten working days before the meeting. The Convener/Chair of the meeting will decide whether to allow the item on the agenda, taking advice from the Chief Executive and the HLCG. If the Convener/Chair decides not to include the item on the agenda, the member will be advised, and the Council or Committee informed during the Convener/Chair's opening remarks.

28. If the agenda includes a member's item, and if the Convener/Chair agrees, the member may present a paper on the item. The HLCG will help the member to prepare the paper in the proper format and to a standard acceptable for a public body.

### **Papers for meetings**

29. The Chief Executive will ensure there are papers for all agenda items at a meeting unless the Convener/Chair agrees that a paper is not needed.
30. The HLCG will provide papers in a digital format to the members at least seven days before the meeting.
31. The HLCG will publish the papers, other than those dealing with the private business of the Council, on the website before the meeting.
32. If papers are not available seven days before the meeting, the HLCG may, with the agreement of the Convener/Chair and the Chief Executive, send them late, provide the paper(s) at the meeting or take the item(s) off the agenda.

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

33. The Council quorum is made up of the Convener (or in their absence, Deputy Convener or another member picked to preside), the Chair of Audit and Assurance Committee (or in their absence, at least one member of the Audit and Assurance Committee) and at least one third of the rest of the Council members.
34. If any Committee meeting cannot reach the quorum because of absence, in exceptional circumstances, the Chair of that 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.
35. Participation will usually be in person, but (with the agreement of the Convener/Chair of the meeting) the meeting may take place online and/or members may attend online. If that happens, members will be deemed to be present and to constitute part of the quorum for the purposes of that meeting.
36. The Council or Committee must have a quorum to conduct any business. If at any point, and for any reason, there is not a quorum of members present then the Convener/Chair shall take advice from the HLCG as to the conduct of the business which may include adjournment of the meeting to a later time or date.
37. The Terms of Reference in Section Two sets out the quorum for each Committee.

### **Attendance at Council, Committee, other formal meetings and development sessions**

38. If a member fails to attend any Council, Committee, other formal meeting or development session to which they have been invited for a continuous period of three months from the date of the first missed meeting/session or fails to attend at least 50% of these meetings/sessions in person over the course of a year, without permission from the Convener/Chair, the Convener/Chair will advise the Council. 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**

39. The Chief Executive is not a member of the Council but will attend Council meetings. The HLCG 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.
40. The Chief Executive will ensure that appropriate staff support and service the work of Council and Committee meetings.

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

41. Members of the public can attend as an observer any meetings of the Council apart from any meeting or parts of meetings where the type of business means it is private. Committees will conduct their business in private unless there are specific rules which state that they should meet in public.
42. The Council will meet 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 Regulation and Data Protection Act 2018 or any other relevant law)
  - b. matters relating to named training and education providers or care service providers, if it is likely to affect their credibility and reputation
  - c. matters involving issues of commercial or financial sensitivity or confidentiality
  - d. matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, before Council approves
  - e. information which may be legally privileged or relate to matters of legal proceedings either in progress or relating to the Council

- f. any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.
43. The HLCG may ask a member of the public who disrupts the business of the meeting to leave the meeting after due warning has been given. Re-admission to that or other public meetings held by the SSSC is at the discretion of the Convener/Chair.

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

44. 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 HLCG will ask the Council to propose a member to chair the meeting.
45. 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.
46. The Convener will ensure that all members get a fair hearing with enough chance to express their views on the business of the meeting. All members will respect and, if necessary, defer to the authority of the Convener.
47. 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 the Convener chooses.
48. If the Council does not make a decision on an agenda item that needs a decision and the consequences would be prejudicial to the continuity of the business of the SSSC, the Council should seek other proposals from the Chief Executive. The Convener may adjourn the meeting or defer the agenda item to another meeting to allow the Chief Executive to reconsider. If, after such reconsideration, the Council is unable to make a decision (whether by consensus or simple majority vote) and the matter remains critical to the continuity of business, the Convener will report to Scottish Ministers and seek their direction.

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

49. These provisions apply to any Committee of the Council except where the conduct of that business is otherwise provided for in Rules approved by the Council with consent of Scottish Ministers.
50. 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 HLCG will ask the Committee to propose a member to preside over the meeting.

51. 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.
52. The Chair will ensure that all members get a fair hearing with enough chance to express their views on the business of the meeting. All members will respect and, if necessary, defer to the authority of the Chair.
53. If there is an agenda item that needs the approval of the Committee, the Chair will seek the views of members and, if possible, come to a consensus. If the Committee can't come to a consensus or if the Chair decides that coming to a consensus is not appropriate, then the Committee will take a vote on the business. A simple majority will decide the vote and the Chair has a substantive and casting vote. A vote may be given by a show of hands, secret ballot or any other method the Chair chooses.
54. 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**

55. 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.
56. 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.
57. 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 member is responsible for making sure they declare relevant interests. A member declaring an interest should not remain in the meeting nor participate in any way in those parts of meetings where the member has declared an interest.
58. Agenda items will be supported by papers except where the Convener/Chair of the meeting has agreed to a presentation instead.
59. The HLCG will circulate copies of any presentations made during a meeting in advance of the meeting with the papers for the meeting except where the Convener/Chair has agreed to copies being provided at the meeting or to an oral presentation. For meetings open to the public, the HLCG will publish presentations on the website as if they were papers.

60. 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.
61. 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**

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

### **Council Offices**

67. The Scottish Ministers appoint the Convener of the Council who is accountable to them.
68. Other offices of the Council are the Deputy Convener and the Chairs of any Standing Council Committees.
69. Other than the Convener of the Council, members may hold more than one office. The Chief Executive may not hold any Council office.
70. The Council may nominate a Deputy Convener of the Council from amongst its membership. The Scottish Ministers approve the nomination.
71. The Council appoints the Committee chairs.

72. 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.
73. The Council should review Council offices every three years, coinciding with the cycle of appointments to the Council. If a Council office holder leaves the Council, the office becomes vacant.

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

74. The Chief Executive is authorised, among other things, to carry out the SSSC's day-to-day statutory powers, duties, responsibilities, obligations, and incidental legal and financial functions as set out in tables one and two in this Code.
75. The Chief Executive may delegate her responsibilities. The Chief Executive remains accountable for the exercise of her responsibilities.
76. The Chief Executive and the Council can, at any time, decide that they wish to have any matter referred to them for consideration.
77. 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.
78. 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.
79. Individual Council members have no generally delegated authority.
80. 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**

81. When there is a vacancy for a position where the Council appoints , 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**

82. The Council and its Committees operate based on collective responsibility

for decisions. Members should, if questioned on a matter where a Council or Committee has taken a view, support the position reached.

83. All members of the Council should maintain confidentiality as detailed in the Code of Conduct and any guidance to that code provided by the HLCG.

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

84. The Council may only suspend, vary or revoke these Standing Orders, if the majority of members present agree and only if the Convener of the Council also agrees.
85. Committees have no power to depart from these Standing Orders.
86. Notice of any variation, revocation or addition of these Standing Orders must be given at a Council meeting, with the proposal for variation or revocation or decision to suspend being brought forward at the next meeting of the Council.

### **Co-opted Members**

87. Where co-options are to be made the Council shall be satisfied that the route used is appropriate, open and fair and that one of the following options are followed:
  - 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 will 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 (eg appropriate newsletters) to attract interest from people with relevant experience and skills.



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

### **THE COUNCIL**

Owner:       Convener

Remit:

- 1. Satisfy itself of the continuing achievements of strategic objectives and Best Value**
- 2. Review the recommendations, output and performance of the Audit and Assurance Committee:**
  - a. at least every quarter
  - b. seek assurances/evidence that the requirements of the SPFM have been met
  - c. understand material variances between forecasted and actual income/expenditure
  - d. set and agree tolerance bands for acceptable/unacceptable variances
  - e. seek assurances on the integrity of forecasted income/expenditure for full-year outturn
  - f. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
  - g. approve/reject reports & raise specific concerns to the Sponsor Department.
- 3. Review the performance of the Chief Executive:**
  - 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 accounts and endorse the annual report for laying before Parliament.**
- 7. Approve the appointment of internal auditors and note the appointment of external auditors**
- 8. Carry out annual effectiveness review of the Council**

Function:	Approval of and oversight of the achievement of strategic objectives, representing the interests of Scottish Ministers.
Accountability:	Total accountability for the performance of the organisation to Scottish Ministers (represented by the Sponsor Department).
What it can do:	Appointment of Chief Executive, independent challenge of reports and monitoring information, last resort for poor performance and holds ultimate sanctions on removal of Chief Executive and reporting to Sponsor Department.
What it can't do:	Operational decision-making, instructing staff on operational matters, intervening in matters previously approved for delivery.
Quorum/Membership:	The Council quorum must be made up of the Convener (or in their absence, Depute Convener or another 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 the SPFM have been met
- c. understand material variances between forecasted and actual income/expenditure
- d. recommend tolerance bands for acceptable/unacceptable variances
- e. seek assurances on the integrity of forecasted income/expenditure for full-year outturn
- f. review and endorse/reject management plans for the achievement of financial objectives
- g. ensure that the monthly profiles of financial expenditure are consistent with monthly operational outputs
- h. endorse report/raise specific concerns to the next Council meeting.

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

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

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

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

**5. Scrutinise 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 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 provisions as set out in the Council's Standing Orders.

Meeting frequency: Quarterly

## **FITNESS TO PRACTISE COMMITTEE**

Owner:	Chair of Committee
Remit:	Delegated responsibility to make decisions in terms of the Fitness to Practise Rules 2016 and the Registration Rules 2016 (No 2) as 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 and the 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 members to SSSC Fitness to Practise Panels. Legally qualified chair members can carry out all functions. Social service and lay members can only carry out the function of observing hearings. 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 quorum is three people, two of which must be Council members and one co-opted member. There must be a Chair, who is a member of the Council.
Frequency:	As required

## **SPECIAL 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 Practise Committee member of any decision to remove them from that Committee. Make recommendations to the Council on whether to:</p> <ol style="list-style-type: none"><li>1. make no order</li><li>2. suspend the member for such period as it sees fit until final resolution of the matter in question</li><li>3. request an undertaking from the member in respect of their future conduct</li><li>4. refer the matter to the police, or other appropriate regulatory authority</li><li>5. terminate the member's appointment.</li></ol>
What it can't do:	Anything else
Quorum/Membership:	The 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 provisions 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	Scottish Government sponsor/Scottish Ministers	Organisation of the Council, overall accountability for the performance of the organisation, lead role for oversight of governance and Best Value use of public funds, responsible for the performance of the Council.	Review presented information, take all steps necessary to achieve confidence that the information is accurate and robust, inform Chief Executive of strategic direction, review strategic risk management plan, perform Chief Executive performance review, take into account relevant guidance issued by Scottish Ministers.
Members	The Council/Committee performance	Convener/Scottish Ministers	Individually and collectively responsible for bringing independent judgement and scrutiny to decisions taken by the Council. The Non-Executive members must satisfy themselves	Members should understand the remit and purpose of the Council/Committee on which they sit, they have personal and collective responsibility to ensure that the

			<p>on the integrity of financial information and systems of risk management are robust and defensible.</p> <p>Members are responsible for approving corporate strategies and any policies in which the Council has a clearly defined role to play or which form part of their strategic, financial or corporate governance obligations.</p> <p>Members are, in particular, responsible for approving people management policies which include associated additional costs not contained within the current budget or which propose fundamental changes to terms and conditions of employment.</p>	<p>obligations of that Council/Committee are discharged and to take whatever steps are necessary to ensure that discharge. The remit does not include operational decision-making.</p> <p>Members should constructively challenge and help develop proposals on strategy. They should scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance. They are responsible for appointing and, where necessary, removing the Chief Executive and in succession planning.</p> <p>They must adhere to their Code of Conduct.</p>
Chief Executive	SSSC	The Council/Scottish Government Sponsor	Accountable for organisation performance, financial probity and achievement	Everything and anything operational and not reserved for the

			<p>of objectives including securing Best Value.</p> <p>The Chief Executive will exercise all powers of the Council which have not been retained as reserved to the Council or delegated to a Committee. The Scheme of Delegation identifies which functions the Chief Executive will perform personally and which functions they have delegated to Officers.</p>	<p>Convener/Council, advising the Council on discharge of its responsibilities including compliance with the SPFM and relevant guidance.</p>
Executive Management Team	SSSC operations	Chief Executive	<p>Develop and deliver strategic objectives by the appropriate use of resources, manage risk, develop organisation capability and provide leadership and direction in the SSSC.</p>	<p>Contribute to the overall performance management of the SSSC, setting corporate objectives and corporate business planning and monitoring organisational performance and risk.</p> <p>Lead and set the strategic direction of the directorates, manage and coordinate their work in line with strategic and operational plan priorities and in line</p>

				with the SSSC's corporate approach. Set and oversee directorate budgets.
Operational Management Team	Day to day operations	EMT/Line Manager	Deliver operational objectives, budget monitoring and staff management.	Lead and manage corporate planning for the departments and have oversight of the business functions.  Set and monitor performance, manage risk and departmental budgets.

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

<b>Table Two – RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
6	Independent challenge and delivery of assurance that sufficient financial and risk management is undertaken	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor
7	Oversight of Management of Strategic Risks	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Executive Management Team
8	Oversight of financial probity and operational performance	Convener/ The Council	Audit and Assurance Committee	Chief Executive	Sponsor
9	Review of Chief Executive Performance	Convener	The Council	Chief Executive	Sponsor
10	Non-strategic oversight	Chief Executive	Executive Management Team	Convener	The Council
11	Identification and Management of Strategic and Operational Risks	Chief Executive	Executive Management Team	Operational Management Team	The Council
12	Approval of corporate operational policies	Convener/The Council	Chief Executive	Executive Management Team	Sponsor
13	All operational matters, operational performance and delivery mechanisms in pursuance of approved strategic objectives (within approved budget and delegated authority)	Chief Executive	Director	Operational Management Team/Head of Department	Executive Management Team
14	SSSC operational model and EMT appropriate to	Chief Executive	Executive Management Team	Convener	The Council



<b>Table Two – RACI Chart</b>					
	<b>Subject Matter</b>	<b>Accountable</b>	<b>Responsible</b>	<b>Consult</b>	<b>Inform</b>
	meet strategic objectives and appropriate monitoring of performance is undertaken to ensure this delivery				
15	All procurement within approved budgets	Chief Executive	Executive Management Team	Head of Department	Audit & Assurance Committee

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

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

Version history			
Date	Version	Summary of change	Author

<b>Title of report</b>	Draft budget 2023/24 and indicative budgets for 2024/25 and 2025/26
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	This report presents the first draft of the budget for 2023/24 along with indicative budgets for 2024/25 and 2025/26.
<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 2023/24. There is a budget gap of £2.859m (table 1, Appendix 1A). We have identified potential efficiencies and savings and are in discussions with Scottish Government about how we will close this gap.</li> <li>2. Consider and comment on the indicative budgets for 2024/25 of £2.299m deficit and 2025/26 £2.534m deficit (table 1, Appendix 1A).</li> <li>3. Consider and comment on the information set out in Appendix 1B 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 1A: Budget - Supporting Information</p> <p><a href="#">Appendix 1B: Confidential Budget - Supporting Information</a></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 2023. Our Executive Framework sets out that the Scottish Government (SG) 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.
3. This report details our progress towards delivering a balanced 2023/24 budget. We ask Council Members to consider the budget priorities and options to close the funding gap recommended 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 2023/24 and note indicative budgets for 2024/25 and 2025/26 to the Council meeting on 27 March 2023.
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 2023/24 draft budget is shown in table 1 in Appendix 1A alongside the 2022/23 budget. We have let our SG Sponsor know about the budget deficit of £2.859m and are in discussions with them on how we will close the gap.
7. Appendix 1A (tables 1 and 2) gives a more detailed summary and includes indicative budgets for 2024/25 (£2.299m deficit) and 2025/26 (£2.534m deficit). Budget assumptions are included at Appendix 2.
8. At 31 January 2023 we projected that our general reserves available for use ie excluding disbursements, will be £579k (2.3%) at 31 March 2023, which is within our 2% to 2.5% target. We are waiting on our SG Sponsor to provide direction on whether we can carry forward underspends from 2022/23 and to what level. We have noted the risks to our budget in paragraphs 27 to 29.

## **DRAFT BUDGET 2023/24**

### **Overview of 2023/24 financial position**

9. We have prepared a draft budget for 2023/24 that includes business as usual and developments that EMT considers necessary to effectively deliver the Strategic Plan. Table 2 in Appendix 1A shows the sources of our operating and disbursement income of £22.623m and expenditure of £25.482m, resulting in a funding deficit (shortfall) of £2.859m. Operating income is £17.616m, operating expenditure is £20.475m, with disbursements totalling £5.007m.

10. Included in the income figures is SG funding of £300k to allow the necessary flexibility to offer the appropriate pay increase to staff based on the 2022/23 pay claim. SG has also agreed to pay the fees of registrants employed by Local Authorities, although they have yet to agree whether they will pay £2.593m through grant in aid, or using another funding mechanism, and the frequency of payments. Our external auditors advise that it should be accounted for as grant or grant in aid.
11. The SSSC does not have sufficient funding to cover operational costs and in 2022/23 SG addressed this by providing an unfunded budget pressure of £1.638m ie temporary funding. Our SG Sponsor understands our financial position and we are in discussion with them to determine whether SG will provide temporary funding in 2023/24 and to what level. We will update Members at the Council meeting if more information is available.

### **Key changes between 2022/23 budget and 2023/24 budget**

12. We have included our budget assumptions in Appendix 2. Costs of the pay award, increments and increased national insurance alone add around £600k to our budget this year and there is still a no compulsory redundancy policy in place.
13. We will reduce our office space by half, with costs estimated to reduce from £800k to £524k. Ministers agreed to renew the lease of Compass House and Quadrant House from April 2023 and we are waiting to find out whether all tenants have confirmed occupancy, the space we will occupy and final cost. Work to improve the hearing rooms started in 2022/23 and we expect to incur £54k in 2023/24.
14. We have reduced digital developments by £214k and will focus on enhancements included in the Future Proofing Programme (FPP). If we do not progress with the FPP we will need to assess other development requirements to maintain our core systems. We have shown digital developments included in the budget in table 3 in Appendix 1A and what we would remove if necessary to reduce the budget deficit.
15. We have increased panel member allowances by £312k to £667k to reflect projected number of hearing days and because of the legal ruling to pay them holiday pay and pensions. We are not yet aware of the extent to which we will have to backdate payments.

### **Changes to staffing establishment**

16. Our staffing establishment is the approved permanent and temporary staff we need to run the organisation. Appendix 1B shows staffing proposals.
17. It is good financial practice only to fund permanent posts from permanent funding and we have a cautious appetite to budgeting. We have identified one post where we do not have permanent funding.

## **Potential reduction of operating costs**

18. Pending confirmation from SG on funding, the EMT has reviewed options to reduce our operating costs as we do not have the ability to increase income. We can reduce the deficit to £377k by stopping and reducing work totalling £2.482m, outlined in the bullet points below. However, we cannot stop carrying out our statutory functions that make up approximately 80% of our funding, which limits our ability to stop or reduce work.
19. There are implications with each of the options below and we consider that the risks are greatest with removing the FPP, not over recruiting in Fitness to Practise (FtP) and maintaining less than 2% of reserves (total £1.735m). If we did not go ahead with these measures, the deficit would increase from £377k to £2.112m.
  - a. Temporary posts – £471k

As we have not had enough funding in recent years to recruit to permanent posts we have employed staff on a temporary basis to deliver essential services. Removing these staff will create gaps in our delivery meaning there will be more pressure on staff where there aren't sufficient cover arrangements, we will have to delay work or not deliver in some areas. This may mean that more staff will leave. We are already experiencing difficulties with recruitment and retention and have had challenges filling 13 out of 61 posts this year relating to Finance, Digital, Performance and Improvement, Organisational Development and Communications, readvertising eight of the 13 at least once. There is always turnover of staff in the Fitness to Practise department particularly and corporately staff turnover has increased by 6.6% from April 2021 to its peak in July 2022 (15.3% - target 12.4%). This situation is made worse as we do not have competitive salaries in some areas where we already have recruitment issues. Six months cost of the Director of Finance and Resources is included in the figure above, pending review of the need for this post.
  - b. Stop the FPP – £1.033m (table 4, Appendix 1A)

Council agreed to progress with this programme as investment will reform our core business including the register, qualifications and skills and the codes of practice to make sure we can continue to deliver services efficiently and sustainably. We cannot carry out this work within current funding due to delivering our statutory duties. If we do not deliver this programme the registration process remains very complicated and stressful leading to poor outcomes for registrants and users of services, and it is a failure in our statutory obligations if we don't adequately review the codes.



- c. Don't progress digital developments – £105k savings  
SSSC continually strives to improve services to our service users and make best use of technology. Not carrying out these developments means delays to mapping the full range of data and intelligence required by our external stakeholders, less efficiency as we are relying on manual work to analyse data and limited functionality on our learning systems for users of the materials we provide to the sector.
  - d. Do not over recruit to posts in FtP – £202k  
Historically turnover of solicitors in the FtP team has been high. In 2022/23 we allowed over recruitment of four posts to make sure we had enough trained staff when people left, to continue to meet performance targets. Stopping this practice will potentially affect performance.
  - e. Increase vacancy management adjustment – £92k  
We have set our adjustment at 4% for several years. Given the recruitment situation, EMT considers it is reasonable to increase the adjustment to 5% this year and review annually.
  - f. Use of reserves – £579k (table 5, Appendix 1A)  
We currently have a target reserves figure of between 2% and 2.5% (£500k to £625k) and projections at 31 January 2023 show that we will have £579k (2.3%) available for general use at 31 March 2023. If we do not have reserves to use as working capital, we cannot cover any unplanned expenditure/ reduced income/ take opportunities from unplanned events or plan for developments and create a fund to replace ICT equipment.
20. In January 2023 the Director General for Education and Justice asked us to complete a template outlining our current and planned reform activity. We highlighted that we are highly efficient compared to other similar sized health and social care regulators but we need a permanent increase in grant in aid to:
- sustain and enhance our public protection function
  - continue our capacity to support Scottish Government policy eg add more groups to the register
  - recruit and retain staff with the skills and experience we need on a permanent basis and on a competitive salary to deliver our strategic outcomes.
21. Our commitment to continuous improvement over the last 10 years, particularly through the strength of our work in Registration and Fitness to Practise and digital transformation, means that we have made significant savings and efficiencies that have offset some of the areas that needed investment.

## **GENERAL RESERVES**

22. Based on projections at 31 January 2023 we expect our general reserve to be £1.186m by 31 March 2023, although £579k is available for general use if we exclude disbursements (table 5, Appendix 1A).
23. We are waiting for SG to confirm whether we can carry forward our general reserves balance to 2023/24, and to what level, and whether we can carry forward and redirect disbursements of £607k to fund operational expenditure.

## **2024/25 and 2025/26 INDICATIVE BUDGETS**

24. We prepared indicative budgets for 2024/25 and 2025/26, based on the draft 2023/24 budget and assuming grant in aid stays at the same level of £16.035m. The indicative budgets are shown alongside the draft budget for 2023/24 in tables 1 and 2 in Appendix 1A.
25. There is an indicative deficit budget of £2.299m in 2024/25 and a deficit budget of £2.534m in 2025/26. 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.

## **CONSULTATION**

26. We compiled the draft and indicative budgets after input from budget holders and review by directors. The EMT reviewed the draft budget for 2023/24 and we have included its priorities and options to reduce the budget deficit. We consulted with Council Members in the January development session.

## **RISKS**

27. Risk 7 in the strategic register is that SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan. Our appetite to risk for our budget is cautious.
28. Our 2024/25 and 2025/26 budgets have deficits of £2.299m and £2.534m respectively. We have not assumed any increases to registration fee income in these figures, we have not allowed for digital or other development costs in the indicative budgets and our permanent costs are rising. There is a risk to delivery of the Strategic Plan 2023-26 if we do not have sufficient budget to deliver.

29. Risks to the budget are:

- lack of permanent additional grant in aid funding meaning we cannot commit to temporary or permanent posts that we need to deliver our strategic outcomes
- registration fees have not increased since 2017 and Ministers agreed with our recommendation to postpone reviewing fees in 2021/22 and 2022/23 due to the cost of living crisis. Ministers agreed in 2022 to pay fees for registrants working for Local Authorities, which adds further complexity. We rely on registration fees to contribute towards our operating costs that continue to increase even if we stand still
- little digital or other development funding in 2024/25 and 2025/26 meaning we may not be able to deliver system changes and other initiatives that will support delivery of business as usual and business improvement
- temporary funding used to fund a permanent post
- inflation is included where known, but no general inflationary uplift is included, meaning costs may be higher than the budget
- depending on what SG allow us to carry forward, we may not have enough in reserves to cover future unknown costs
- SG has not committed to an unfunded pressure amount beyond 2022/23 so we have not included any amounts in the budgets for any of the three years. The risk would reduce if SG were to agree a permanent increase to grant in aid or unfunded pressures in future years
- there is uncertainty in our budget, particularly relating to potential implications from the National Care Service and the Independent Review of Inspection, Scrutiny and Regulation. We paused the Rewards Review in August 2022 as there was no extra funding from SG to implement a new pay and grading structure. We will revisit this activity in 2023.

## **IMPLICATIONS**

### **Resourcing**

30. The draft budget for 2023/24 is a deficit budget of £2.859m. Indicative budgets for 2024/25 are £2.299m deficit and 2025/26 £2.534m deficit.

### **Compliance**

31. 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**

32. 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**

33. This report asks the Council to consider and comment on the draft budget for 2023/24 and the indicative budgets for 2024/25 and 2025/26 (table 1 in Appendix 1A). We will include any amendments in the draft budget to Council on 27 March 2023.

## Budget – Supporting Information

**Table 1 Three year budget**

	Revised Budget for monitoring purposes 2022/23 £000	DRAFT Budget 2023/24 £000	Indicative Budget 2024/25 £000	Indicative Budget 2025/26 £000
<b>Expenditure</b>				
Staff salary costs	14,939	15,557	15,215	15,524
Other staff costs	566	844	844	844
Accommodation costs	791	538	459	466
Administration costs	1,186	1,102	1,021	995
Travel costs	84	76	76	76
Supplies & Services	2,420	2,343	2,035	1,960
Disbursements & VSDF	15	15	15	15
Postgraduate Bursaries	2,655	2,655	2,655	2,655
Practice Learning costs	2,352	2,352	2,352	2,352
<b>Gross expenditure</b>	<b>25,008</b>	<b>25,482</b>	<b>24,672</b>	<b>24,888</b>
<b>Operational income</b>				
Registration fees	5,962	3,310	3,290	3,261
Other income	398	385	295	299
<b>Total operational income</b>	<b>6,359</b>	<b>3,696</b>	<b>3,585</b>	<b>3,560</b>
<b>Net expenditure before grant in aid</b>	<b>18,649</b>	<b>21,786</b>	<b>21,088</b>	<b>21,328</b>
Grant in aid (operating costs)	11,028	11,028	11,028	11,028
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
Grant in aid (pay claim)	0	300	300	300
Funding source tbc (registration fees - Local Authorities)	0	2,593	2,453	2,459
Voluntary Sector Development Fund (VSDF)	0	0	0	0
<b>Total grant in aid and grants</b>	<b>16,035</b>	<b>18,928</b>	<b>18,788</b>	<b>18,794</b>
<b>Net expenditure deficit (spending pressure)</b>	<b>2,614</b>	<b>2,859</b>	<b>2,299</b>	<b>2,534</b>

**Table 2 – Three year budget – operational and disbursements**

	Revised Budget for monitoring purposes 2021/22 £000	DRAFT Budget 2023/24 £000	Indicative Budget 2024/25 £000	Indicative Budget 2025/26 £000
<b>Expenditure - cost of operating our business</b>				
<b>Staff costs</b>				
Staff salary costs	14,939	15,557	15,215	15,524
Other staff costs	566	844	844	844
<b>Total staff costs</b>	<b>15,505</b>	<b>16,401</b>	<b>16,059</b>	<b>16,368</b>
<b>Running costs</b>				
Accommodation costs	791	538	459	466
Administration costs	1,186	1,102	1,021	995
Travel costs	84	76	76	76
Supplies & Services	2,420	2,358	2,050	1,975
<b>Total running costs</b>	<b>4,480</b>	<b>4,074</b>	<b>3,606</b>	<b>3,513</b>
<b>Total operating expenditure</b>	<b>19,986</b>	<b>20,475</b>	<b>19,665</b>	<b>19,881</b>
<b>Income - from operating our business</b>				
Grant in aid to fund our operating costs	(11,028)	(11,328)	(11,328)	(11,328)
SG funding source tbc - Local Authority registration fees	0	(2,593)	(2,453)	(2,459)
Registration fees	(5,962)	(3,310)	(3,290)	(3,261)
Other income	(398)	(385)	(295)	(299)
<b>Total operating income</b>	<b>(17,387)</b>	<b>(17,616)</b>	<b>(17,366)</b>	<b>(17,347)</b>
<b>Deficit cost of operating the business</b>	<b>2,599</b>	<b>2,859</b>	<b>2,299</b>	<b>2,534</b>
<b>Disbursements to other organisations</b>				
Postgraduate Bursaries	2,655	2,655	2,655	2,655
Practice Learning costs	2,352	2,352	2,352	2,352
Voluntary Sector Development Fund (VSDF)	15	0	0	0
Total postgraduate bursaries, practice learning & VSDF ex	<b>5,022</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)	0	0	0	0
Total postgraduate bursaries, practice learning & VSDF	<b>(5,007)</b>	<b>(5,007)</b>	<b>(5,007)</b>	<b>(5,007)</b>
<b>Deficit or (surplus) on disbursements</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total operating and disbursement expenditure</b>	<b>25,008</b>	<b>25,482</b>	<b>24,672</b>	<b>24,888</b>
<b>Total operating and disbursement income</b>	<b>(22,394)</b>	<b>(22,623)</b>	<b>(22,373)</b>	<b>(22,354)</b>
<b>Overall deficit (spending pressure)</b>	<b>2,614</b>	<b>2,859</b>	<b>2,299</b>	<b>2,534</b>

**Table 3 – Digital developments – 2023/24**

	<b>2023/24 £000</b>	<b>Remove from budget £000</b>
Future proofing programme	<b>419</b>	<b>419</b>
Other developments		
Investigate intelligent automation	10	
Website development	30	
Data and intelligence mapping for external stakeholders	60	60
Customer voice software	10	10
Upgrade Learning Zone for sector	35	35
	<b>145</b>	<b>105</b>
<b>Total</b>	<b><u>564</u></b>	<b><u>524</u></b>

**Table 4 Draft 2023/24 Budget for the Future Proofing Programme**

<b>Staff</b>	<b>Cost £000</b>	<b>Non Staff</b>	<b>Cost £000</b>
Programme Manager	61	Digital development	419
Project Coordinator	32	Research and engagement	35
Communications Officer	46	Legal fees	10
2 x Learning & Dev Adviser*	125	Venue hire and travel	10
Registration Lead Officer	55	Programme governance	6
6 x Registration Assistant	169	Printing codes	5
Systems Development Officer	48		
Systems Development Assistant	35		
Less vacancy management	(23)		
<b>Total staff costs (14 FTE)</b>	<b><u>548</u></b>	<b>Total non-staff costs</b>	<b><u>485</u></b>
<b>Total programme costs</b>	<b><u>1,033</u></b>		

**Table 5 Projected General Reserves at 31 March 2023 (based on projections at 31 January 2023)**

<b>Expenditure type</b>	<b>Disbursements £000</b>	<b>General reserve balance £000</b>
Postgraduate bursaries	147	
Practice learning fees	<u>460</u>	
Total disbursements		607
Available balance (operating underspend)		579
Projected general reserve at 31 March 2023		<b><u>1,186</u></b>

## **Budget Assumptions**

### **2023/24**

#### **1. Staff costs**

Our 2023/24 draft staff costs budget includes the assumptions detailed below.

- The budget assumes that the pay offer approved by Scottish Government for 2022/23 is accepted by staff.
- We have not yet received guidance on Scottish Government Pay Policy for 2023/24 so have applied what we believe to be a realistic increase to apply from 1 April 2023.
- 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 and the 2023/24 pay award are budgeted to total c£600k.
- We have included provision for employer pension (17%), national insurance contributions are at the same level as last year and the apprenticeship levy £44k (0.5% of paybill over £3m). The most recent actuarial valuation of the pension fund was carried out as at 31 March 2020. This set the contribution rate at 17% for 2021/22 to 2023/24. The next valuation of the fund will be carried out based on scheme data as at 31 March 2023.
- We set a vacancy management target of 4% (£402k). 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 paused the rewards review mid 2022 as changes to the pay and grading structure were unaffordable. We agreed to review the position in a year's time and have included six months of a project manager's role and consultancy costs. We won't know financial implications of the review until the work is complete.

#### **2. Other staff costs**

Following a court of appeal judgement in the case of a NMC panel member, our panel members will have 'worker' status and are entitled to holiday pay and access to a workplace pension. We have increased the budget by £312k to provide for this and an increase in fees.



### **3. Accommodation costs**

Scottish Ministers approved the renewal of a lease for our office accommodation from April 2023. We intend to reduce our office space by 50%, although have reduced the budget from £800k to £524k. We will not know the space we will occupy and cost until the final tenant is confirmed so there is still a risk to budget.

### **4. Running costs**

We increased our digital systems budgets by £68k to cover day to day running costs, maintenance, licences and some inflationary increases of 3%.

### **5. Service Level Agreement – Shared Services**

We have a Service Level Agreement in place for shared services with the Care Inspectorate. The Care Inspectorate recharges us for costs in relation to services eg estate management, and staff. We have assumed 20% increase in energy costs for energy in 2023/24 and broadly the same pay assumptions as SSSC staff.

### **6. Uncertainties**

We have not included any costs arising as a result of the rewards review, the Independent Review of Inspection, Scrutiny and Regulation or the National Care Service as there is still uncertainty in all of these areas.

### **7. Income**

Scottish Government funding of £16.035m grant in aid for 2023/24 is the same level as 2022/23.

The registration fee income budget of £5.902m reduced by £59k from 2022/23. We included an assumption of 6.2% 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 (£366k) to our registration income budget. We have included £2.592m for registration fees to be paid by Scottish Government for registrants working for Local Authorities (around 40% of registrants) as well as £3.310m direct from registrants. Scottish Government haven't yet confirmed whether they will pay fees via grant in aid.

The modern apprenticeship budget remains the same at £240k.

### **8. 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 2023/24 draft budget (2022/23: £900k).

We administer postgraduate bursaries on behalf of Scottish Government (budget £2.655m in 2022/23 and 2023/24).

We pay practice learning fees to universities to arrange practice placements for students (budget £2.352m in 2022/23 and 2023/24).

## **9. Specific grants**

We excluded specific grant funding such as workforce development grant from the 2023/24 draft budget as this is agreed separately with Scottish Government.

## **10. 2023/24 – budget allocated by outcome**

The analysis of the budget across the strategic outcomes is based on estimates from budget holders of the time staff spend on departmental objectives, as well as the proportion of budgeted expenditure that relates to each activity. This is used to identify the direct cost for each departmental objective. Direct costs are the cost of our 'front line' departments (Regulation and Workforce Education and Standards) activities' relating to each strategic objective.

Indirect costs comprise the cost of our 'supporting' directorates (Finance and Resources, including Shared Services with the Care Inspectorate; Strategy and Performance); as well as corporate expenditure such as accommodation, utilities, Executive Management Team and Council Members.

We base overhead apportionments for human resources, organisational development and time spent supporting staff on departmental staffing levels, whilst we apportion costs that support our business based upon departmental direct costs.

We will include the budget by strategic outcomes in the next draft of the budget on 27 March 2023 and will continue to refine the allocations for time and cost over the coming year.

## **2024/25 and 2025/26**

### **11. Staff costs**

We have made the same assumptions on the pay award for 2024/25 and 2025/26 indicative budgets as 2023/24.

We included provision for employer pensions (17%), National Insurance contributions 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 2024/25 and 2025/26 include the full year effect of new permanent posts included in the 2023/24 draft budget and any temporary posts that may continue past 31 March 2024.

## **12. Other costs**

We included accommodation and running costs at similar expenditure levels to 2023/24 (see 2023/24 assumptions above), although we applied 25% inflation to energy costs in 2024/25 and no further increases in 2025/26.

There is minimal digital development included in our budgets for 2024/25 and 2025/26.

We have not included any costs arising as a result of the rewards review, the Independent Review of Inspection, Scrutiny and Regulation or the National Care Service as there is still uncertainty in all of these areas.

## **13. Income**

Registration fee income is based upon projected annual, renewal and re-registration numbers for the 2024/25 and 2025/26 financial years. We have not included any increase to registration fees from 1 April 2024 for budget purposes and assumed that Scottish Government will pay fees for registrants working for Local Authorities. Scottish Government haven't yet confirmed whether they will pay fees via grant in aid.

We assume registration fee write offs will stay the same as 2023/24 at 6.2% of registration income (2024/25: £356k and 2025/26 £355k) and we added a corresponding amount to registration fee income.

Disbursement income and expenditure assumptions are in line with current expenditure and income levels for 2024/25 and 2025/26. We have not included any inflationary increases to disbursement budgets.

# **Draft Budget 2023/24**

## **Indicative Budgets 2024/25 and 2025/26**

**Council meeting on 27 February 2023**

A decorative graphic in the bottom-left corner consisting of a grid of squares in various shades of purple and pink, arranged in a pattern that tapers off to the right.



## Draft Budget 2023/24 - overview

**Draft Budget 2023/24 – Deficit of £2.859m**  
**Disbursements £5.007m**

Operating Budget	2023/23 Approved budget £000	2023/24 Draft budget £000
Staff costs	15,505	16,401
Accommodation	791	538
Admin - print, post, professional fees, subscriptions	1,186	1,102
Travel	84	76
Supplies and Services – furniture, digital, goods and services	1,791	1,884
Development costs	644	474
<b>Total operating expenditure</b>	<b>20,001</b>	<b>20,475</b>
Grant in aid (£16m less bursaries and Practice Learning fees)	(11,028)	(11,028)
Additional grant in aid – pay award	0	(300)
Additional grant in aid – Local Authority registration fees	0	(2,593)
Registration fees	(5,961)	(3,310)
Other income	(398)	(385)
<b>Total operating income</b>	<b>(17,387)</b>	<b>(17,616)</b>
<b>Budget deficit</b>	<b>2,614</b>	<b>2,859</b>

# Key Budget Movements in 2023/24

Payroll

Pay award and increments £601k

50% reduction office space

Reduced from £800k to £524k

Reduction in digital developments

Reduced by £214k

Legal ruling to pay Panel members holiday pay and pension and increase in panel member fees

Increase of £312k to £667k

**BUT**

Unknowns from National Care Service, IRISR and rewards review

Rewards review £79k  
(consultancy and six months programme manager)

# Benefits and Efficiencies

## **Last 10 years+**

- 25% reduction in staff to maintain 359% increase in register
- Saved over £14m - legally qualified chairs and orders by consent
- Thresholds for referral – reduced annual referrals from 3,000 to 2,754
- Opt in hearings – number of hearings reduced by 40%
- Increased percentage of referrals closed at screening stage from 20% to 60%
- Saved approximately £38m in registration costs by replacing paper systems

## **Since 2019/2020**

- Ftp cases - spanning financial years – reduced from 4,688 referred and 4,382 closed to 3,949 referred and 4,503 closed
- Average days for internal application process reduced from 47 to 21 days

## **Since 2020/2021**

- Digital programme - £307k return on investment and 44 time/capacity/satisfaction benefits realised
- Qualification assessment to decision ratio increased from 74.4% to 88.3%
- Average weeks to register from employment reduced from 25.5 to 23.7 weeks

## **Benchmarking with other regulators**

- Cost per registration of delivering core operations significantly less eg £114 v SCW £296
- Cost of FtP is £3,124 per referral - GMC, NMC, GDC and HCPC range £6,464 to £13,237

# Options to reduce deficit

<b>Draft Budget 2023/24 - Deficit</b>	<b>£2,859k</b>
Temporary posts	471k
Stop the Future Proofing Programme	1,033k
Do not progress digital developments	105k
Do not over recruit to FtP posts (four posts)	202k
Increase vacancy management target to 5%	92k
Use reserves	579k
<b>Potential reduction</b>	<b>2,482k</b>
<b>Remaining Deficit</b>	<b>377k</b>



# FPP DRAFT BUDGET 2023/24

Staff	£000	Non-Staff	£000
Programme Manager	61	D365 and Website Dev	419
Project Co-ordinator	32	Research and engagement	35
Comms Officer	46	Legal Fees	10
L&D Advisor x 2	125	Venue Hire and travel	10
Reg Lead Off	55	Programme gov	6
RA x 6	169	Printing codes	5
Systems Dev Officer	48		
Systems Dev Assistant	35		
Less Vacancy Man	(23)		
<b>Total staff</b>	<b>548</b>	<b>Total non staff</b>	<b>485</b>
<b>Total FPP costs</b>	<b>£1,033</b>		

# Business Cases – Non - Staff

Business case	Cost £000	Remove £000	Implications
Investigate intelligent automation in support of our digital strategy	10		
Website development – mini content/ design refresh (yr1), new website/ full redesign (yr 2) and modifications following redesign (yr 3)	30		
Intelligence consultant – map data and intelligence required by external stakeholders	60	60	The work to identify and map the full range of data and intelligence required by our external stakeholders including SG, Public Health and others would not be concluded in the next year. The work can be done but would be extended over a longer period.
Customer voice software - provide insights and data to deliver evidence-based improvements to the regulation of the sector.	10	10	In the absence of the right software to carry draw evidence from our customer data, we will develop existing survey tools to carry out snap shots of feedback/experience requiring more manual work to analyse.
Learning Zone – upgrade system to modern learning experience for sector	35	35	£20k in yr2 and £10k in yr3. Current learning zone has limited functionality and is difficult to navigate however we could delay upgrade if savings were required or potentially seek funding from Sponsor through workforce development grant
Total	145	145	

# Indicative Budgets for 2024/25 and 2025/26

## Disbursements £5.007m

Operating Budget	2023/24 Draft Budget £000	2024/25 Draft Budget £000	2025/26 Draft Budget £000
Staff costs	16,401	16,059	16,368
Accommodation	538	459	466
Admin - print, post, professional fees, subscriptions	1,102	1,021	995
Travel	76	76	76
Supplies and Services – furniture, digital, goods and services	1,884	2,050	1,975
Development costs	474		
<b>Total operating expenditure</b>	<b>20,475</b>	<b>19,665</b>	<b>19,881</b>
Grant in aid (£16m less bursaries and Practice Learning fees)	(11,028)	(11,028)	(11,028)
Additional grant in aid – pay award	(300)	(300)	(300)
Additional grant in aid – Local Authority registration fees	(2,593)	(2,453)	(2,459)
Registration fees	(3,310)	(3,290)	(3,261)
Other income	(385)	(295)	(299)
<b>Total operating income</b>	<b>(17,616)</b>	<b>(17,366)</b>	<b>(17,347)</b>
<b>Budget deficit</b>	<b>2,859</b>	<b>2,299</b>	<b>2,534</b>

# Risks

- Lack of permanent additional grant in aid means threat to delivery of the Strategic Plan 2023-26
- No firm commitment to temporary funding for 2023/24
- Income from registration fees not increasing
- Permanent posts from temporary funding
- Lack of digital development to continue to improve
- Inflation and increasing costs
- Insufficient funding to cover unknown costs
- Uncertainty in budget eg National Care Service, IRISR and Rewards Review

# THANK YOU

<b>Title of report</b>	Procurement Strategy April 2023 to March 2026
<b>Public/confidential</b>	Public
<b>Action</b>	For decision
<b>Summary/purpose of report</b>	To present the three year procurement strategy for approval by Council.
<b>Recommendations</b>	The Council is asked to approve the draft procurement strategy.
<b>Author</b>	Gillian Berry, Accounting and Procurement Manager (Care Inspectorate)
<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 2: The SSSC supports and enhances the development of the regulated 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>
<b>Link to the 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 right standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated</p>

	<p>and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks</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. Sustainability is a key procurement priority and our commitment to this is noted in section 3.2 of the draft strategy.</li> </ol>
<b>Documents attached</b>	Appendix 1: Draft Procurement Strategy April 23 to March 26
<b>Background papers</b>	None

## **INTRODUCTION**

1. The SSSC has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This strategy sets out how we will meet these requirements over the three-year period beginning 1 April 2023.
2. Although the SSSC procurement contract thresholds are below the threshold which require a published procurement strategy under the 2014 Act, we continue to develop and publish a strategy as good practice.
3. The draft strategy is attached at Appendix 1 and covers six procurement priorities:
  - deliver best value
  - deliver sustainable procurement
  - raise the level of procurement knowledge, skills and expertise
  - provide timely performance information
  - demonstrate a continuous improvement approach to our practice
  - deliver inclusive procurement.
4. The strategy also describes the arrangements for monitoring and evaluating its implementation, which culminates in the procurement performance report which is submitted annually to the Council.

## **STRATEGY DEVELOPMENT**

5. Scottish Government Procurement Policy colleagues reviewed the 2020-2023 strategy in December 2022 and advised the strategy was well structured and had a good level of readability. On this basis we have not significantly changed the draft 2023-2026 strategy. We have reviewed and updated the procurement priorities to reflect progress in our practice and to include a statement on our approach to regulated procurement for the provision of food (section 3.2.7 of the draft strategy).
6. The draft strategy is supported by an annual action plan. A cross-organisation Procurement Development Group reviews performance biannually.

## **CONSULTATION**

7. Feedback from Scottish Government Procurement Policy on the previous strategy informed the revisals. The Procurement Development Group and Central Government Procurement Shared Service have also provided feedback.



## **RISKS**

8. There are no specific risks associated with approval of the strategy.

## **IMPLCATIONS**

### **Resourcing**

9. There are no specific resource implications arising from the implementation of the procurement strategy.

### **Compliance**

10. There is no legal requirement to publish a procurement strategy but it is recognised as good practice.

## **IMPACT ASSESSMENTS**

### **Equalities**

11. An EIA screening process was completed which determined that a full EIA was not required.

### **Data Protection**

12. A DPIA was not required. The strategy does not involve new uses of personal information or data.

### **Sustainability**

13. A sustainability impact assessment was not required. The strategy itself promotes sustainable procurement as one of the six priorities.

## **CONCLUSION**

14. The implementation of this procurement strategy and associated action plan will ensure we continue to strive for continuous improvement in procurement capability.

# **Scottish Social Services Council and Care Inspectorate Procurement Strategy April 2023-March 2026**

**<<insert publication date>>**



**Strategy Sponsors:**

Lynn Murray, Interim Director of Finance and Resources (SSSC)

Jackie MacKenzie, Executive Director of Corporate and Customer Services (CI)

**Approved by Council:**



**VERSION CONTROL**

<b>VERSION NO.</b>	<b>REVISED BY</b>	<b>DESCRIPTION OF CHANGES</b>	<b>DATE</b>
1.0	Accounting & Procurement Manager	First Issued Version	01/04/2023



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## 1.0 INTRODUCTION

The Care Inspectorate and Scottish Social Services Council (SSSC) Procurement Strategy April 2023 – March 2026 has been informed by the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations 2016. The Strategy is designed to take a responsible and sustainable approach to procurement.

The purpose of this strategy is to set out how the SSSC and the Care Inspectorate will plan and manage their procurement processes to meet their corporate aims and objectives and comply with regulatory and legislative requirements. The Procurement Strategy applies to all procurement conducted by the Care Inspectorate and the SSSC.

Procurement aims to deliver fair, transparent and effective procurement which delivers best value, is legally compliant and follows best practice. This is especially important in a challenging financial climate. Good procurement can generate savings and efficiencies that can be used to re-invest in other activities to support corporate objectives.

Procurement is a devolved responsibility within the SSSC and the Care Inspectorate. Specific authority is required for staff to procure goods, services or works. The procurement must be undertaken within agreed policy and procedural parameters.

This document sets out the Care Inspectorate and SSSC's Procurement Strategy for the period from 1 April 2023 to 31 March 2026 and is supported by an annual Procurement Action Plan.

## 1.1 Our Corporate Objectives and Strategic Outcomes

The Corporate and Strategic Plans set out what we do and our objectives and outcomes to achieve our vision.

### 1.1.1 The SSSC strategic outcomes:

**Outcome 1**  
People who use services are protected by a regulated workforce that is fit to practice.

**Outcome 2**  
Our work supports the workforce to deliver high standards of professional practice.

**Outcome 3**  
Our work enhances the confidence, competence and wellbeing of the workforce.

**Outcome 4**  
The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.

### 1.1.2 The Care Inspectorate strategic outcomes:

**Outcome 1**  
High quality care for all

**Outcome 2**  
Improving outcomes for all

**Outcome 3**  
Everyone's rights are respected and realised

**Outcome 4**  
Our people are skilled, confident and well supported to carry out their roles

## 2.0 ACCOUNTABILITY

SSSC Council and Care Inspectorate Board	Approval of the Procurement Strategy.
Chief Executives	Accountable Officers - have specific responsibility to ensure that procurement activity is conducted in accordance with the requirements of the Procurement section of the Scottish Public Finance Manual. This responsibility will be discharged through the implementation of this strategy.
The Executive Director of Corporate & Customer Services (Care Inspectorate) and Interim Director of Finance and Resources	Sponsors of the Procurement Strategy
Finance & Corporate Governance	<p><b>Head of Finance and Corporate Governance:</b> Leadership and support for delivery of the Procurement Strategy</p> <p><b>Accounting and Procurement Manager:</b> Responsible for ensuring compliance with the Public Sector Regulations, developing and delivering the Procurement Strategy</p> <p><b>Procurement Team:</b> Responsible for supporting the delivery of the Procurement Strategy and associated action plan, including developing guidance and providing support and guidance.</p>
Delegated Purchasers	Support delivery of the Procurement Strategy
Procurement Development Group	Supports continued development of procurement capability. Membership drawn from across both organisations



## 2.1 Influencing Factors

The following external factors influence the development of this strategy:

- Public Contracts (Scotland) Regulations 2015
- Procurement Reform (Scotland) Act 2014
- Procurement (Scotland) Regulations 2016
- Procurement Commercial Improvement Programme (PCIP)
- Freedom of Information and Data Protection Acts
- Equality Act 2010
- Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- Employment Relations Act 1999 (Blacklists) Regulations 2010
- Scottish Public Finance Manual
- Scottish Procurement Policy Notes
- Climate Change (Scotland) Act 2009
- Climate Change (Emissions Reduction Targets) (Scotland) Act 2019
- Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
- The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020
- Health & Safety at Work etc Act 1974
- Management of Health & Safety at Work Regulations 1999

Internal factors influencing the development of this strategy include:

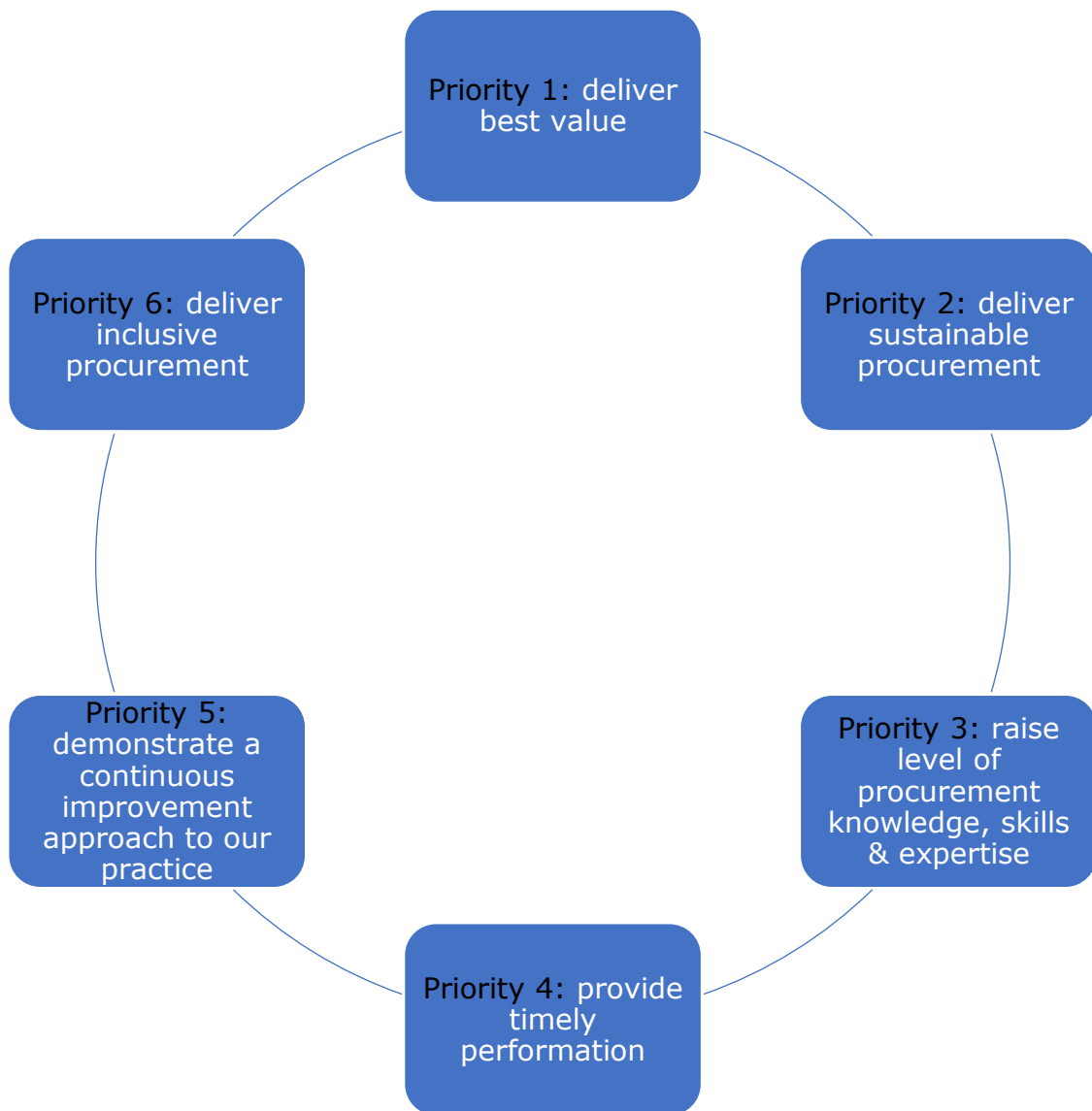
- Care Inspectorate Corporate Plan
- SSSC Strategic Plan
- SSSC and Care Inspectorate Guidance Note
- Equality and Diversity Policy
- Corporate Health and Safety Policy

## 3.0 OUR PROCUREMENT PRIORITIES

Our procurement strategy:

- sets out our priorities and proposals for procurement over the planning period
- identifies those factors that will influence how we manage the procurement process and
- describes the arrangements for monitoring and evaluating the strategy.

Our strategy has six key priorities as follows:



### 3.1 Priority one: deliver best value

We aim to deliver best value when procuring goods, services and works. This is based on the optimum combination of whole life cost, quality (or fitness for purpose) and sustainability to meet the user's requirement. Competition promotes efficiency and effectiveness in public expenditure therefore goods, services and works should be acquired by effective competition, including adequate publication of the contract unless there are convincing and justifiable reasons to the contrary. Our policy, where possible, is to advertise tender opportunities above £10k, excluding VAT, on the Public Contracts Scotland advertising portal. We will award contracts based on the most economically advantageous tender (MEAT) which balances value for money and the required quality of the service, goods or works.

We will continue to use collaborative frameworks led by Scottish Procurement and other national bodies where appropriate and continue to explore opportunities for further collaboration through our partnership with Central

Government Procurement Shared Services (CGPSS) and membership of a multi-agency Cluster Group. These arrangements facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

Procurement activity contributes to the overall efficiency targets for the SSSC and the Care Inspectorate, with benefits realised reported in the annual Procurement Performance Report.

### **3.2 Priority two: deliver sustainable procurement**

The Procurement Reform (Scotland) Act 2014 places a sustainable procurement duty on the Care Inspectorate and SSSC to improve social, environmental and economic wellbeing with a focus on reducing inequality.

Sustainable procurement is "a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment" (Department for Environment, Food and Rural Affairs, 2006).

Sustainable procurement to the Care Inspectorate and the SSSC means routinely considering the environmental, social (including equality) and economic opportunities and impacts of purchasing decisions.

We will take account of climate circular economy considerations in public procurement (SPPN 1/2021) and will complete the sustainability test for all procurements greater than £50,000, incorporating any opportunities to secure sustainability benefits into the Invitation to Tender (ITT) or Invitation to Quote (ITQ) as appropriate.

#### **3.2.1 Prompt payment to suppliers and their sub-contractors**

We are committed to paying our suppliers promptly and include a clause in our standard terms and conditions stating that we will pay valid invoices within 30 days from receipt. To ensure this flows through the supply chain, we have a further clause stating, where there are sub-contracting arrangements in place, that suppliers must make payment within the same terms to their sub-contractors. This includes sub-contractor to sub-sub-contractor relationships. Contract managers will seek confirmation of compliance where relevant and proportionate.

Although our standard terms are 30 days, we aim to pay suppliers within 10 working days of receiving an invoice. In the year to 31 March 2022, the Care Inspectorate and SSSC paid 99.38% and 99.6% respectively of suppliers' invoices within 10 working days. We will continue to work towards paying all valid invoices within this 10-day period.

### **3.2.2 Addressing Fair Work Practices, including paying the living wage through our regulated procurement**

We consider Fair Work First for all procurement of £10,000 or greater. These practices ask businesses bidding for our contracts to commit to adopting the following:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- providing fair pay for workers (for example, [payment of the real Living Wage](#))
- offer flexible and family-friendly working practices for all workers from day one of employment
- oppose the use of fire and rehire practice

In accordance with the Statutory Guidance for Addressing Fair Work First in procurement, we will continue to incorporate evaluation of workforce matters into tenders for regulated procurements where the use of labour is a key deliverable and for lower value tenders where it is proportionate to do so.

Where suppliers have staff working on our premises, these employees are being paid the Real Living Wage.

### **3.2.3 Community benefits**

The Procurement Reform (Scotland) Act 2014 includes a sustainable procurement duty on public sector bodies requiring them to conduct their procurement in a way that will secure economic, social and environmental wellbeing and a requirement that public bodies consider the use of community benefits in major contracts.

We will promote the use of community benefits within procurement exercises where relevant and proportionate to the contract.

### **3.2.4 SMEs, local businesses, supported businesses, and the third sector**

In line with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we consider equality throughout tender processes and comply fully with legislation. Where relevant and proportionate, suppliers are required to provide details of any equality policies and systems that they have in place.

Our inclusive approach will increase supplier diversity by:

- Eliminating unnecessary barriers to the procurement process to give SMEs, minority-owned businesses, third sector, social enterprises and other different organisations fair and equal access to opportunities.
- Working proactively to encourage these organisations to participate in the procurement process.
- Seeking feedback on the procurement process to ensure the process is as accessible as possible to as many as possible.

A 'supported business' means an economic operator whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the economic operator are disabled or disadvantaged persons.

We will consider using the Scottish Government's Commodities Reserved for Supported Businesses Framework where there is a requirement to purchase goods and services covered by this framework.

We fully support the Scottish Business Pledge, sharing the Scottish Government's ambition of boosting productivity, competitiveness, sustainable employment, and workforce engagement and development.

### **3.2.5 Fair & ethical trading**

We support the sourcing of goods and services that are fairly and ethically traded. Where it is directly relevant, we will use appropriate standards and labels in our procurement to take account of fair and ethical trading considerations as well as consider equivalent offerings from suppliers who demonstrate they can meet the specified criteria without necessarily having the specific certification.

We use the Single Procurement Document as standard for regulated procurements which allows consideration of whether a potential supplier has been convicted of certain offences and/or committed any acts of professional misconduct and allows suitability to be assessed.

We will ask contractors to take corrective action where concerns over labour standards in the supply chain are identified.

### **3.2.6 Climate Change**

We will use the sustainability tools to identify opportunities to contribute to an overall reduction in our carbon emissions. We will also deliver climate literacy e-learning training for all staff who have a delegated procurement responsibility and work collaboratively to identify further opportunities to support the delivery of our net zero plans.

### **3.2.7 Provision of Food**

We have no requirement to purchase food through a regulated procurement process. This means the general policy on how we intend to approach regulated procurements involving the provision of food to improve the health, wellbeing and education of communities in the authority's area, and promote the highest standards of animal welfare is not applicable.

## **3.3 Priority three: raise level of procurement knowledge, skills and expertise**

We will include procurement in the induction for new staff. Further detailed procurement training is provided to staff depending on the post and procurement responsibility.

All staff with responsibility for managing contracts must complete contract and supplier management e-learning modules. We provide a Contract Management Handbook to support staff to manage contracts and suppliers for all levels of spend and have regular meetings with key business areas.

The Procurement Competency Framework will inform the Procurement Team's ongoing training and development needs.

We will record on-going training needs in individual training and development plans as part of the performance and development process. The Procurement Team will also continue to maintain a central register of all procurement training undertaken by staff.

The Care Inspectorate and SSSC have in place a Counter Fraud and Corruption Framework which outlines where fraud and corruption may occur, who is responsible for reporting fraudulent activity, and who to report it to. Appropriate preventative and detective controls, such as 'separation of duties' and robust systems of control, have been put in place to minimise the risk of fraud. We continue to participate in the National Fraud Initiative (NFI), which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. All staff with delegated authority or a role in Procurement will receive Counter Fraud training.

Both the SSSC and Care Inspectorate also have comprehensive guidance on whistleblowing which encourages employees to raise concerns about possible improprieties in the conduct of our business, whether in matters of financial reporting or other malpractices, at the earliest opportunity and in an appropriate way.

Our Procurement Development Group meet at least twice annually.

### **3.4 Priority four: provide timely performance information**

We will provide annual procurement performance reports to the Procurement Development Group, Care Inspectorate's Strategic Leadership Team and SSSC's Executive Management Team, the Care Inspectorate Board and SSSC Council that show analysis of expenditure, transactions and suppliers. We will also measure the benefits and savings realised from our procurement activity.

### **3.5 Priority five: demonstrate a continuous improvement approach to our practice**

Scottish Government introduced a new assessment regime, the Procurement and Commercial Improvement Programme (PCIP) in 2016/17, for which the Care Inspectorate & SSSC are assessed jointly. The most recent assessment was in November 2019, and we scored "green" across all of the assessed areas. Our next assessment is scheduled for 2024.

The procurement function is also subject to periodic review through the delivery

of the Care Inspectorate and the SSSC's internal audit plans, where any recommendations for improvement will be considered for implementation by the Strategic Leadership Team (Care Inspectorate) and Executive Management Team (SSSC) as appropriate.

In addition to the above, the Procurement Team review spend activity monthly which informs the annual report to the Strategic Leadership Team (Care Inspectorate), Executive Management Team (SSSC) and Board, Committee and Council as appropriate. We address any non-compliance identified through this review directly with the relevant officer(s).

We will continue to review our business processes at least annually to ensure that delegated authority is appropriate, that there is appropriate separation of duties when procuring goods and services, all valid invoices are paid on time and all purchasing and procurement procedures are followed.

We will work closely with users of the goods, works and supplies procured to understand and help them articulate their requirements, and to secure savings from better procurement and contract management which allows resources to be directed to value-added activities. Savings delivered from procurement will be reported in the annual procurement report.

We will regularly seek ideas and feedback from internal procurement users, suppliers and the wider procurement community to continually improve our performance.

### **3.6 Priority six: deliver inclusive procurement**

We consider equality, diversity and inclusion throughout our tender processes and comply fully with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended.

With regards to the Public Sector Equality Duty (PSED) under the Equality Act 2010 states that (as a public authority) the Care Inspectorate and SSSC will, within its procurement practices, give due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Act
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Care Inspectorate and SSSC, within its procurement practices, will take account of the following objectives when taking forward purchasing decisions:

- Making sure our contracts are delivered in a non-discriminatory way, advance equality of opportunity and foster good relations for the Care Inspectorate and SSSC's workforce, the public, and businesses.
- Making sure that the goods, works, and services provided by contractors cater for all users' needs.

We include a clause on the Employment Relations Act 1999 (Blacklists) Regulations 2010 which addresses blacklisting activities in our standard Terms &





Conditions. This is also covered in the Single Procurement Document (SPD).

#### **4.0 HEALTH & SAFETY**

The Care Inspectorate and the SSSC have Health & Safety Policies and associated guidance and procedures. We have Health and safety policies, and associated information is requested where relevant from suppliers as part of the procurement process.

#### **5.0 CARE INSPECTORATE AND SSSC SHARED SERVICE**

This strategy supports the shared service arrangement between the SSSC and the Care Inspectorate, which includes the procurement and payment functions.

#### **6.0 DELIVERY OF STRATEGY**

##### **6.1 Communication**

The Care Inspectorate and SSSC have procurement related sections on their external websites where we outline our procurement processes, our standard terms and conditions, our procurement strategy, our commitment to the Scottish Business Pledge and useful links for supplier guidance and support. We also publish a forward plan of regulated procurement for the next two financial years.

To make sure that stakeholders can engage and contribute to the development of the strategy, a consultation on the strategy was undertaken as follows:

- Consideration by the internal Procurement Development Group
- Consideration by the Care Inspectorate Senior Leadership Team and SSSC Executive Management Team
- Consideration and approval by the SSSC's Council and the Care Inspectorate's Board.

All regulated contracts are publicly available on a contract register hosted by Public Contracts Scotland.

We will communicate with all staff and other stakeholders by publishing the approved Strategy on the Care Inspectorate and SSSC websites.

##### **6.2 Management and monitoring**

The Procurement Team will implement the strategy on a day-to-day basis, working with colleagues within the Care Inspectorate and the SSSC who have procurement responsibilities.

We will translate the priorities contained in the strategy into specific tasks each year using existing operational and financial planning processes. We will also use the corporate and business planning process to identify new procurement projects which are likely to require additional support from the Procurement Team.



We will review the strategy and our associated procurement action plan annually. The outcome of the annual review will be a new programme of work and identified tasks that will feed into the operational and financial planning processes for the following year.

### **6.3 Reporting**

As soon as practicable after the end of the financial year, we will publish an annual procurement report which will include:

- A summary of regulated procurements completed during the year covered by the report.
- A review of whether those procurements complied with the procurement strategy.
- Non-compliant regulated procurements and a statement of the intention to ensure future procurements do comply.
- Summary of community benefits as part of regulated procurements in the report period.
- Summary of steps taken to facilitate involvement of SMEs, supported businesses and the third sector in regulated procurements during the report period.
- Summary of regulated procurements expected to commence in the next 2 financial years.
- Any other information as required by Scottish Ministers.

We will submit an annual procurement performance report to the Care Inspectorate's Board and the SSSC's Audit and Assurance Committee, reporting procurement performance and progress towards achieving the priorities in this strategy. We will publish this report on the SSSC and Care Inspectorate's websites.

### **7.0 SUPPORTING POLICIES**

Our strategy for procurement is supported by other SSSC and Care Inspectorate policies and procedures on:

- purchasing of goods and services.
- procurement procedures.
- data protection and records management.
- prevention and detection of fraud and bribery.
- whistleblowing.
- carbon management plan.
- health and safety; and
- equality & diversity.



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<b>Title of report</b>	People Strategy mid-year progress report
<b>Public/Confidential</b>	Public
<b>Summary/purpose of report</b>	To provide a mid-year update to Council on the progress of our People Strategy delivery plan and planned activity for the rest of the year.
<b>Recommendations</b>	The Council is asked to: <ol style="list-style-type: none"> <li>1. note the mid-year update for year two of the People Strategy delivery plan</li> <li>2. agree that we will provide future updates to Council annually rather than six monthly.</li> </ol>
<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 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 5: 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> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>
<b>Documents attached</b>	Appendix 1: People Strategy delivery plan year 2 - Progress Dashboard at 31 January 2023
<b>Background papers</b>	None

## **EXECUTIVE SUMMARY**

1. This report summarises the progress on our People Strategy since our last update at the Council meeting on 25 August 2022. Council agreed that we would report at six month intervals and this update covers the period from September 2022 to January 2023. We ask Council to agree that we provide annual rather than six monthly reports in line with the practice for other reports.
2. This report also highlights key risks and issues which may influence the overall success of the strategy. A summary/dashboard view (appendix 1) supports the report to show progress during this period.

## **BACKGROUND**

3. The People Strategy covers the three year period from September 2021 to September 2024. Council approved our People Strategy Delivery Plan in August 2021 and asked that we provide six monthly progress updates. Our last update was in August 2022.
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. Our People Strategy Board monitors progress every eight weeks and includes members of the Executive Management Team (EMT) and representatives from the Organisational Development (OD), HR, Digital, Communications and Health and Safety teams and the Partnership Forum. Individual directors sponsor each theme. Council agreed to pause the Rewards Review in August 2022 and revisit a year later when we will also reinstate the Programme Governance Group.
6. Appendix 1 shows that we have made good progress against the activities in the year two delivery plan already. At 31 January 2023, 28 of the 36 deliverables are on track or completed. This includes work that is ongoing for the duration of the strategy. The remainder are either not due to start (three) or we have postponed (four) or delayed them (one).
7. We have noted some highlights below.
  - We successfully implemented our Learning Management System in August 2022 with 3,518 courses completed since go live. Staff are finding the system easy to access and use and reporting is more

flexible and efficient, particularly for mandatory training where efficiency increased in running reports by 90%. We continue to embed and develop the system and we will use it to support 360 degrees feedback for senior managers and make administrative efficiencies for training recording and evaluation work. We received positive feedback from our recent Managing the SSSC Way project using the system.

- We launched our internal management development programme, Managing the SSSC Way for all newly recruited or promoted managers. The programme support managers in understanding our policies, procedures, methodologies, culture and values to develop them in their management and leadership roles and support good people management. This programme in its early stages but initial feedback is positive and we continue to refine and develop the content.
  - We continue to invest in staff development with staff completing 261 external development opportunities to date this year.
  - We are focussing on initiatives that will help address current market pressures in recruitment and retention of staff. We have made improvements to our recruitment processes and approaches and are promoting benefits to existing and prospective staff to demonstrate the wider value of being an employee at the SSSC as well as salary.
8. Developing a menopause toolkit is delayed because of HR capacity. We held a meeting of the working group and have collected staff input but have not had the resource to progress this yet due to absence in the team.
9. The postponed deliverables are set out below.
- Review of our organisational and role design and rewards structure – Council agreed in August 2022 to pause the project and review in a year.
  - Consider a wellbeing plan to replace Healthy Working Lives (HWL). HWL no longer exists and we are reviewing our options to ensure best practice and best fit for the needs of our employees.
  - Re-establish our young people mentoring scheme. This was delayed due to resource challenges but is now in the planning stages.
  - Progress our Investors in Young People status. Our assessor supplier is no longer trading and, as with HWL, we are reviewing how we progress this and the tender process for any potential new supplier.

## **MONITORING PERFORMANCE**

10. In addition to the highlights above, we also report on detailed operational performance measures at People Strategy Boards (held every two months) and at monthly directorate assurance reviews and quarterly health and safety groups and departmental meetings including:
- feedback from our staff surveys and Investors in People outcomes

- learning and development activity undertaken
  - feedback on learning and development activities
  - career progression/promotion data
  - feedback on our recruitment processes and new start experiences
  - accreditations and qualifications achieved
  - progress on wellbeing initiatives
  - diversity reporting
  - HR performance measures and metrics
  - health and safety performance measures and metrics.
11. These measures help inform a more strategic overview and narrative on the workforce's ability to deliver our strategic outcomes and the factors influencing this. We will continue to develop HR performance and metrics to include in our assurance reporting next financial year.
  12. Our Staff Survey closed on 16 December 2022 and we are currently analysing results. We have received some early summary information that indicates improvement in all themes apart from Pay and Benefits, when compared to our 2019 survey results. We will have the results in February and will share a high level summary at the Council meeting in August. Most outcomes are likely to relate to our existing themes as we designed the survey to align with them. We will integrate any organisational findings from our survey results into our People Strategy work.

## **CONSULTATION**

13. We consult our internal People Strategy Board (membership in paragraph 4 above) on any initiatives within the strategy.
14. We engage Heads of Department through Operational Management Team (OMT) updates and involve them in projects and initiatives.
15. We inform the wider staff group of developments in internal news bulletins and intranet updates and they have the opportunity to participate in surveys, focus groups, and development initiatives on an ongoing and open basis.

## **RISKS**

16. Implementation of the strategy helps mitigate risk 5 on the strategic risk register: 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.
17. We have linked activities in the delivery plan to causes and consequences in the strategic risk register and those relating to the recruitment and selection process and employer value proposition, employee wellbeing (including the impact of agile working) and supporting and attracting young people are particularly important to recruit and retain people and maintain and improve staff morale.

18. 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 and resource gaps that could impact overall delivery. The People Strategy Board will review individual project risks as they arise.

## **IMPLICATIONS**

### **Resourcing**

19. Staffing: to deliver the strategy effectively we need leadership and commitment from the EMT and OMT and time and resources from HR, OD and Internal Communications as well as input from staff, as required.
20. Financial: We have budgets in 2022/23 for corporate training (£126k), learning management system (£30k) and leadership and management development (£25k). We will consider proposals for financial year 2023/24 as part of the current budget setting process.

### **Compliance**

21. There are no compliance implications arising from the recommendations in this report.

## **IMPACT ASSESSMENTS**

22. An EIA is not necessary as this report relates to a strategy. We will carry out Equality, Data Protection and Sustainability Impact Assessments as necessary for the relevant projects that are part of the strategy.

## **CONCLUSION**

23. The People Strategy delivery plan sets out our vision and targets over three years. We had a successful first year and we continue to focus work on achieving the deliverables for year two. We ask Council to agree that we provide annual reports on the People Strategy rather than twice a year.





People Strategy Year 2 Draft Delivery Plan: September 2022 - August 2023  
Progress Dashboard at 31 January 2023

Strategic Theme	Year 2 Deliverables	Director Sponsor	Theme Lead Department	Progress RAG	Start Date	Target Completion Date or status	Risk Summary status (Completion)
<b>Effective leaders and managers</b> 	Explore the possibility of managers to have or work towards a leadership or management qualification.	Director of Finance & Resources	OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Assess the impact and development of our "Managing the SSSC Way" programme.		OD	On Track	1/12/22	31/3/22	Low
	Equip our managers and leaders with management information to support people planning, decision making and succession planning.		OD	Completed	Year 1	20/2/22	Low
	Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning journey.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continue to support professional leadership and management qualifications.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Introduce 360 degree appraisal for senior leaders (OMT/ENT using LMS).		OD	On Track	1/12/22	30/4/23	Low
	Respond to emerging leadership and management development needs.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
<b>Recruit and develop excellent people</b> 	Explore further options for external accreditations.	Director of Finance & Resources	HR & OD	On Track	1/10/22	Work ongoing for the duration of the strategy.	Low
	Enhance knowledge exchange and collaboration across the organisation (communities of practice).		OD	On Track	1/12/22	Work ongoing for the duration of the strategy.	Low
	Automate more of our people processes and continue to embrace technology.		HR & OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continued roll out of our organisational and role design and rewards structure.		HR	Postponed	Year 1	Under review	High
	Continue to make improvements in our recruitment and selection processes focussing on candidate experience.		HR	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continue to develop our employer value proposition to attract the best talent.		HR	On Track	Year 1	Work ongoing for the duration of the strategy.	Medium
	Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcome and priorities.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
<b>A healthy and inclusive organisation</b> 	Review our recruitment reach and impact.	Director of Development & Innovation	HR	On Track	1/2/23	Work ongoing for the duration of the strategy.	Medium
	Consider a wellbeing plan to replace Healthy Working Lives.		HR	Postponed	1/2/23	30/4/22	Postponed
	Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Create and support virtual employee networks.		HR	Not due to start	1/3/23	1/6/23	Low
	Develop a menopause policy and toolkit.		HR	Delayed	1/9/22	1/5/23	Low
	Support our staff to become trauma informed using the national trauma training programme materials.		OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continue to support and monitor employee wellbeing through our occupational health offering and wellbeing campaigns.		HR	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
<b>Informed, involved and engaged employees</b> 	Build on the new communication approaches we have developed during the pandemic.	Director of Strategy & Performance	Internal Communications	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Make sure clear and well communicated updates are developed and shared in relation to staff survey and Investors in People activities.		Internal Communications	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Review how we can improve our Corporate Social Responsibility within the context of our statutory public protection role.		AI	Not due to start	1/4/23	31/8/23	Low
	Develop online methods for staff to give instant feedback.		Internal Communications	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continue to promote and embed our values in all of our work.	Chief Executive	AI	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Reestablish our young people mentoring scheme.	Director of Strategy & Performance	HR	Postponed	Year 1	1/6/23	Postponed
	Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.		HR	Completed	1/9/22	Completed	Low
<b>Investing in young people</b> 	Find opportunities to include more apprentices in our organisation.		HR	On Track	1/9/22	1/9/23	Low
	Progress our Investors in Young People status.		HR	Postponed	1/11/22	Under review	Postponed
	Participate in school and further education link work including supporting work experience and placements.	Director of Regulation	HR	On Track	1/9/22	Work ongoing for the duration of the strategy.	Low
	Include views of young people in our recruitment campaigns.		HR	On Track	1/9/22	Work ongoing for the duration of the strategy.	Low
	Review and respond to the impact of agile working on employee wellbeing.		OD and HR	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continually review our new ways of working to support our staff and organisational performance.		OD and HR	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
	Continue to embed our learning management system.	Director of Regulation	OD	On Track	Year 1	Work ongoing for the duration of the strategy.	Low
<b>As agile and innovative workforce</b> 	Investigate how we can embed, promote and reward innovation.		OD	Not due to start	1/4/23	1/6/23	Low

Notes and Guidance:

Progress:

Completed

On Track

Delayed

Postponed

Not due to start

Completed

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Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C5 Council Member to replace RP	Council 25 August 2022	Completed	Corporate Governance Coordinator		<p>Convener to write to Scottish Government about lack of member to replace RP. Interviews being held in Compass House in December 2022. Interviews held 13.12.2022, awaiting outcome from Scottish Government on successful candidate. Appointment made as of 1 Feb 2023</p>	
C6 Joint development session with Care Inspectorate re The Promise	Council 25 August 2022	In progress	Corporate Governance Coordinator		<p>Min 9.2: A joint dev session with Care Inspectorate about the promise. 9.11.22 AW in correspondence with Care Inspectorate counterpart about possible date: also to include discussion on the Independent Review. 16.1.2023: CI Chair/SSSC Convener and Chief Executive Officers in discussion re options.</p>	
C9 Make arrangements for approval of Annual Report and Accounts	Council 25 August 2022	Completed	Corporate Governance Coordinator		<p>Min 11: Arrange Audit and Assurance Committee meeting for 24 November following Council for Committee to review and recommend approval of Annual Report and Accounts to Council. Arrange Council meeting for 13 December 2022 for final endorsement/approval of Annual Report and Accounts. 21.10.2022 - Meetings put in place. 28.10.2022 - Further info from auditors to hand. Further consideration to be given to timing of approval meetings. 7.11.22 - LM contacting Convener and Chair to seek approval to hold Audit and Assurance Committee on 28 November 2022 (instead of 24 Nov). 15.11.22 - Audit and Assurance Committee meeting scheduled on 28 Nov, Council meeting on 13 December 2022.</p>	
C77 - Arrange date for development session on Fitness to Practise	Council 26 August 2021	In progress	Director of Regulation, Corporate Governance Coordinator		<p>Min 72: AW and MA to discuss proposed date for Members development session and AW to arrange thereafter. 11.11.21 - To be discussed with Members at away day in January 2022. 06.01.2023 - currently scheduled for 27 March 2023.</p>	
C 92 Hybrid meetings	Council 28 February 2022	Completed	Corporate Governance Coordinator	05/12/2022	<p>Min 6.5: Make arrangements for hybrid meetings to commence from May 2022 cycle, including log of who attends in person and online. had meetings and discussion with IT to prep for 26 May meeting 27.5.2022 update: First Council hybrid meeting held via webinar function and 85" screen. Those attending remotely experienced feedback when talking. 'In the room' was good; recording not great sound and it has picked up the feedback experienced by online presenters. Currently seeking feedback from members and officers with a view to making improvements by August meeting. Following comments recently received, further feedback will be requested following the August meeting with a view to making improvements for in-person and online participants. Following informal comments, especially from online participants, new hardware to be tested out week commencing 1 November 2022. Further assessments will be carried out after testing. Week commencing 31.10.2022: Testing of room layout, camera and microphone being carried out. Will seek further feedback after November 2022 meetings. Attendance record (held by Corporate Governance) of in-person and online attendances being updated after each meeting. 6.1.2023: New room layout and ICT equipment used at the meeting in November 2022. All comments are favourable and this is adopted as the style for hybrid meetings. But looking at speaker/microphone options to optimise for online attendees</p>	

### Council Calendar of Business 2023/24

Report/meeting dates	27 Feb 2023	27 March 2023	25 May 2023	24 Aug 2023	Oct 2023	23 Nov 2023
<b>Quarterly reports</b>						
Convener's Report	✓		✓	✓		✓
Chief Executive's Report	✓		✓	✓		✓
Audit and Assurance Committee Report (inc assurance report and link to minutes)	✓		✓	✓		✓
Action Record	✓		✓	✓		
Rewards Review Programme						
<b>Annual reports</b>						
Audit and Assurance Committee Annual Report <i>(part of Annual Report and Accounts process)</i>			✓			
Risk Register and Risk Appetite Statement <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 Review	✓					✓

<b>Report/meeting dates</b>	<b>27 Feb 2023</b>	<b>27 March 2023</b>	<b>25 May 2023</b>	<b>24 Aug 2023</b>	<b>Oct 2023</b>	<b>23 Nov 2023</b>
HR Interim Annual Report			✓			
HR Annual Report						✓
Annual Health and Safety report				✓		
Annual Report and Accounts						✓
Draft Annual Report and Accounts				✓	✓	
Chief Executive Appraisal (Private Report)			✓			
Draft Budget 2023/24	✓					
Budget Setting 2023/24		✓				
Draft External Audit Plan		✓				
<b>Policies timetable – see appendix for any policies for Council</b>						
<b>All other items (<i>ad hoc or requested matters</i>)</b>						
Risk Management Policy Review	✓					
Strategic Plan 2023-2026	✓					
Equalities Mainstreaming report		✓				
Fees review				✓		
Financial Strategy	✓					
Future Proofing Programme						
People Strategy Delivery Plan				✓		
6-month update on agile working			✓			
United Nations Convention on Rights of a Child						✓

### Policy Timetable

Policy/Strategy etc name	Department	Owner	Hyperlink to Document	Date of Next Review	Approval by
Agile Working Policy	HR	Director of Finance and Resources	<a href="#">Agile Working Policy</a>	2023 August	Council
Business Continuity Policy	Performance and Improvement	Director of Strategy and Performance	<a href="#">Business Continuity Policy</a>	2025 August	Council
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 Conduct for Members of SSSC	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Code of Conduct for members of the SSSC</a>	2025 February	Scottish Government and agreed by Council
Code of Corporate Governance	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Code of Corporate Governance</a>	2023 February	Council
Codes of Practice for Social Service Workers and Employers	Workforce, Education and Standards	Director of Workforce, Education and Standards	<a href="#">Codes of Practice for Social Service Workers and Employers</a>	2024 April	Council
Communications Strategy 2021-2024	Strategic Communications	Director of Strategy and Performance	<a href="#">Communications Strategy 2021-2024</a>	2024 May	Council
Corporate Health and Safety Policy	Estates, Health and Safety	Director of Finance and Resources	<a href="#">Corporate Health and Safety Policy</a>	2025 August	Council
Criteria and Principles for Assessing Qualifications Sector Guidance	Workforce, Education and Standards	Director of Workforce, Education and Standards	<a href="#">Criteria and Principles for Assessing Qualifications Guidance</a>	2023/24	Council
Data Protection Policy	Legal and Corporate Governance	Director of Finance and Resources	<a href="#">Data Protection Policy</a>	2024 November	Council
Digital Strategy 2021-2024	Digital	Director of Strategy and Performance	<a href="#">Digital Strategy 2021-2024</a>	2024 May	Council
Dignity at Work Policy	HR	Director of Finance and Resources	<a href="#">Dignity at Work Policy</a>	2025 November	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
Family Friendly Policy	HR	Director of Finance and Resources	<a href="#">Family Friendly Policy</a>	2025 August	Council
Financial Strategy	Finance	Director of Finance and Resources	<a href="#">Financial Strategy 2019/20 to 2025/26</a>	2025 June	Council

Grievance Policy and Procedure	HR	Director of Finance and Resources	<a href="#">Grievance Policy</a>	2024 August	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 February	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 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 2022-23</a>	2023 February	Council
Risk Management Policy	Strategy and Performance	Director of Strategy and Performance	<a href="#">Risk Policy</a>	2023 January	Council
SSSC Decision Guidance Policy	Fitness to Practise	Director of Regulation	<a href="#">Decisions Guidance</a>	As required	Council
SSSC Fitness to Practise 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 Policy	HR	Director of Finance and Resources	<a href="#">Workforce Change Policy</a>	2024 August	Council