

Date Issued: 18 May 2023

Members of the Scottish Social Service Council are advised that a meeting of the Council Committee is to take place at 10am on Thursday 25 May 2023 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.



**Sandra Campbell
Convener**

**AGENDA
PUBLIC SESSION**

Item	Report no
1. Welcome and apologies for absence	
2. Declarations of interest	
3. Minutes of previous meetings - 3.1 27 February 2023 3.2 27 March 2023	
4. Matters arising	
5. Convener's report	15/2023
6. Chief Executive's report	16/2023
7. Audit and Assurance Committee report to Council	17/2023
8. Annual Audit and Assurance Committee report to Council	18/2023
9. Information Governance annual report	19/2023
10. Complaints annual report	20/2023
11. Digital Development update	21/2023
12. Senior Structure Interim Arrangements	22/2023

13. Council Action Record
14. Date of next meeting and calendar of business – The next scheduled meeting of the Council will be held on Thursday 24 August 2023 at 10 am.

PRIVATE SESSION

15. Private session minutes of previous meeting – 27 February 2023
16. The Employment Status of Fitness to Practise Panel Members **23/2023**
17. Chief Executive - appraisal **24/2023**

Private session items explained

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

Agenda item	Reason for exclusion
15.	<ul style="list-style-type: none"> • matters involving issues of commercial or financial sensitivity or confidentiality • matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council • information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC.
16.	<ul style="list-style-type: none"> • information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC. • 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).
17.	<ul style="list-style-type: none"> • 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).

SCOTTISH SOCIAL SERVICES COUNCIL

**Unconfirmed minutes of the Scottish Social Services Council held on
Monday 27 February 2023 at 10:00 am in Compass House,
11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.**

Present: Sandra Campbell, Convener
Professor Alan Baird, Council Member
Julie Grace, Council Member (online)
Rona King, Council Member
Lindsay MacDonald, Council Member
Doug Moodie, Council Member (online)
Peter Murray, Council Member

In attendance: Lorraine Gray, Chief Executive (online)
Maree Allison, Director, Regulation
Laura Lamb, Acting Director, Workforce, Education and Standards (online)
Lynn Murray, Interim Director, Finance and Resources
Laura Shepherd, Director, Strategy and Performance
Anne Stewart, Head of Legal and Corporate Governance
Audrey Wallace, Corporate Governance Coordinator

Observing: There were nine observers noted

1.	Welcome
1.1	Sandra Campbell welcomed those present. Apologies were noted from Theresa Allison, Lynne Huckerby and Linda Lennie, Council Members.
1.2	The Members welcomed Lindsay MacDonald, who was appointed on 1 February 2023, to the Council and to his first meeting of the Council. Lindsay MacDonald acknowledged the welcome and spoke to his relevant experience.
2.	Declarations of interest
2.1	There were no declarations of interest.
3.	Minutes of previous meetings
3.1	The minutes of the meeting of 24 November 2022 were approved as an accurate record.
3.2	The minutes of the meeting of 13 December 2022 were approved as an accurate record.

4.	Matters arising
4.1	There were no matters arising which are not included elsewhere on the agenda.
5.	Convener's report
5.1	Sandra Campbell presented report 01/2023 which summarised her activities as Convener since the last scheduled Council meeting in November 2022. She mentioned her meetings with Iona Colvin, Chief Social Work Adviser and also the Council Member away days which took place later in November 2022.
5.2	In the report she also confirmed that Lindsay MacDonald would take up a role on the Audit and Assurance Committee, given his experience and qualifications.
5.3	The Council
	1. noted the summary of the key issues and activities covered in the report.
6.	Chief Executive's report
6.1	Lorraine Gray presented report 02/2023 which detailed the SSSC's key performance against strategic priorities as well as key areas of work in each of the directorates.
6.2	<p>The following areas were highlighted and discussed:</p> <ul style="list-style-type: none"> • Lorraine Gray advised that she had attended two recent conferences, one on the future of the National Care Service review and the other on the Next Steps for Social Care • she also advised that there was no update as yet on the 2022/23 staff pay award but expected that there would be an update soon • in answer to a query about the Changing Times, Changing Perspectives Resource, Lorraine Gray confirmed that this is a useful and helpful resource in working through complaints • Laura Lamb added additional information about how the proposed route into social work for postgraduates would work, it being similar to a fast-track system. This is expected to be in place by autumn 2023 with a possible cohort of 100 people joining if funding is agreed. • Laura Lamb confirmed the updated position regarding the commissioned review of Practice Learning funding and confirmed that a report including recommendations should be available by June this year with changes being made in time for the academic year beginning in autumn this year. • Laura Lamb confirmed that the SSSC is working in partnership with Health Improvement Scotland regarding the evaluation of the Care Experience Improvement Model. She advised that the evaluation of

	<p>this model will inform a National Improvement Plan and prevent duplication of work.</p> <ul style="list-style-type: none"> • Laura Lamb confirmed that Scottish Government and the SSSC have agreed to the SSSC maintaining a single Continuous Professional Learning (CPL) portal, which would provide a one-stop-shop for ELC CPL. This would assist in tracking and reporting on trends. <p>Lorraine Gray confirmed that she, Maree Allison and Laura Lamb had met with Dame Sue Bruce, Chair of the Independent Review of Inspection, Scrutiny and Regulation (IRISR). Matters discussed included use of intelligence and data and also the issue of nurse managers in care homes and the challenges of being registered with either the Nursing and Midwifery Council or with the SSSC.</p>
6.3	The Council
	1. commented on the content
	2. noted the information contained in the report.
7.	Audit and Assurance Committee report to Council
7.1	Alan Baird presented report 03/2023 from the Audit and Assurance Committee meeting of 02 February 2023, along with the assurance report which was submitted to the Committee.
7.2	<p>The key issues the Committee discussed were</p> <ul style="list-style-type: none"> • the status of Fitness to Practise Panel Members, which is to be discussed later in this meeting • the budget pressures which leave the organisation in a period of uncertainty over the budget for next year. Especially mentioned was the inability to recruit and retain specialised staff. Lorraine Gray added that while staff continued to be loyal to the organisation, lack of funding will likely impact on this. • Council noted that the meeting to approve the budget for 2023/24 is scheduled to be held on 27 March. • an internal audit report on Payroll which, although graded satisfactory, included three recommendations. The Committee requested a further report on the performance of the external payroll company in due course, once recommended improvements had time to make a difference. Committee noted that although some issues may have been ongoing, there were now actions put in place to remedy these • Committee welcomed Karlyn Watt, from the newly appointed external auditors, Deloitte, to her first meeting • Laura Shepherd clarified that in setting the risk number 5 at red level, cognisance had been taken of the development of internal staff through the work of the organisational development team. <p>Sandra Campbell suggested, as previously discussed with the Minister, she should be invited back to talk to the Council Members about the budget situation.</p>

7.3	<p>The Council</p> <ol style="list-style-type: none"> 1. accepted that the assurance report presented 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"> 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. approved <ol style="list-style-type: none"> a. the Risk Management Policy (at item 8 below) b. the revised Risk Register and the revised Risk Appetite Statement, effective from 1 April 2023 (at Appendices 2 and 3 to the report). 3. noted <ol style="list-style-type: none"> a. Karlyn Watt from the new External Auditors, Deloitte, attended the meeting b. the Committee noted challenges faced in recruitment and retention of staff 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 d. the risk register position was approved 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 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 g. the Committee approved a revised completion date of 31 January 2024 for one recommendation from the internal audit report on Data Protection 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 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 later in this meeting j. there were no instances of fraud, bribery or corruption detected in quarter 3 of 2022/23 k. a further report on the position of Fitness to Practise Panel Members will be submitted to this meeting of the Council.
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8.	Risk Management Policy Review
8.1	Laura Shepherd presented report 04/2023 along with the revised Risk Management Policy. Members noted this had been reviewed by the Audit and Assurance Committee earlier in the month when the Committee had recommended that the policy be approved.
8.2	The Council
	1. approved the revised Risk Management Policy as presented.
9.	SSSC Strategic Plan 2023-2026
9.1	Lorraine Gray presented report 05/2023 appended to which was the draft SSSC Strategic Plan 2023-2026. She referred Members to the consultation and discussion sessions which had taken place in formulating the draft strategy. The plan was set out in the context of the current climate including the uncertainty over the outcomes from the National Care Service review and how these would be implemented. It included working towards increasing the number of career pathways, developing the data we gather in order to share and make better use of intelligence available, and looking at further groups of sector workers that could be included in the SSSC Register. The plan also included developing the Continuous Practice Learning and working on shaping the National Social Work Agency.
9.2	Lorraine Gray emphasised that learning and qualifications must stay relevant and work was ongoing to make sure that sufficient learning options are available. This should help people see social care as a career path and to remain in the sector.
9.3	Laura Lamb spoke of the benefits of the Future Proofing Project (FPP) and how that project would be core to taking the strategic plan forward. An important part of the work involved engaging with young people to consider working in the care sector as a lifelong career, with a wide range of options to follow and progress.
9.4	Members discussed the learning opportunities available for sector workers and considered whether there were more funding and opportunities available to public sector workers than in the private sector. Laura Lamb confirmed that data available indicated that the adult social care is the sector least qualified and that further funding and support is required for that sector. This is being considered with partners as part of a skills response plan for adult social care.
9.5	There was some discussion on the SSSC's partnership with NES which is formally set out in a Memorandum of Understanding (MoU). The MoU is currently being refreshed. It was noted that officers continued to have a close working relationship and there may be opportunity in the future for non-executive members to work more closely together as they had in the past.

9.6	The Council
	1. approved the 2023-2026 Strategic Plan.
10.	Financial Strategy 2023-2026
10.1	Lynn Murray presented report 06/2023 and the Financial Strategy for 2023-2026. She advised that this was a medium-term strategy to support the Strategic Plan which had been approved earlier in the meeting. She reminded Members that this was a high level strategy and it is supported by annual budgets which would be discussed later in the meeting.
10.2	Members discussed the overall strategy and expressed concern that the strategy was a three-year strategy yet the budget is set only annually. Additionally, Members were concerned that the SSSC was not in a position to raise funds, unless through increase of registration fees. Consultation on a review of fees had been put on hold in 2022 due to the effects of the pandemic and the rise in the cost of living. Scottish Government had not yet confirmed whether there would be a consultation on review of registration fees in 2023.
10.3	Members acknowledged they had little scope for making decisions as many areas of funding were controlled by the Scottish Government. Sandra Campbell suggested that further to the recent meeting, Council Members should meet again with the Minister to discuss funding for the organisation.
10.4	The Council
	1. approved the Financial Strategy 2023-2026.
11.	Review of SSSC Corporate Governance Framework
11.1	Anne Stewart presented report 07/2023 along with the revised SSSC Code of Corporate Governance. She advised that she had carried out a three-yearly review of the code and proposed some changes which are highlighted in the report.
11.2	Anne Stewart also spoke to the Council's annual effectiveness review. The process had been completed towards the end of 2022 and outcomes discussed at the annual away day in November 2022.
11.3	The Council
	1. approved the revised Code of Corporate Governance, subject to some minor typographical corrections
	2. noted that the annual effectiveness review had been carried out and discussed at the annual away day in November 2022.

12.	Draft budget 2023/23 and indicative budgets for 2024/24 and 2025/26
12.1	Lynn Murray presented report 08/2023 which included the draft budget for 2023/24 and the indicative budgets for 2024/25 and 2025/26. Members were asked to consider and make comment on the proposals. The final budget will be presented to the Council at a special meeting to be held on Monday 27 March 2023. Lynn Murray advised that comments made today will help inform the final budget proposal in March.
12.2	Members were referred to appendices 1A and 2, these contained supporting information, and assumptions. Appendix 1B contained sensitive information and could be discussed during the private session later in the day.
12.3	Lynn Murray guided Members through Appendix 3, a powerpoint presentation, which drew out the key budget issues and areas of change or concern.
12.4	The discussion focussed on possible areas of savings including changes to the staffing establishment and potential reduction in operating costs all of which come with varying levels of risk to the organisation. Members noted that a business case had been drafted to present to Scottish Government for funding for the Future Proofing Project, this being a one-year, one-off expenditure.
12.5	There was some discussion on the pay award for staff including the assumption for future years, which Members stated appeared unrealistic and low in the current climate. Lynn Murray advised that the Scottish Government has not provided guidance for 2023/24 but the figure included in the assumptions is the same as some other public bodies. Lynn Murray explained that the SSSC does not have a capital budget, only revenue.
12.6	Members also discussed efficiencies made by the digitalisation projects and Laura Shepherd confirmed that many efficiencies had already been realised through digitalisation. Opportunities for further improvements and efficiencies through digital projects would continue to be pursued. Maree Allison confirmed that a large part, approximately half, of the FPP budget is expenditure on digital efficiencies.
12.7	The Council <ul style="list-style-type: none"> 1. considered and commented on the draft budget for 2023/24. <ul style="list-style-type: none"> a. noted there is a budget gap of £2.859m (table 1, Appendix 1A) and potential efficiencies and savings have been identified and discussions with Scottish Government are ongoing about how we will close this gap 2. considered and commented on the indicative budgets for 2024/25 of £2.299m deficit and 2025/26 £2.534m deficit (table 1, Appendix 1A)

	<p>3. noted that sensitive information was contained in Appendix 1B of this report and it may be discussed in the private session later in the meeting</p> <p>4. considered and commented on the considerations for projected general reserves and risks to the budget.</p>
13.	Procurement Strategy April 2023 to March 2026
13.1	Lynn Murray presented report 09/2023, the three-year procurement strategy which is a joint strategy with the Care Inspectorate. She confirmed to Members that the SSSC has no legal obligation to publish a strategy, but it is good practice to do so. She also confirmed, following a question, that should the SSSC sign up to climate change targets, there could be a risk of additional cost not accounted for in the draft budget and indicative budgets.
13.2	<p>The Council</p> <p>1. approved the draft Procurement Strategy 2023 – 2026.</p>
14	People Strategy mid-year progress report
14.1	Lynn Murray presented report 10/2023 which gave a mid-year update to Council on the progress of our People Strategy delivery plan and the planned delivery for the remainder of the year. She advised that good progress has been made to date. She also advised that early indications from the staff survey showed improvements in all areas apart from the section on pay and benefits.
14.2	Lorraine Gray advised on the timetable for advising Members on the results and proposed actions arising from the staff survey. After some discussion it was agreed that the results would be released to Members and staff during March. A report on planned actions would be submitted to Council in August, unless Members, having seen the results, requested the Chair of Audit and Assurance Committee to add the item to the agenda for the Committee in May.
14.3	Lynn Murray confirmed that strategic policies and procedures, including those relating to HR, were now on a programme for regular review. The reviews were on track and reported to both Audit and Assurance Committee and Council, quarterly, along with the calendars of business.
14.4	<p>The Council</p> <p>1. noted the mid-year updates for the year two of the People Strategy delivery plan</p> <p>2. agreed arrangements for considering the outcome of the recent staff survey</p> <p>3. agreed that future updates would be reported annually rather than six-monthly.</p>

15.	Council Action Record
15.1	The Council reviewed the Council action record and noted that actions C5, C9, and C92 were completed and agreed that these be archived from the quarterly report but be held on file for future reference.
16.	Date and time of next meeting
16.1	The date of the next Council meeting will be 27 March 2023 to consider time sensitive information. This will be an online meeting only and there will be a development session immediately following.
16.2	The next meeting to consider scheduled business will be held on Thursday 25 May 2023 at 10.00am.
	<i>Items 17 and 18 were discussed in private and minuted separately.</i>

Council 27 February 2023

Start time: 10am

Finish time: 1pm

Signed: _____ **Date:** _____

Sandra Campbell
Convener

SCOTTISH SOCIAL SERVICES COUNCIL

**Unconfirmed minutes of the Scottish Social Services Council held on
Monday 27 March 2023 at 10:00 am by Teams webinar meeting. This
meeting was online only.**

Present: Sandra Campbell, Convener
Theresa Allison, Council Member
Professor Alan Baird, Council Member
Julie Grace, Council Member
Rona King, Council Member
Linda Lennie, Council Member
Lindsay MacDonald, Council Member
Doug Moodie, Council Member
Peter Murray, Council Member

In attendance: Maree Allison, Acting Chief Executive
Hannah Coleman, Acting Director of Regulation
Laura Lamb, Acting Director of Workforce, Education and
Standards
Lynn Murray, Interim Director of Finance and Resources
Laura Shepherd, Director of Strategy and Performance
Anne Stewart, Head of Legal and Corporate Governance
Audrey Wallace, Corporate Governance Coordinator
Karlyn Watt, External Auditor, Deloitte LLP

Observing: The meeting was live streamed

1. Welcome and apologies for absence

- 1.1 Sandra Campbell welcomed those present and noted apologies were received from Lynne Huckerby, Council Member and from Lorraine Gray, Chief Executive.
- 1.2 Sandra Campbell confirmed that the meeting was quorate.
- 1.3 Due to technical difficulties particularly with the attendance of the external auditor, the Convener agreed to rearrange the agenda to keep the meeting on schedule.

2. Declarations of interest

- 2.1 There were no declarations of interest.

3. Draft budget 2023/24 and indicative budgets 2024/25 and 2025/26

- 3.1 Lynn Murray presented report 13/2023. She confirmed that Members were being asked to approve the 2022/23 budget. Scottish

Government had agreed to fund the deficit budget of £2.066 million as an unfunded budget pressure in 2023/24. This is to be confirmed via written correspondence from Scottish Government. Lynn Murray also advised that

- the budget for the Future Proofing Programme was separated out from the operating budget and it was hoped that Scottish Government would fund this separately as a one-off project
- although the 2023/24 budget is balanced, there are significant shortfalls projected for future years
- discussions on more sustainable funding for the SSSC will continue
- the SSSC had made operating savings of in excess of £10 million over the last 10 years
- the Future Proofing Programme will assist in making further operating efficiencies
- negotiations are ongoing regarding the lease for office accommodation
- in Appendix 2 to the report, the reduction of posts in Performance and Improvement should show as one permanent and one temporary (not two temporary).

3.2 Sandra Campbell advised that she had spoken with our Sponsor and it was agreed that the Minister would return to discuss the SSSC budget with Members but given the current political circumstance within Scottish Government this will not be imminent.

3.3 The main issues discussed were

- Scottish Government will pay local authority workers registration fees direct to the SSSC through Grant in Aid
- it was not yet known whether the level of government-paid fees to the SSSC would influence any future consultation on review of fees
- Lynn Murray was confident that all known aspects of expenditure were included in the draft budget and reminded Members that Scottish Government only agree the budget for one year and it is highly unlikely that we would get any intimation of what may be agreed for the years following 2023/24 until much later in the financial year
- Lynn Murray confirmed that Scottish Government has agreed to fund the budget put forward for the SSSC for 2023/24 (as stated in 3.1 above)
- the objective is to meet the budget ie not operate a deficit budget, and savings and efficiencies must be considered each year. The significant area of efficiency for the future is the work being carried out on the Future Proofing Programme and proposals for this will be presented to Members for discussion in the afternoon development session. A business case for this has been presented to Scottish Government for one-off funding for a one-year project
- other work being carried out by the SSSC is to meet the core statutory functions
- Maree Allison confirmed that in terms of Key Performance Indicators and metrics, we have sufficient budget to deliver our services at a level previously provided.

3.4 The Council

1. considered, commented upon and approved the draft budget for 2023/24 (Appendix 1 to the report) which includes draft changes to staffing establishment (paragraphs 16 to 18 of the report). Scottish Government has agreed to fund a deficit budget of £2.066m as an unfunded pressure this year and that we can use the balance of our reserves as working capital in 2023/24. This is subject to receipt of written confirmation from Scottish Government
2. noted the indicative budgets for 2024/25 of £2.423m deficit and 2025/26 £2.696m deficit (Appendix 1 to the report)
3. noted that specific grant funding and associated expenditure is currently excluded from the draft 2023/24 budget and indicative budgets for 2024/25 and 2025/26.

4. Draft External Audit Planning Report 2022/23

4.1 Lynn Murray introduced Karlyn Watt from Deloitte, LLP, the external auditors appointed to the SSSC by Audit Scotland. The appointment runs for a five-year period, commencing with the audit from April 2022. Given the timing of the appointment the external audit plan was not available for the February 2023 cycle of meetings and it was decided that it should be presented to this, the first available meeting.

4.2 Karlyn Watt walked Members through the plan for 2022/23. She spoke to the

- planned timing of the audits and the planned reporting schedule
- the materiality, which is slightly lower than normal. This may change for future years
- the significant risks, which are the standard three risks for public bodies.

Other areas of focus mentioned are

- reporting is now required under the terms of the IFRS 16 accounting for leases
- pension liability- the organisation uses responsible actuaries to prepare evaluations so is not considered a significant risk.

4.3 Karlyn Watt then spoke to the wider scope of the audit which covers financial management, financial stability, vision, leadership and governance and use of resources to improve outcomes. She referred to the risks associated with financial management. This is due to staffing issues within the finance team and also that the post of Interim Director of Finance and Resources will be vacant after 31 March 2023, leaving a gap in the leadership team. The appendices to the plan detailed fraud responsibilities and the independence and fees associated with the auditors.

4.4 In answer to questions Karlyn Watt advised that Deloitte LLP made use of various centres of excellence, FReM checks and analytic software to create an efficient service. In relation to the staff turnover and the Director's post, she advised that it would have been useful to have

controls in place to mitigate the staff situation and secondly that it would be preferable to have a finance expert in the leadership team. Any consequences relating to the lack of a director-level finance person will be picked up in the audit process. The impact is likely to be more of a strategic risk rather than operational.

- 4.5 Alan Baird, as Chair of the Audit and Assurance Committee, thanked Karlyn Watt for her presentation of the audit plan. Thereafter he asked about the fee level which had increased substantially from previous years. Lynn Murray advised that the fees were set by Audit Scotland and the SSSC had no control over the fee set. On a question about the efficiency of the systems architecture and processes within the SSSC finance department, Karlyn Watt confirmed that auditor's opinion on this could be included in the report to the Audit and Assurance Committee in September. She added that this may assist in providing Members with assurances. Lynn Murray also reminded Members that this area has been audited by internal auditors and no issues found. Doug Moodie commented on his previous positive experiences with the Oracle Fusion finance system, which the organisation planned to use in future, once approved by Scottish Government.
- 4.6 The Council
1. agreed that the materiality levels selected by the external auditors are appropriate for the scope of the audit (page 9 of Appendix 1 to the report)
 2. approved the draft 2022/23 external audit planning report (Appendix 1 to the report)
 3. authorised the Interim Director of Finance and Resources, or other Director, to approve any minor amendments made by the external auditor following the meeting to finalise the plan, however, noting that no changes had been made during the meeting.

5. Equality, Diversity and Inclusion Mainstreaming report 2023

- 5.1 Laura Shepherd presented report 14/2023 which outlined the duties of the SSSC under the equality legislation which included publishing the equality outcomes every two years. The report is to be published before 30 April. The Equality, Diversity and Inclusion Mainstreaming Report highlights progress made towards our equality outcomes, sets out our priorities for the next two years and also contains the data to be published on our employees.
- 5.2 Peter Murray asked for further information regarding progress we have made towards our strategic outcomes and suggested that Council Members could perhaps add impetus and become more proactive in achieving our outcomes.
- 5.3 Laura Shepherd advised that whilst progress is being made, it's difficult to ingather data in order to demonstrate progress. She also added that, as the SSSC has a small number of employees and low turnover, there

are not many opportunities to integrate promotion of equality, diversity and inclusion processes into the recruitment process.

Rona King agreed it is difficult to put measures in place when a number of responses to the questions were given as 'not known' or 'not disclosed' but suggested that work with groups who did not traditionally come to work in the care sector might be useful.

- 5.4 On the question of benchmarking and the practices of other organisations, Laura Shepherd advised that we do not benchmark but we do communicate with organisations in order to help improve our own process and outcomes.

- 5.5 The Council
1. endorsed the progress we have made to achieving our equality outcomes
 2. approved the report for publication.

6. Date and time of next meeting

- 6.1 The date of the next Council meeting will be Thursday 25 May 2023 at 10.00am. This meeting will take the usual format of a hybrid meeting subject to availability of meeting rooms.

Council: 27 March 2023

Start time: 10.05am

Finish time: 11.05am

Signed: _____ **Date:** _____

Sandra Campbell
Convener

Title of report	Convener's Report
Summary/purpose of report	Update on the Convener's activity since the Council meeting on 27 February 2023.
Recommendations	The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener.
Author	Sandra Campbell, Convener
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	<p>The recommendation in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and</p>

	<p>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: Closed</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: We do not have accommodation in place that meets our business requirements at an acceptable cost.</p>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. This report covers the Convener's activities for the period from the last full Council meeting on 27 February 2023.

INTRODUCTION

2. There was a short Council meeting on 27 March 2023 which mainly focused on the formal approval of the budget and audit plan for 2023/24, noting that there were significant challenges for our organisation over the coming year and that the policy environment continues to be uncertain.

MEETINGS WITH PARTNER AGENCIES

3. On 25 April 2023, together with our Acting Chief Executive I met with the chair and Chief Executive of NHS Education Scotland (NES). Until last year there were regular partnership meetings at senior management and chair level, but these have been in abeyance in part due to the ongoing work on the likely shape of the proposed National Care Service and respective roles of our organisations. I am pleased to say that at our meeting we agreed to resume partnership meetings with a revised Memorandum of Understanding.
4. I have continued to attend meetings of the Care Inspectorate, on 30 March 2023 and 11 May 2023. This included two formal Board meetings and a Development Session.

MEETINGS WITH THE SCOTTISH GOVERNMENT

5. Regular meetings have continued with Iona Colvin, the Chief Social Work Adviser. We are currently planning another round of recruitment to the Council, the initial tasks being to set a timetable and agree the person specification. We will take into account the skills which we will lose from the Council due to the departure of current Members, along with gaps we continue to have for now, such as a Member who is care experienced, who is a carer themselves and improved representation from minorities.
6. I have requested a meeting with the Minister to discuss issues about financial planning for the SSSC. This has been on hold due to changes in the make-up of the Scottish Government Cabinet. Our Minister is now Ms. Angela Constance, Cabinet Secretary for Criminal Justice.
7. I have also raised with the Chief Social Work Adviser a request to explore the secondment of a temporary Finance Director.

COUNCIL MEMBERS

8. On 27 March 2023 we held a Development Session which covered a review of some challenges upcoming for the SSSC over the next year, and a very useful update on the improvements made in Fitness to Practice. We also heard about the progress on the Future Proofing Programme.
9. As mentioned, there is a need to begin planning for recruitment of two Council Members. Linda Lennie is nearing the end of her second term on the Council on 31 October 2023, and Lynne Huckerby has tendered her resignation with effect from 31 August 2023.
10. Pre-Covid the Council Members identified that visits to some services with registered staff would be invaluable in aiding their understanding of services and the issues facing their staff. This has now been picked up and we are currently planning to go to some of the services which have offered to host a visit. We will discuss the scheduling with Members and the services. We will review whether further visits should be set up as a large number of services offered to host a visit.

CONCLUSION

11. I was very pleased to be able to come to both sessions of the Staff Conference on 27 April 2023 and get the chance to chat to staff. It was very interesting to hear their varying views on how to maintain relationships with colleagues in a flexible working environment. I look forward to hearing more about how the ideas generated are taken forward to build on the obvious energy that the conference showed.

Title of report	Chief Executive's Report
Public/Confidential	Public
Summary/purpose of report	To provide Council Members with an update from the Chief Executive.
Recommendations	The Council is asked to note the information contained in the report.
Author and Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	<p>The recommendation in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and</p>

	<p>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: Closed</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: We do not have accommodation in place that meets our business requirements at an acceptable cost.</p>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	None
Background papers	None

INTRODUCTION

1. As set out in the Executive Framework Document agreed by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last full Council meeting on 27 February 2023, and looks forward to emerging issues.

KEY POINTS

2. The new Strategic Plan, approved by Members at the meeting in February, was launched last month. The Audit and Assurance Committee approved a revised assurance report template at their meeting on 2 May 2023 and Members of Committee and Council will see our approach to reporting against the new plan during the August meeting cycle.
3. Scottish Government has confirmed availability of funding for the Future Proofing Programme. This welcome news allows us to start work in earnest on implementing the outputs of the programme which Members approved at its meeting in November. Confirmation of legislative change is still required before we can produce a final timetable. The formal consultation on the Codes of Practice opened on 14 April 2023 and will close on 7 July 2023. We are holding Codes conversations, online and in person, throughout May and June. We have published information about the programme and are meeting with services and stakeholders across the sector.
4. We held our in-person staff conference on 27 April 2023, which some Members attended. This was a successful event with positive feedback from staff. We also released the staff survey results to staff in April. The results generally showed an improvement across all areas apart from pay and reward. I am holding sessions for staff alongside Unison to discuss the results. Members will see the actions we commit to take in the People Strategy annual delivery plan which will come to Council in August for approval.

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

5. We have published the first of our regulation bulletins, using our intelligence to update and inform the sector. The bulletins aim to bring our work to life and provide information as well as links to resources for use by both workers and employers. We sent the bulletin to almost 190,000 individuals and was opened by over 60% of them.

6. Following from previous engagement with the Faculty of Advocates, Regulatory Improvement and Hearings is attending a further meeting at the start of June as part of the ongoing work to improve access to representation for workers at fitness to practise hearings. The Faculty will facilitate and involve a wide range of organisations who have a keen interest in pro bono work.
7. I was invited to present at a Professional Standards Authority policy forum. They were interested to hear about our model of regulation as UK Government is working on the details of reform for the health regulators.

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

8. We successfully bid for funding from the UK Department of Business and Trade Recognition Arrangements Grant Programme to map Irish Social Work qualifications against our standards for social work education (SISWE) and develop a formal Mutual Recognition Agreement with Ireland to allow us to recognise and accept Irish social work qualifications for registration with the SSSC without further assessment.
9. We have connected 112 social workers through our return to social work scheme. These are workers who left the register within the last two years or currently do not work in a social work role and are willing to return to practice. The scheme has been successful in supporting current recruitment and retention challenges in social work.
10. We are supporting NHS Education for Scotland (NES) and Scottish Government in a pilot to improve the support available for providers who wish to utilise the international recruitment Health and Social Care Visa pathway to increase workforce capacity in Scotland.

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

11. We published our new Quality Improvement (QI) learning resources which are hosted on the NES QI Zone webpage <https://learn.nes.nhs.scot/67953> The resources share practice examples of how the model for improvement can be used to support improvement in services and better outcomes for people.
12. We launched the "Understanding Positive Behaviour Change" eBook on 19 April 2023. <https://lms.learn.sssc.uk.com/course/view.php?id=77> This eBook and interactive resource has been developed to introduce workers to Positive Behaviour Support (PBS) and explain how they can use this to support people who may have behaviours that challenge people around them. It has been written on behalf of the Positive Behaviour

Support Community of Practice by experienced PBS practitioners from several organisations in Scotland. The resource was produced as part of a collaboration between SSSC, University of Glasgow, Key Housing, Richmond Fellowship, The Action Group, and NHS Education Scotland. The eBook has received very positive feedback. The book has been downloaded over 1200 times and we are receiving a number of Open Badge applications in relation to the learning activities included within the eBook.

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

13. On behalf of Social Work Education Partnership (SWEP) forum, we have commissioned a review of the funding landscape and current models of funding which contribute to practice learning. The review will identify current funding routes, how this is utilised, and make recommendations for improvement and sustainability to provide maximum support to students while on placement.
14. Along with Executive Management Team (EMT) colleagues I attended the Alliance meeting in April. The Alliance comprises the UK and Republic of Ireland social work regulators, and those representing the early years and adult social care workforces. Of note is that Social Care Wales is piloting a workforce survey. They commissioned research before launching out the survey, and an independent company is carrying out the survey. The survey is focused on understanding the workforce asking questions on topics such as well-being, what it is like to work in the sector, pay and conditions, training and qualifications.

STRONG SUSTAINABLE ORGANISATION

15. Our digital refresh programme continues with the roll out of new devices during April and May. Council Members will receive their new devices at the end of May. The feedback from staff has been positive.
16. Following on from an internal audit report we are working with the Care Inspectorate to review our operating model for shared service delivery. The service has been in place for three years and both organisations recognise the opportunity to review the model. We aim to jointly report to the Care Inspectorate Board and SSSC Council in August.
17. Office regeneration of the SSSC space on the first floor is complete. Work upgrading the Hearings rooms is ongoing.

HORIZON SCANNING

18. **National Care Service Bill:** In April the Scottish Government confirmed that it would seek Parliament's approval to extend the Stage 1 deadline beyond June. The extension is to enable the Scottish Government to build consensus amongst key partners including trade unions and local government. I met with the Royal College of Nursing (RCN) recently to discuss areas of common interest relating to the proposals.
19. **Independent Review of Inspection, Scrutiny and Regulation (IRISR):** The IRISR will report in June.
20. **Inspection of early learning and childcare (ELC) and school age childcare services in Scotland:** The Care Inspectorate and Education Scotland are developing a shared inspection framework. The Care Inspectorate and the new education inspectorate will implement the framework from April 2024 and September 2024 respectively. In summer 2023 the Scottish Government will provide updates on further steps to streamline and improve ELC inspection.
21. **Incorporating the UN Convention on the Rights of the Child (UNCRC):** The Scottish Parliament will reconsider the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. In April the Scottish Government indicated that they plan to incorporate the UNCRC into Scots law by 2026.
22. **Early Learning and Childcare workforce:** The Scottish Government is developing a Strategic Framework for Scotland's Early Learning and School Age Childcare Profession, due for publication this year. The Framework will outline a range of actions that will support a sustainable, diverse, highly skilled workforce to serve the whole childcare sector.

CONSULTATION

23. 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

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

CONCLUSION

25. 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.

Title of report	Audit and Assurance Committee report to Council
Public/Confidential	Public
Summary/purpose of report	To make recommendations from the Audit and Assurance Committee.
Recommendations	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> 1. the Council accepts that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> 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. the Council approves <ol style="list-style-type: none"> a. the Annual Audit and Assurance Committee report b. the appointment of Lindsay MacDonald as Counter Fraud Champion from 1 June 2023 3. the Council notes <ol style="list-style-type: none"> a. concern was expressed over the continuing uncertainty over the budget b. the changes to the risk register included closure of risk seven and a further report to be submitted on a review of the wording of risk five

	<ul style="list-style-type: none"> c. a revised framework for reporting on the strategic Plan was approved d. the annual report from the internal auditors was noted e. the internal audit report on Organisational Development was considered and there were no recommendations f. the Internal Audit report on Shared Services contained four recommendations g. Committee approved the Annual Governance Statement for inclusion in the Annual Report and Accounts h. an amended Counter Fraud, Bribery and Corruption Framework was approved i. a fraud action plan for 2023/24 will be submitted to the Committee in August j. changes were requested to be included in the benefits realisation reporting k. an updated report on the interim arrangements for the Senior Team will be presented to Council.
Author	Alan Baird, Chair of the Audit and Assurance Committee
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	<p>The recommendations in this report link to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact assessments	<ul style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required.

	3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	Appendix 1: Assurance report as of 31 March 2023, including the Risk Register
Background papers	Draft Audit and Assurance Committee Minutes of 02 May 2023

INTRODUCTION

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

ASSURANCE REPORT

3. The Audit and Assurance Committee of 02 May 2023 reviewed the assurance report relating to the activities of the SSSC. Appendix 1 to this report is a copy of the assurance report as at 31 March 2023 which was considered. The unconfirmed minutes of the meeting are linked as a background paper. These documents should satisfy Council that the Committee has discharged its responsibilities. The Committee highlights the areas below.

Budget

4. The Committee discussed ongoing budget concerns including
 - the pay award for 2022/23 which was, as yet, unresolved
 - insufficient budget provision for the 2023/24 pay award
 - the pension contributions and holiday pay for Fitness to Practise Panel members
 - the reduction in fee income generated given the amount of refunds being made to Local Authorities
 - the absence of a final position on the lease of parts of the headquarters buildings.
5. Additionally, lack of confirmation of funding for the Future Proofing Programme was a concern, however during the meeting some confirmation on this was received from Scottish Government.

Risk Register

6. The owner of each of the risks was revised to take account of the interim arrangements for covering the work of the former Interim Director of Finance and Resources.
7. The Executive Management Team (EMT) is to discuss the wording of risk five and consider whether this should be divided into two separate risks. EMT will report back to Committee on its decision.

8. As of April, risk number seven is to be removed as the Business Continuity Plans are now in place.

Other matters

9. Other matters discussed as causes for concern were the rate of sickness absences and the rate of staff turnover.

STRATEGIC PLAN REPORTING FRAMEWORK

10. The Committee considered and approved the revised Strategic Plan Reporting Framework, noting that refinements were still to be made and that where some measures were to be discontinued in the report, these will continue to be reported by exception.

AUDIT REPORTS

11. The Committee considered a number of reports pertaining to the internal audit function.

Annual Report

12. The Committee noted that the overall opinion of internal auditors for the year 2022/23 was that the organisation had adequate and effective arrangements in place. Some improvements to strengthen processes had been suggested throughout the year.

Shared Services Internal Audit Report

13. The Committee was advised that there were four recommendations for improvements to the Shared Services all of which were accepted by management and had deadline dates agreed. A report on improvements will be submitted to the August meeting of the Committee.

Organisational Development Internal Audit Report

14. The Committee noted that some weaknesses had been identified in the organisational Development processes, however these had already been actioned and there were no actions outstanding.

Follow up review and action tracker

15. The Committee noted that of the actions reported during the year, requests were made and the Committee approved extensions of the time permitted to complete four of the actions reported as partially completed. Committee was satisfied that these requests were reasonable.

16. The Internal Auditor satisfied the Committee that his company is suitably staffed to carry out the agreed audit plan for the coming year.

DRAFT ANNUAL GOVERNANCE STATEMENT

17. The Committee reviewed the Draft Annual Governance Statement, which forms part of the Annual Report and Accounts. The Statement was accompanied by the Certificates of Assurance which were completed and signed by each Director and submitted to the Acting Chief Executive. Members were reminded that the Statement and Certificates were relevant to the year to 31 March 2023 and therefore reflected the issues for that period.
18. The Committee was assured by the certification provided and approved the Annual Governance Statement for inclusion in the Annual Report and Accounts.

DRAFT ANNUAL AUDIT AND ASSURANCE COMMITTEE REPORT TO COUNCIL

19. The Committee reviewed and approved for submission to Council, the Annual Report on the Audit and Assurance Committee. This report forms part of the process for the Annual Report and Accounts. The report is submitted to the Council meeting held today (25 May 2023).

FRAUD BRIBERY AND CORRUPTION ASSURANCE REPORT

20. The Committee considered a number of matters relating to fraud bribery and corruption. First, it was noted that there were no cases of fraud, bribery or corruption detected in the year 2022/23.
21. Committee also considered the revised Counter Fraud, Bribery and Corruption Framework and approved this subject to minor amendments being made, once a response is received from the Counter Fraud Service.
22. The Committee noted that Anne Stewart, Head of Legal and Corporate Governance is appointed the Fraud Liaison Officer, to replace the Interim Director of Finance and Resources. The Committee recommends to Council that Council Member, Lindsay MacDonald is appointed Counter Fraud Champion to replace Theresa Allison who temporarily filled the post on the departure of Russell Pettigrew.
23. A fraud action plan for 2023/24 will be presented to Committee in August, once the EMT has fully reviewed the fraud risk assessment report received

from the Counter Fraud Service (which was appended to the report to Committee).

24. Committee took assurances on the progress being made on counter fraud, bribery and corruption work.

BENEFITS REALISATION REPORT

25. The Committee noted the benefits realised from projects which had closed over the six months October 2022 to March 2023. Future reports would contain further breakdown of information in order to provide more focussed information.

SENIOR STRUCTURE INTERIM ARRANGEMENTS

26. Committee received a report from the Acting Chief Executive advising Members of arrangements and responsibilities put in place to cover the remit of the former Interim Director of Finance and Resources. The contract for the post ended on 31 March 2023.
27. An updated report on arrangements to cover the duties, to include information on support for strategic financial services and decisions will be presented to this Council meeting (25 May 2023).

CONSULTATION

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

RISKS

29. 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

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

Compliance

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

IMPACT ASSESSMENTS

Equalities

32. 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

33. 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.
34. The Committee requests that Council approves the recommendations, notes actions taken by the Committee and takes assurance following consideration of the attached documents that the Committee has been presented with a fair view of the operational and financial performance and risk facing the SSSC.

Title of report	Assurance Report as of 31 March 2023
Public/Confidential	Public
Summary/purpose of report	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> assesses delivery of our strategy through the analysis of strategic performance indicators highlights areas of concern identifies corrective action required. <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
Recommendations	<p>Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> endorse the direction of travel for the strategic measures. approve the risk register position.
Author	Laura Shepherd, Director of Strategy and Performance
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to the Strategic Risk Register	Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.
Documents attached	Appendix 1: Full 2022/23 Strategic Risk Register.

ASSURANCE REPORT AS OF 31 MARCH 2023

AAC Meeting Version

02 May 2023

Agenda item: 05, Report no: 08/2023

Action: For Decision

EXECUTIVE SUMMARY

March 2023 SSSC PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V(+/-)	Movement	April 2022 Proj. YE	Actions & Comments
Finance	Net expenditure (£000) (excluding grants)	1-4		3,680	2,610	+19	↑	N/A	
Finance	Risk sensitivity (£000)	1-4		N/A	35	+130	↑	N/A	
Finance	Reserves (%)	1-4		2 to 2.5	3.2	+0.7	↓	N/A	
3.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	26.0	+2.5	↓	Amber	FPP changes will support an improvement in performance, but this is only likely in the next financial year
3.2 Reg	Time taken to process a fitness to practise case is less than organisations we benchmark against (months)	1	1	6.8	4.8	+1.4	↓	Green	
3.3 Reg	Increase the percentage workforce who engage... in fitness to practise process (%)	1	1	80.0	84.4	+11.3	↑	Amber	
3.4 D&I	Increase the percentage of the registered workforce with the correct qualification (%)	2	2	50.0	50.9	+0.1	↑	Amber	
3.5 D&I	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	50.0	50.3	+1.7	↑	Green	
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	80.7	-0.1	↓	Green	
	Cumulative performance (%)	2	2	80.0	80.1	+0.1	↑	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	592	+177	↑	N/A	
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	52.6	-5.0	↓	Green	
4.3 S&P	SSSC complaint information for Stage 1 (%)	1-4	5	90.0	97	-3.0	↓	N/A	
	SSSC complaint information for Stage 2 (%)	1-4	5	90.0	100	0	→	N/A	
4.4 HR	The overall percentage of staff who are absent from work (%)	1-4	6	<3.6	5.7	+1.6	↓	N/A	
4.5 HR	The overall staff turnover percentage (%)	1-4	6	<12.4	13.8	+0.6	↓	N/A	
4.7 L&CG	SAR requests are dealt with within timescales (%)	1-4	3	100	100	-	→	N/A	
	FOI requests are dealt with within timescales (%)	1-4	3	100	100	-	→	N/A	
4.8 L&CG	Number of data security incidents reported (#Red)	1-4	3	0	0	-	→	N/A	

March 2023 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	12	⬇	DoFR	Score reduced due to allocation of under funded pressure by SG.
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	2	➡	DoFR	

[Current Full Strategic Risk Register](#)

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

Lease situation still ongoing. Current lease extended to 19th May and SG legal are working to conclude lease discussions as soon as possible.

Scottish Government have confirmed the under-funded pressure for 2023/2024 which created part of the risk causes for Risk 6. This partly reduces the risk for 2023/2024, therefore EMT recommended that this risk likelihood is reduced to 3 as of the end of March 2023.

The last of the business continuity plan documents have been agreed and are in place. It is recommended that risk 7 is now reduced and closed for the end April risk register reporting.

The 2022/2023 pay award is still not agreed with the trade union. There is a risk we will need to increase the offer made and figures are being worked through for negotiations with the union in the next few weeks.

SSSC – CORPORATE FINANCIAL POSITION

Financial summary

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
	26,974
Workforce development grant (WDG)	543
Total expenditure	27,517
Funded by:	
Grant in aid	16,035
VSDF	900
Sub total	16,935
Registration fee income	5,962
Other income	397
Sub total	6,359
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
Total net deficit	3,847
Total funding	27,517

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%
	20,114	
Disbursements/grants	7,403	
(all inc. o/heads)	27,517	

	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	20,651	(4,720)	(2,700)	n/a
Committed	1,297	n/a	n/a	n/a
Year end projection	26,424	(6,364)	(17,449)	2,610
projected (under)/overspend	(551)	(5)	(514)	(1,070)

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)
December 2022	3,680	2,591	(1,089)
January 2023	3,680	2,674	(1,006)
February 2023	3,680	2,610	(1,070)

Overview

- We are projecting that we will conclude the financial year on target with a reserve balance of £637k for general use. Our general reserve target range is 2% to 2.5% (£500K to £625K)
- The accounting team are still working on the end of year processes. As at 28 February 2023 there was a projected corporate underspend of £1,070k (excluding grants). £445k relates to disbursements, which is ringfenced, leaving an in year operating underspend of £625k.
- There were no significant movements in March. The only area where there may be a significant variance is fee income. However as fees are accrued, payments later in the year will have a greater impact on the 23/24 budget.
- We expect a general reserve balance of £1,412k at 31 March 2023, with £445k relating to disbursements and £162k relating to Workforce Development Grant. This leaves a reserve balance of £805k (3.2%) of which £155k is carried forward to 2023/24 for refurbishment work on the office and £13k for digital work leaving the reserve balance for general use of £637k.

The underspend and movements since the previous assurance report are set out in the table below.

Key movements since the beginning of the financial year 28 February 2023	Projected overspend or (underspend/ additional income) £000	Movement: increase/ (decrease) to projection since last report £000
Projected overspends		
Accommodation upgrade (NR)	110	(21)
Panel Member Allowances (P)	170	0
Panel Members Holiday Pay ruling - 2 years backpay (NR)	165	0
Legal Fees (P)	99	(8)
Insights and Intelligence Project (NR)	70	29
Registration fee income (P)	68	0
Write-Offs - Registration Fees (P)	53	0
Practicing certificates (P)	32	3
Digital developments - excluding Insights and Intelligence & FPP projects (NR)	13	(9)
Advertising for new employees (P)	13	3
Total projected overspends	793	(3)
Projected underspends/additional income		
Disbursements - postgraduate bursaries (P)	(460)	0
Staff costs, including hired agency and secondments inwards (P)	(386)	(58)
Additional grant in aid - £300k staff pay award (R); £78k Fee waiver development (NR)	(378)	0
Futureproofing project including digital development (P)	(251)	(15)
Disbursements - practice learning fees (P)	15	163
Communications publicity, printing, design and postage (P)	(109)	(29)
Stationery, postage, travel, storage and archiving (corporate) (P)	(82)	(24)
Seconded outwards (NR)	(73)	(39)
Staff training (saving £20k - Flexible Workforce Development Fund grant) (NR)	(41)	1
Staff pay and grading review - paused (P)	(33)	0
Workers phone line and support advocacy (P)	(31)	0
Digital running costs (P)	(19)	(18)
Other minor underspends across the organisation (P)	(10)	(1)
WES Venue hire & hospitality and Dementia underspend (P)	(7)	8
Total projected underspends	(1,863)	(13)
Net expenditure and movements	(1,070)	(15)

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 the significant variances in the table below.

Budget changes

Council agreed our 2022/23 budget of £1.638m (deficit) for 2022/23 on 25 March 2022. Scottish Government covered the shortfall as a temporary in year unfunded budget pressure. Council also agreed an additional £976k of expenditure (detailed in the table below) which we will fund from our general reserve as working capital.

Additional 2022/23 budget	2022/23 £000
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
Total to be funded from our general reserve (working capital)	976

- 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 (£1.233m less £290k digital replacement).
- 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
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Expenditure				
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
Gross expenditure	2,614	1,261	1,233	5,108
VSDF and WDG grants from Scottish Govt		(1,261)		(1,261)
Net expenditure	2,614	0	1,233	3,847
Net expenditure to be funded by:				
Spending pressure from Scottish Government	(1,638)			(1,638)
General reserve (working capital)	(976)		(1,233)	(2,209)
	(2,614)	0	1,233	(3,847)

Income and expenditure

- Actual and committed spend, excluding disbursements is £21.9m (81%) at this point in the year.
- We have accounted for 95% of our expected fees and other income (£4.720m).

Registration fees

- We have written off £330k so far this year (budget £337k, projection £390k). 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. At 31 March 2023 we expect to fully spend the cyber resilience grant.
- Scottish Government also agreed that 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 £162k on workforce development grant activity in 2022/23. Scottish Government has asked us to drawdown all WDG funding for 2022/23 and carry forward the underspend in our general reserve into 2023/24.

Significant variances from budget & key risk

The key financial risks to the position at the end of March 2023 are shown in the table.

We have highlighted other strategic risks and information at the time of writing this report in mid-April

- 2023/24 budget– Scottish Government (SG) agreed to a one year unfunded pressure of £2.066m to meet our budgeted shortfall and that we can carry forward any underspends in operating costs and disbursements to use as working capital as part of our general reserve in 2023/24. However we have not yet had confirmation of funding for the Future Proofing Programme.
- Pay remit – Scottish Ministers did not accept the alternative pay offer that Unison proposed. We resubmitted our final offer and Unison agreed that we could make an interim pay award in March in line with this on the condition that we acknowledge that pay negotiations are not yet at an end for 2022/23. Unison balloted their members who rejected the offer. We are considering the affordability of an improved offer.
- Scottish Ministers approved the lease for office accommodation in Dundee and expect it to be signed by 20 May when the lease expires. We have now reduced our space by approximately 50% however the start date for tenants for the vacant space has not yet been confirmed and therefore our liability is unclear. Our 2023/24 budget is based on paying for our new, reduced occupancy footprint. We expect any additional liability can be met from general reserves.
- We are finalising our position relating to Panel Member pension contributions. We expect a liability for backdated contributions.
- Reserves/ working capital – SG confirmed that we can carry forward general reserves at 31 March 2023 as working capital into 2023/24.
- Fees – Scottish Ministers agreed with our recommendation to delay a consultation on fees due to the recruitment and retention challenges in the sector, we are asked to review the position in late Summer.
- Efficiency savings –Scottish Government has delayed aspects of the work on public services reform and efficiency savings to the 2024/25 funding cycle.

The most significant variations to our spend are set out below. The accounting team will carry out an analysis of the reasons for variations as part of their year-end work.

Budget area	Current projection £'000	Reason for variance and reason for movement
Futureproofing project – (outcome 1)	£251k underspend	We allocated £884,700 to the Future Proofing Programme on the basis that this was a multi-year project due to the constraints of achieving legislative change.
Staff costs – (all outcomes)	£386k underspend	Staff cost underspends (total £386k) are Regulation (including FPP) (£213k); Strategy and performance (£124k); Workforce, Education and Standards (£47k); Finance and Resources (£101k). These net underspends have been partially offset by an overspend of £99k on hired agency costs across the organisation.
Staff costs – pay award	n/a	SG has agreed additional funding of £300k for the pay award and this is included in our projections, although it is unlikely to cover the full cost. Any further increase to the settlement would be seen in 2023/2024 budget
Accommodation upgrade	£110k overspend	We did not have specific funding allocated for this work which is mainly focused on developing the Hearings Suite to improve privacy in the multi-tenant office. Due to delays in the approval of the building warrant, the majority of this funding will be spent in 2023/24.
Panel Member Allowances (outcome 1)	£170k overspend	We reduced our budget because of opt in hearings, however, the number of days has not reduced in the same proportion as the number of overall hearings.

Panel Member Holiday Pay	£165k overspend	Liability as a result of the application of worker status to Panel Members.
Registration fee income - (outcome 1)	£68k less income	Current projections suggest an underachievement of registration income of 1.16% of the total budget. This is an area where there may be significant changes to the projection.
Communications publicity, printing, design and postage - (all outcomes)	£102k underspend	Projections reduced across professional fees and printing as activities are 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 we will budget for it in 2023/24.
Legal fees - (outcome 1)	£99k overspend	3 resource-intensive and complex cases.
Insights and Intelligence Project - (all outcomes)	£70k overspend	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 £70k overspend. There is no further risk as the project is closed.
Digital Developments	£13k	The February Digital Programme Board identified that there was a potential delay for the FtP screening work to be completed by 31 March, due to availability of the vendor to carry out the work before 31 March. The funding has been carried forward to 2023/24
Practice learning fees (disbursement)	£15k overspend	We carried forward £493k from 2021/22. Current modelling data suggests an overspend of £15k 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. This overspend will be funded from carry forward of post graduate bursaries disbursements underspends.
Postgraduate bursaries (disbursement)	£460k underspend	We carried forward £259k from 2021/22. Current estimates suggest an underspend of £460k, 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.
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3. STRATEGIC PERFORMANCE INDICATORS

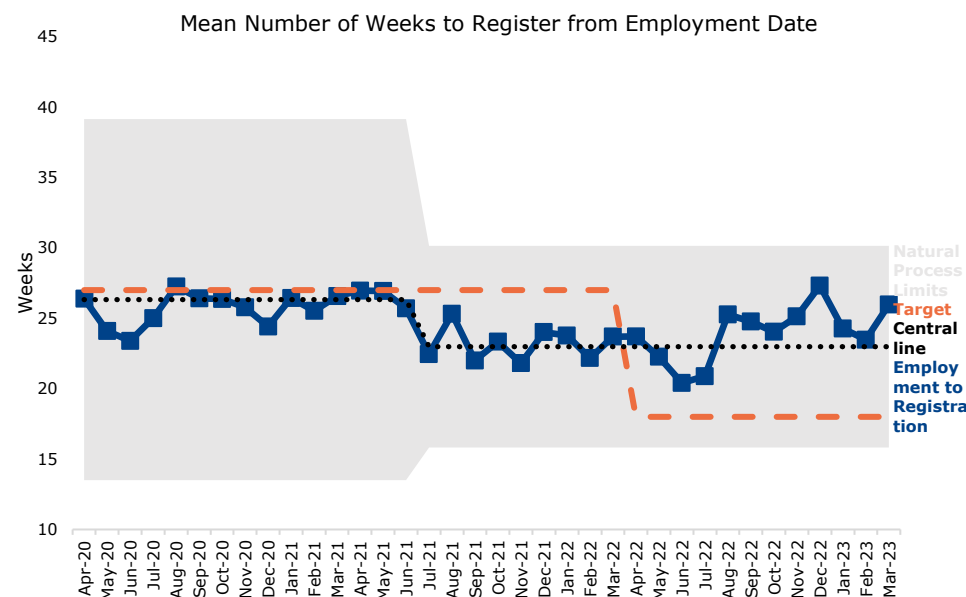
3.1 Regulation: Reduce the average time taken from a person starting their employment to being registered with the SSSC.

Time taken from employment to registration was 26.0 weeks in March 2023. Employment to application increased by 1.9 to 21.3 weeks and application to registration increased by 0.6 to 4.7 weeks.

RAG		
<18	18 to 22	>22
Target: 18 weeks		
Actual and Reforecast		
Apr-22	23.7	31.7%
May-22	22.3	23.6%
Jun-22	20.4	13.4%
Jul-22	20.9	16.1%
Aug-22	25.3	40.4%
Sep-22	24.8	37.6%
Oct-22	24.0	33.5%
Nov-22	25.1	39.6%
Dec-22	27.3	51.8%
Jan-23	24.3	34.8%
Feb-23	23.5	30.5%
Mar-23	26.0	44.2%

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 continues to be a significant challenge.

There are high levels of sickness absence, referred to under HR data at 4.4, which is having an impact on our throughput. Some staff specifically recruited for the Future Proofing Programme have not been needed for work on the Programme and are being utilised to work on business as usual in Registration. These staff will need to move into the Future Proofing work as it progresses over the coming months. We have seen 40% more applications than anticipated in this financial year.



Management Action and Risk

The FPP changes requiring 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, including 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.

Staff have also been working overtime to try and reduce any backlogs and we are seeing a slight improvement in workloads. We are also starting the recruitment process for Registration Assistants.

The data around this measure is vast and complex. We receive around 4,000 applications each month from more than 1,000 different employers. We are working through this data to identify

if specific organisations require additional support to encourage their workers to apply for registration sooner. We also know that some of the data is inaccurate, with start dates being entered incorrectly. Employers are prompted to provide an explanation if the application is more than 6 months from the start date. As this is free text it will take some time to analyse the data.

We have developed the following plan to approach this work over the next 6 months:

April – May

- Identify common issues with data input
- Explore reasonable excuse, and if applicable, remove from future reports (subject to system development)

June – July

- Explore changes in the system to improve the data input to recognise reasonable excuse and exclude from reporting
- Approach employers where employees have been in breach and reinforce the requirements to be registered in 6 months

August – Sept

- Progress system changes (if resources allow)
- Pause green channel applications where workers are in breach

Oct – Nov

- Re-analyse the data
- Report concerns to Care Inspectorate at organisation level

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

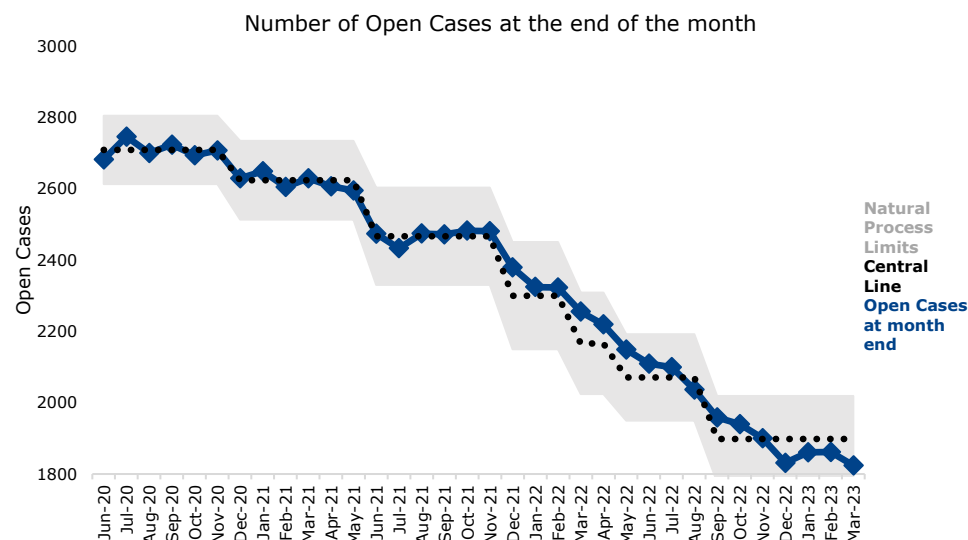
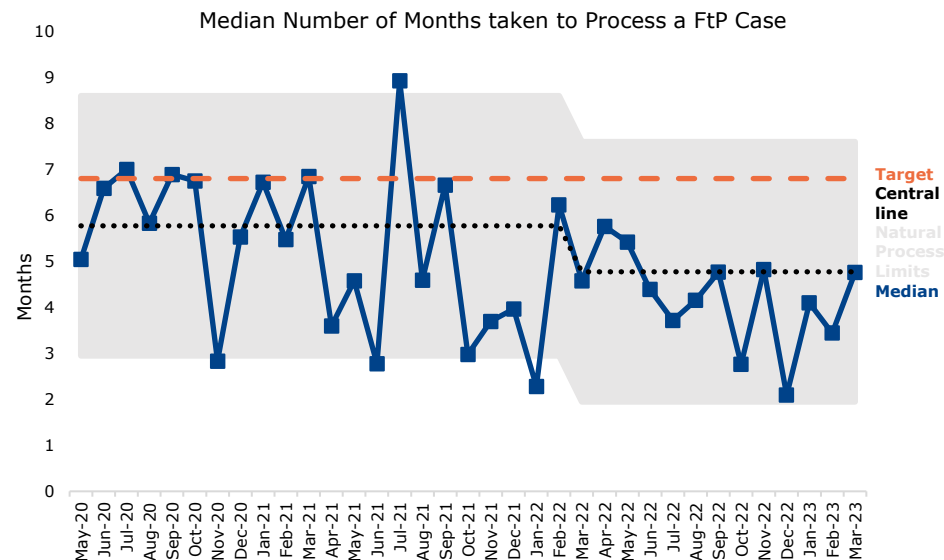
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. We continue to outperform similar bodies (external target 17.4 months), so an internal target of 6.8 months was set.

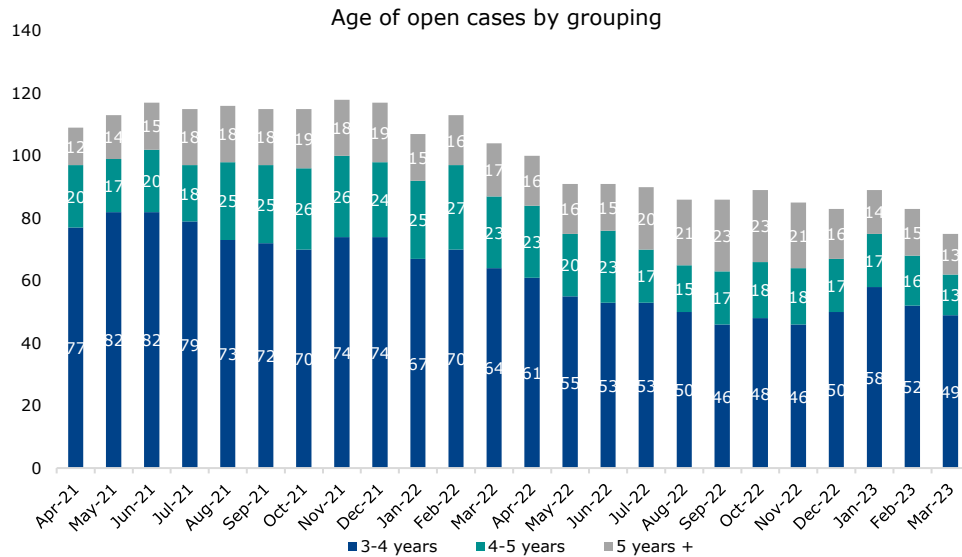
RAG		
<0%	0% to 10%	>10%
Internal Target: 6.8 months		

Actual and Reforecast		
Apr-22	5.8	-15.3%
May-22	5.4	-20.3%
Jun-22	4.4	-35.5%
Jul-22	3.7	-45.4%
Aug-22	4.2	-38.9%
Sep-22	4.8	-29.9%
Oct-22	2.8	-59.4%
Nov-22	4.8	-29.1%
Dec-22	2.1	-69.3%
Jan-23	4.1	-39.8%
Feb-23	3.4	-30.1%
Mar-23	4.8	-59.1%

March 2023's performance was 4.8 months to process a Fitness to Practise case. 42% of cases (131 of 309) were closed at screening stage, 8% decrease from last month.

At the end of March 2023, the number of open cases was 1,824. A decrease of 38 from the previous month and an overall reduction of 431 from March 2022. The median age of open cases at the end of March 2023 was 231, a decrease of 11 days from the previous month.





The trend of a monthly reduction in open cases is levelling out – performance is dropping. The FtP workforce was stable from 2020 however in recent months solicitor and senior solicitor turnover has increased and constitutes a risk. There are more expected leavers in FtP which is detailed in 4.5 below. Feedback from exit interviews consistently tells us that salary is an issue.

- There is a risk that performance will continue to drop if we continue to lose experienced legal staff and fail to recruit.
- There is a risk of reduced quality of work as a greater percentage of the team are inexperienced.
- There is an impact on staff morale.

Two long term staff absences one each in RIH and FtP are impacting on the ability to provide training and pressure on case numbers.

Management Action and Risk

Actions:

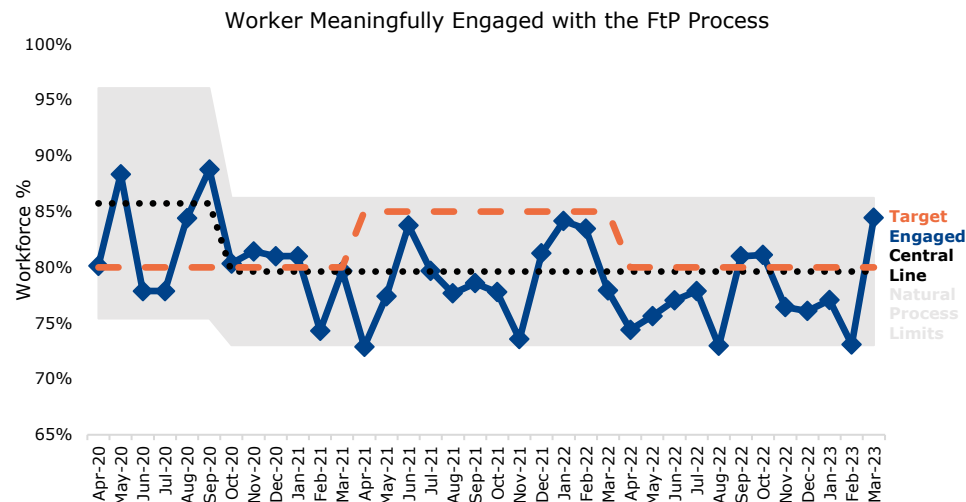
- We are highlighting the training offer as one of the benefits of working for the SSSC.
- We are focusing on building resilience in staff and encouraging autonomy in their reasoning and decision-making.
- We are deploying two senior posts to the creation of a hub of legal and advocacy excellence to add to our offer.

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. March 2023's performance was 84.4% engagement (152 of 180 cases).

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

Actual and Reforecast		
Apr-22	74.4%	-7.0%
May-22	75.6%	-5.4%
Jun-22	77.0%	-3.7%
Jul-22	77.9%	-2.7%
Aug-22	73.0%	-8.8%
Sep-22	81.0%	1.2%
Oct-22	81.1%	1.4%
Nov-22	76.4%	-4.5%
Dec-22	76.1%	-4.9%
Jan-23	77.1%	-3.7%
Feb-23	73.1%	-8.7%
Mar-23	84.4%	5.6%



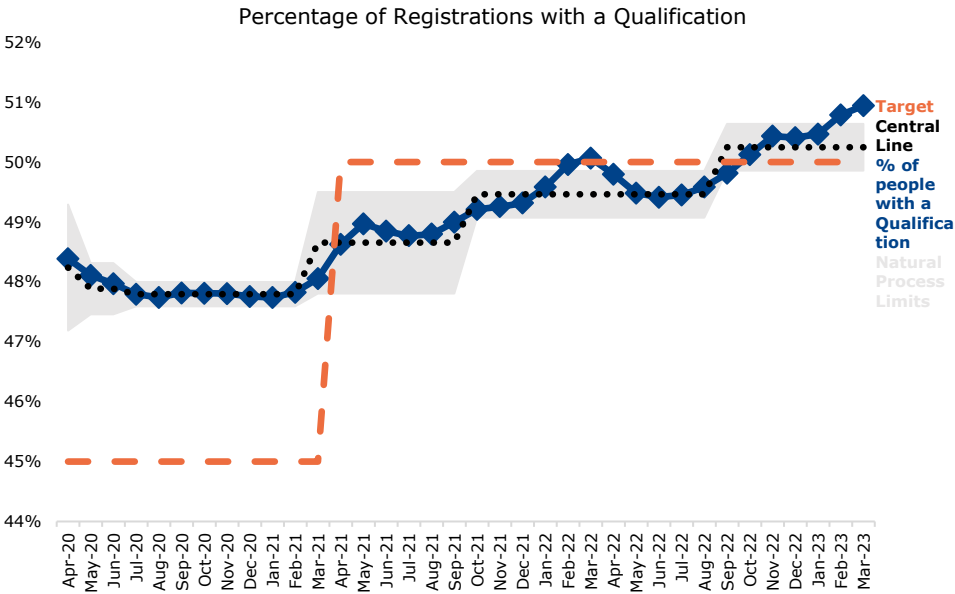
Management Action and Risk

- We continue to work to improve access to representation and support services for workers, including the wellbeing support provision, 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 which 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.

March 2023’s performance was 50.9%.

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	50.5%	0.9%
Feb-23	50.8%	1.6%
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 will be implemented in April 2024. 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 May 2023.
- The Voluntary Sector Development Fund (VSDF) 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. 75 voluntary organisations have been awarded grants in this year’s funding round to support the workforce to gain qualifications.

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

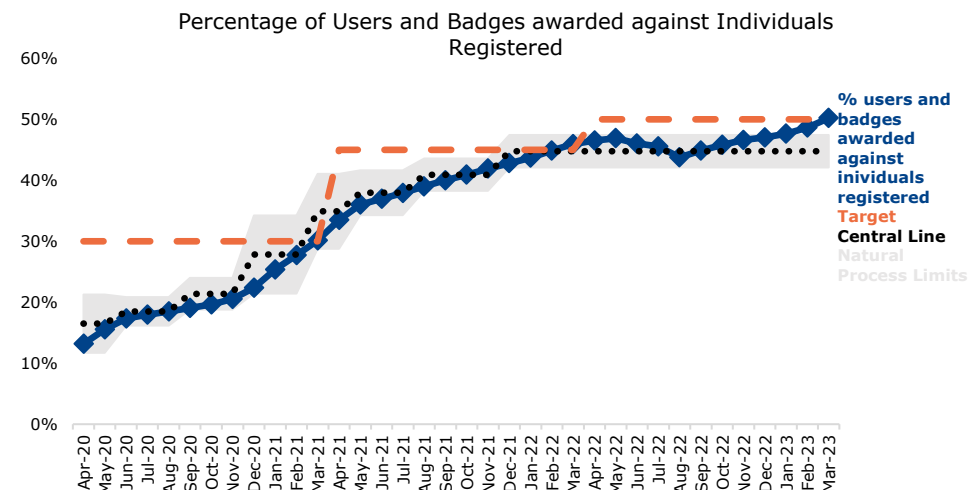
The indicator reflects the number of learners registered to use our learning resources and the number of SSSC open badges awarded. March 2023's performance was 50.3%. We track how many people have been actively using the MyLearning app in the last 30 days, which was 5,582 compared to last month's 6,399. We also monitor the number of learning logs created in the last 30 days, which was 18,619 compared to last month's 22,962.

	RAG	
	>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	47.6%	-4.7%
Feb-23	48.6%	-2.7%
Mar-23	50.3%	0.4%

We had predicted to end the year in an Amber position. However, due to 1,552 new learner accounts and 756 open badges being awarded we saw the biggest percentage increase in performance since May 2021.

The 1,552 new learner accounts was the most accounts registered in a single month this financial year. The number of open badges awarded, 756, was also the most badges we have awarded in a single month this financial year.

There are 5,801 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

- WES SSSC website content has been revised to be more accessible to users and highlights key learning resources.
- Recorded version of the WES registrant events held earlier in the year being developed to share information more widely.
- Refresh of the Learning Zone planned for 2023/24 and will incorporate functionality to support better curation, signposting to, and accessibility of resources for relevant user groups.

- Accessibility of WES learning resources is being reviewed and two accessibility champions have been identified to lead this work.
- Discussing with Communications colleagues how to move away from blanket communication about learning resources and better target this for careers stage, register part, and in line with the new model of CPL. Will include how we use social media to raise awareness of resources.
- We are working with colleagues at NES to develop new Open Badges for workers across health and social services.

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%		

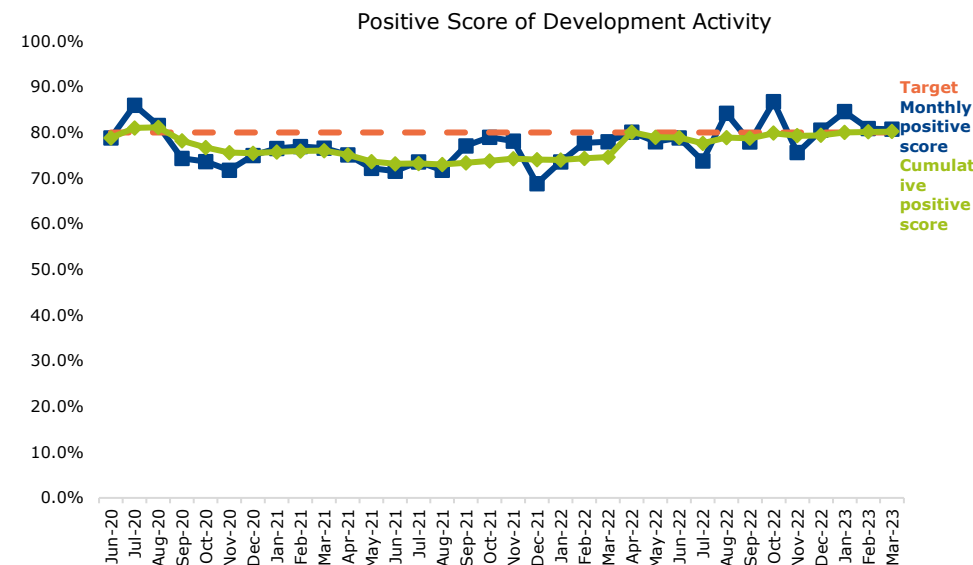
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance Actual and Reforecast		
Apr-22	80.1%	0.1%
May-22	78.0%	-2.5%
Jun-22	78.8%	-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	80.5%	0.6%
Jan-23	84.5%	5.7%
Feb-23	80.8%	1.9%
Mar-23	80.1%	0.1%

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	79.4%	-0.8%
Jan-23	80.0%	0.0%
Feb-23	80.1%	0.2%
Mar-23	80.2%	0.1%

From the above sources, the number of responses we received in March 2023 was 487 compared to last month's 449. In March 2023 we received a positive score of 80.1% and an overall cumulative performance of 80.2%. Since April 2022 we have received 4,374 responses. Based on this sample size we can say for that for the population (approximately 167,000 registrants)

we have a 99% confidence level that cumulative performance sits in between of 78.2% and 82.2%.



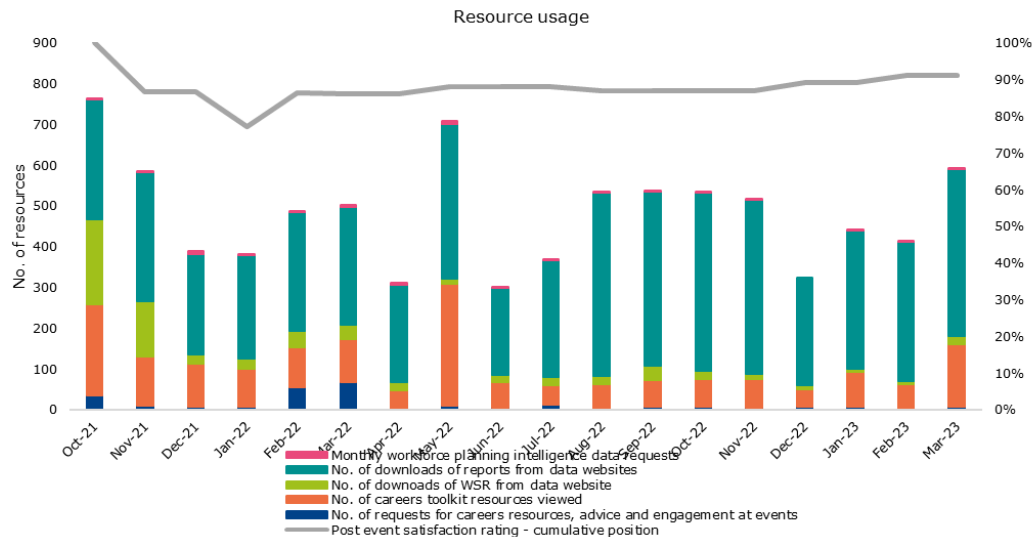
Management Action and Risk

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

- Continue to use 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 the development of an improvement action plan to target promotion and use of resources.
- The registrant learning resources survey results are being analysed and incorporated into the WES improvement action plan.

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.



592 resources were used in March 2023 compared to 415 last month. The number of careers toolkit unique views increased from 61 to 154 and the number of downloads of reports from the data website increased from 343 to 409.

Management Action and Risk

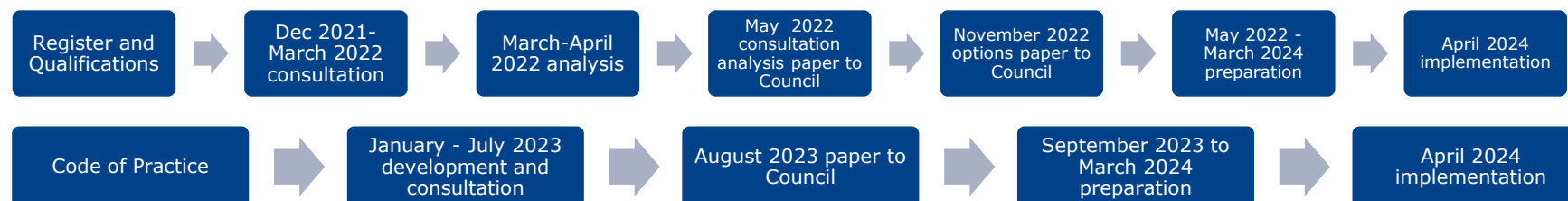
- We have developed four pre-employment resources, including 10 Steps to a Career in Care, which we are adding to our suite of careers toolkit resources.
- We continue to promote our resources at our quarterly workforce planning network webinars. We are in discussion with the Care Inspectorate to consider how we

might widen this network to support safer staffing activity being led by them with support from the SSSC. Discussions are ongoing with COSLA, local authorities and OCSWA regarding collecting data on local authority social work vacancies and the use of agency staff. The quarterly collection would include data on social work numbers, vacancies, and use of agency social workers by local authorities.

- New workforce data report focusing on workforce distribution will be published in April/May 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 is 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.



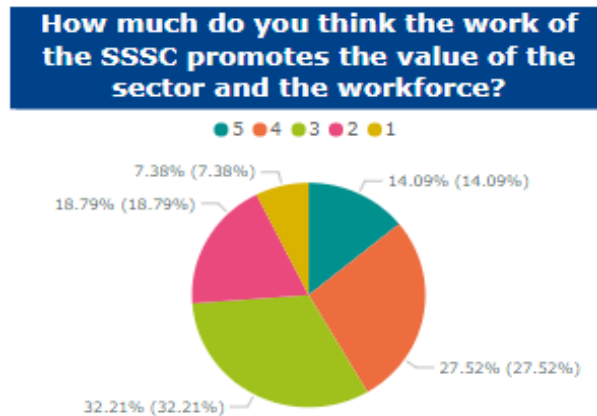
Management Action and Risk

- 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, and we are now working towards implementation in April 2024. We are continuing to speak positively with government about securing the funding that we need to complete this programme.
- In terms of other risks, at present the key risks focus on staffing availability and capacity, particularly as relates to systems development and communications work. Programme manager held full risk review with SRO and project leads on 15 February 2023. This resulted in some changes to residual risk scores and some risks being closed.
- The planned Scottish Government Digital Assurance Office assessment of the systems development project has been postponed until funding is confirmed for 2023/24 by Scottish Government.
- Sponsor Group approved a change request to bring scoping and registration of new groups into programme scope at their meeting on 9 March 2023.
- Incremental Group and staff from Systems Development and Registration have completed Wave 1 of systems development with internal testing of this work now taking place.

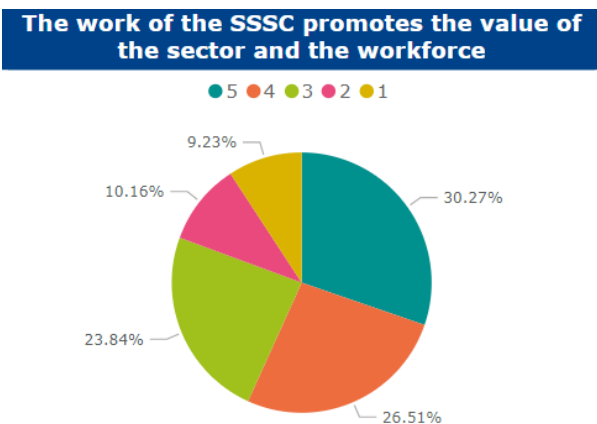
3.9 Strategy and Performance: The work of the SSSC promotes the value of the social care workforce.

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.

The Stakeholder Survey asked stakeholders about the work of the SSSC, 42% strongly agreed (5) or agreed (4) that the work of the SSSC promotes the value of the sector and workforce.



Our Registrant Survey also asked, 'The work of the SSSC promotes the value of the sector and the workforce' of which 57% of responses strongly agree (5) or agree (4).



Management Action and Risk

We are developing an action plan with OMT based on the results received from the Registrants Survey looking how we can improve our offer to Registrants. We have already been able to achieve some quick wins e.g., recoding webinars for workers to view when it suits them if they cannot attend the session live. Other actions will require to be considered in wider strategic context for delivering the new 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	DofSP	Implement	Red	Amber	Green	Red	Red	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	<p>Conditions not met improvements project: Complete.</p> <p>Future proofing digital changes project: Wave 1 complete.</p> <p>Wordpress consolidation project: Installation set up complete. Testing complete.</p> <p>MatterSphere upgrade project: Complete.</p> <p>MatterSphere screening project: Screening Form tested.</p> <p>Supplier discovery days complete.</p> <p>Bundledoc project: Complete.</p>	<p>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.</p> <p>MatterSphere screening project: Project will not complete this financial year. Budget approved to carry forward to 23/24.</p>
Future-Proofing Programme	CE	Deployment	Red	Amber	Green	Amber	Red	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	No milestones to be achieved this month.	<p>Budget remains at red as no change to position - yet to receive confirmation of budget from Scottish Government for 2023/24.</p> <p>Timescales for legislative change remain out with our control therefore overall assessed as amber</p>

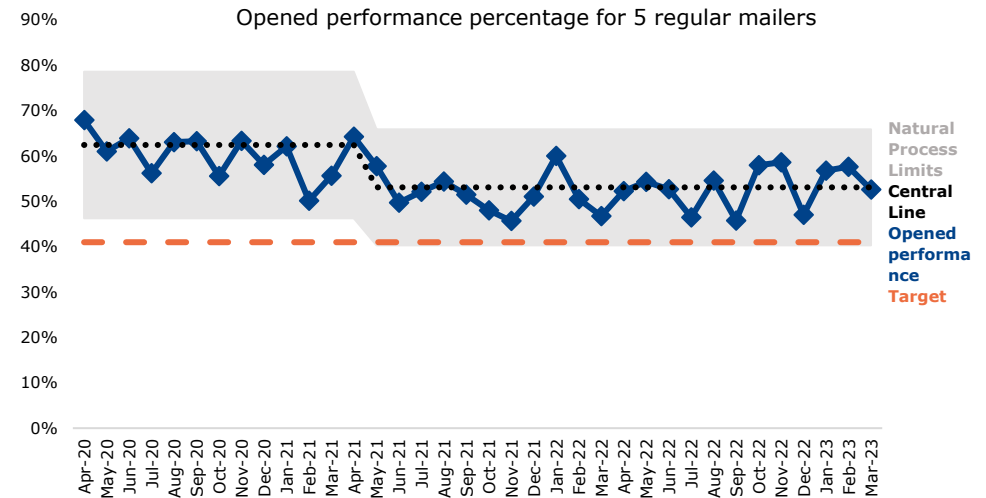
Rewards Review	DoFR							Programme approved and monitored by the Rewards Review Programme Governance Group monthly.		Programme suspended until further review.
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4.2 External Stakeholder Engagement

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.

March 2023's performance was 52.6%.

RAG		
>5%	-5% to 5%	<-5%
Target: 41%		
	% Opened	
Apr-22	52.3%	27.4%
May-22	54.3%	32.4%
Jun-22	52.7%	28.4%
Jul-22	46.5%	13.4%
Aug-22	54.6%	33.1%
Sep-22	45.8%	11.7%
Oct-22	58.0%	41.4%
Nov-22	58.6%	42.9%
Dec-22	47.0%	14.7%
Jan-23	56.8%	38.5%
Feb-23	57.6%	40.5%
Mar-23	52.6%	28.3%



Management Action and Risk

- We send newsletters 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.
- The second newsletter in March focused on regulation and this is the first in a series on this topic. We sent different versions of the newsletter to three audiences, residential childcare (RCC) registrants, all other registrants and employers. There was a focus on RCC this time due to the proportion of fitness to practise investigation for this group.
- Engagement in the Focus on Regulation newsletter overall was high with over 58% engaging with the content.

MARCH IMPACT HIGHLIGHTS

Main newsletter articles

Top performing article

The article with the most opens/read was the updated COVID-19 guidance from Public Health Scotland with 15,013 people opening the article. We don't have follow up information from PHS on impact.

Article: Celebrating Scottish Apprenticeship Week 2023

Communications objective - To highlight the SSSC's role in Modern Apprentices and to encourage employers and managers to find out more and to get engagement in our content across our social channels.

Communications outcome – 768 people opened/read the article.

Client objective – Employers and managers to visit the Modern Apprenticeships resource to find out more.

Client outcome – Visits to the careers and education modern apprenticeship section of our website was 343 unique views in March 2023 this was up from 292 in January 2023, 264 in February 2023 and up from 290 in March 2022.

Focus on regulation newsletter articles

Article: Fitness to practise cases (inc RCC article)

Communications objective – To highlight the fitness to practise information on the website in particular to increase downloads of

the resources designed to inform and support registrants practice.

Communications outcome – 4043 people opened/read the article on the website. 'Factsheet 5 Help and advice for people involved in our fitness to practise processes jumped from 98 downloads in the first three months of 2023 to 252 downloads since 20 March.

Client objective – To provide information general on fitness to practise and the resources available to support people involved in investigations.

Client outcome – Factsheet downloads increased as above. The Making Better Decisions resource views increased from 101 view in February to 649 views in March.

Article: Meeting qualification conditions

Communications objective - To remind registrants and employers of their responsibilities in meeting qualification conditions.

Communications outcome – 1,571 people opened/read the article. The 'Your responsibilities as a register worker' website page received a 118% increase in visits in the days after the newsletter.

Client objective – To get as many registrants as possible to keep working towards their qualifications and tell us if there will be a delay.

Client outcome – waiting for data from Registration but initial reports point to a spike in registrants completing this information in MySSSC.

4.3 Strategy and Performance: SSSC complaint information.

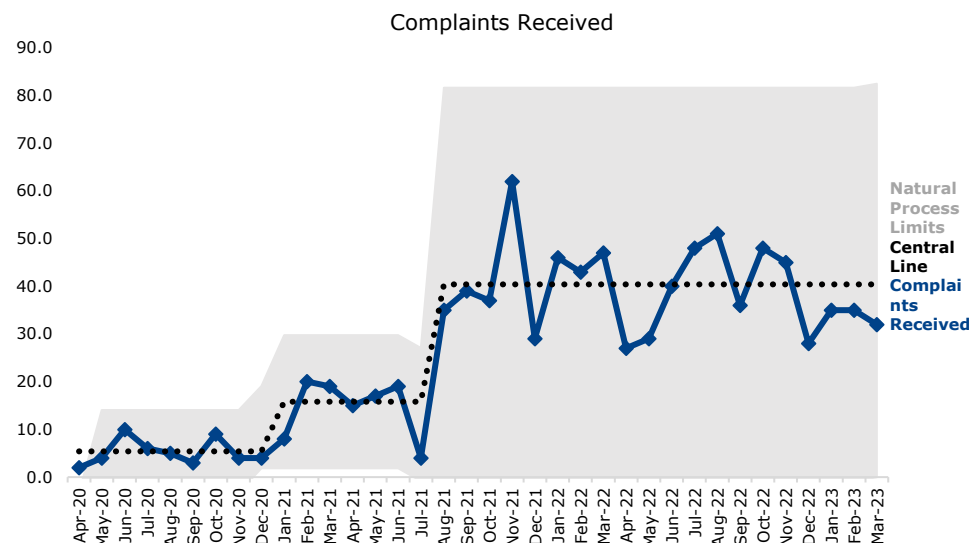
This metric will compare the performance of complaints at stage one and complaints at stage two using the date when a complaint has been recorded as resolved. The graphic shows the trend in the number of complaints received. We have twenty days to resolve a stage two complaint and five days to resolve 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	100%	11.1%
Dec-22	100%	11.1%
Jan-23	97.1%	7.9%
Feb-23	100%	11.1%
Mar-23	97%	7.6%

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	100%	11.1%
Feb-23	100%	11.1%
Mar-23	100%	11.1%



We resolved 30 stage one complaints and two stage two complaint in March 2023.

One of the stage one complaints missed its deadline in March 2023, this complaint was related to 'Fee Process' and Registration department. This complaint was initially responded to within the set timescale but required further investigation and decision making before it could be resolved. This resulted in the completion timescale exceeding the stage 1 deadline.

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 absences in the future.

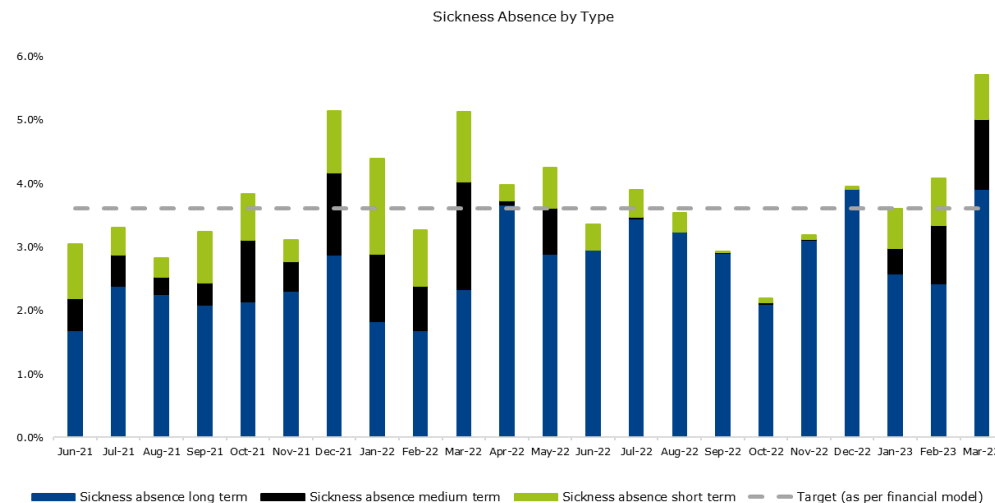
RAG		
<3.6%	3.6% to 4.6%	>4.6%
Target: 3.6%		
Apr-22	4.0%	10.3%
May-22	4.2%	18.0%
Jun-22	3.3%	-7.0%
Jul-22	3.9%	8.1%
Aug-22	3.5%	-1.9%
Sep-22	2.9%	-18.6%
Oct-22	2.2%	-39.3%
Nov-22	3.2%	-11.5%
Dec-22	4.0%	9.8%
Jan-23	3.6%	-0.3%
Feb-23	4.1%	13.3%
Mar-23	5.7%	58.3%

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.

There were twelve employees absent due to long term sickness in March 2023.

These were due to reasons in seven different absence categories and do not present any trend in terms of reasons for absence.

Six absences were in Registration which has caused capacity issues in the department.



Management Action and Risk

Registration have identified actions under SPI 3.1 which are helping to reduce the capacity issues created by these absences.

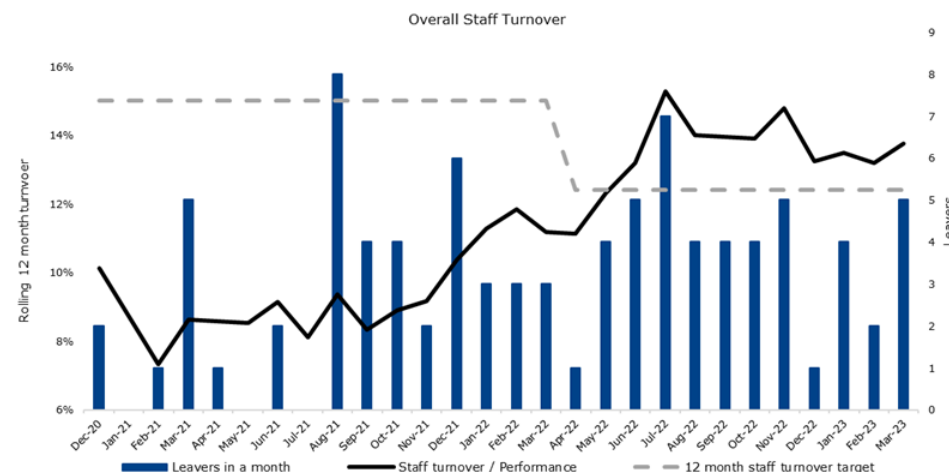
We continue to monitor and support managers in managing absence. Of the 12 long term absences we have worked with individuals and managers and have one confirmed return to work date and another in a much improved position, we are hopeful of a return to work soon.

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 teams. 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	13.5%	8.8%
Feb-23	13.2%	6.8%
Mar-23	13.8%	11.0%

There were five leavers in March, three in Fitness to Practise, one in EMT & Support and one in Education and Standards. These were two resignations, two end of fixed term contracts and one retirement.



Management Action and Risk

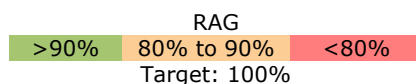
We continue to encourage staff to complete our exit questionnaire and take up the option of exit interviews. We monitor the reasons for leaving to identify trends. Two of the five leavers in March 2023 completed exited questionnaires. The reasons for leaving were changes in their own personal circumstances and more opportunity to do the elements of their role they enjoy.

LEGAL AND CORPORATE GOVERNANCE

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

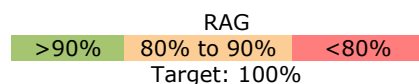
We must respond to 100% of SAR requests within one calendar month. In March 2023 we responded to three SAR requests and met the statutory timescales.

We must respond to Freedom of Information (FOI) requests within 20 working days. In March 2023 we responded to three requests and met the statutory timescales.



Percentage of SAR completed on time

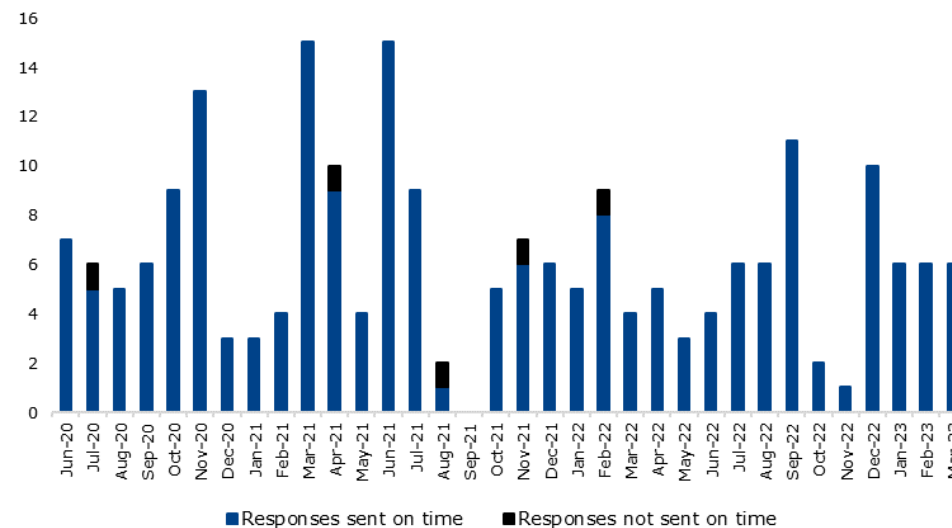
Apr-22	100%	0%
May-22	100%	0%
Jun-22	100%	0%
Jul-22	100%	0%
Aug-22	100%	0%
Sep-22	100%	0%
Oct-22	--	--
Nov-22	--	--
Dec-22	100%	0%
Jan-23	100%	0%
Feb-23	100%	0%
Mar-23	100%	0%



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	100%	0%
Feb-23	100%	0%
Mar-23	100%	0%

SAR and FOI responses



Management Action and Risk

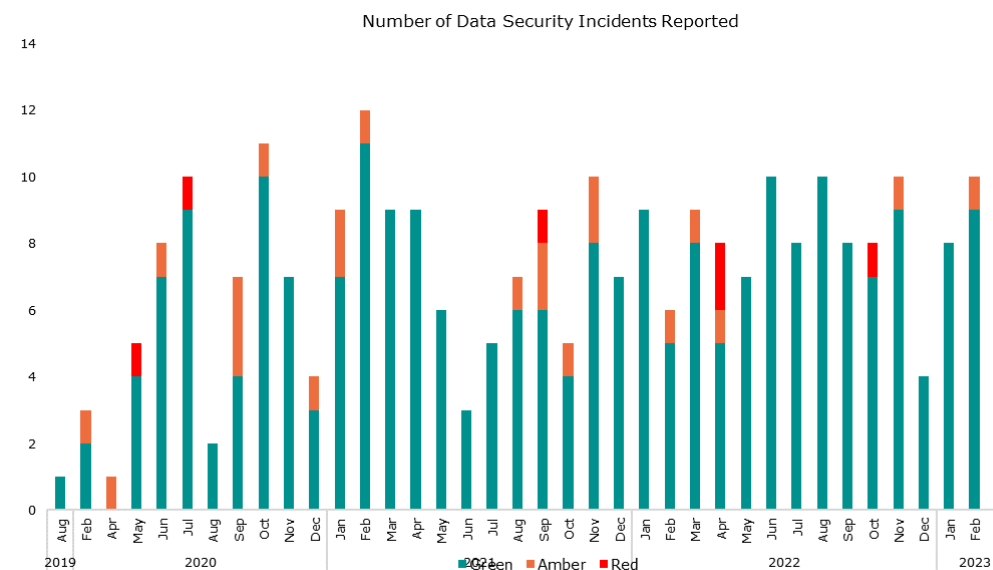
No action needed.

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, or 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.

Nine data security incidents/breaches were reported in March 2023. The Information Governance Team assessed these and categorised eight as low/green and one medium/amber.



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>Cause:</p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> Insufficient staff as a result of external factors we cannot controls such as the Scottish Abuse Inquiry, resourcing issues in the sector affecting service provision-, difficulty recruiting or errors in our resource model assumptions Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties Legislation or third party policies preventing us from obtaining necessary information. <p>We do not share/receive information and intelligence with/from other organisations.</p> <p>Our processes and approach are bureaucratic and -our legislative framework is a structural barrier to flexible working across care.</p> <p>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law.</p> <p>Failure to fund implementation of Future Proofing.</p> <p>Scottish Government payment of registration fees dilutes the importance of registration for local authority workers.</p> <p>Consequence:</p> <p>A worker's fitness to practise is not assessed as they do not comply with registration requirements, or our</p>	Director of Regulation	5	4	20 (High)	<p>Existing Mitigation and Controls</p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, and hold hearings, with ongoing development of those systems.</p> <p>Resource modelling for calculating our staff base.</p> <p>Training and quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve.</p> <p>Relationships and where necessary data-sharing agreements with other agencies to share intelligence for public protection.</p> <p>Planned Mitigation and Controls</p> <p>Implement and embed fitness to practise help and support lines for witnesses and</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>registration process is too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p>					<p>members of the public making 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>Cause:</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>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>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>Consequence:</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 Scottish Government commitment in Programme For Government6—The first iteration was published in February 2022 in response to winter pressures and is currently being reviewed Feb 2023 to ensure still for for purpose</p> <p>We have committed to support dDevelopmenting a new Graduate Apprenticeship Route into Social Work. This will commence summer 2023</p> <p>We are dDeveloping 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 May/Feb 2023</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			
								Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025 Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. 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 vacancy and training two new staff</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit.</p> <p>Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</p>	Director of Finance and Resources (interim arrangement Director of Regulation)	4	4	16 (High)	<p>Existing mitigation and controls</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>Agreed internal audit plan up to 31 March 2025.</p> <p>Planned actions</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			
								Agree external audit plan with new auditors Deloitte before 31 March 2023 (Council). Option of one year contract extension with Henderson Loggie to 31 March 2025 (Director of Regulation by 31 March 2024).						
4	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p>Cause:</p> <p>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>Consequence:</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. Conflict of interest with SG when consulting on fees</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p>Existing mitigation and controls</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>Planned actions</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 & Performance)</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			
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>Cause:</p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level. Lack of effective monitoring of workload and capacity. Managers are unaware of their duties in relation to supporting staff. No consistent approach to leadership and management development. 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. Reduction in temporary posts due to budget constraints 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>Consequence:</p> <p>High turnover of staff. Staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences.</p>	Director of Finance and Resources (Interim arrangement Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback 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>Planned actions</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 deliver the objectives in the strategic plan.</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.					(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) Include any actions from the December 2022 staff survey in the next update of the People Strategy action plan (Director of Workforce Education and Standards – August 2023) Internal Audit of OD – report to A&A May 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>Cause:</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. Reduction in temporary posts due to budget constraints 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.</p>	Director of Finance and Resources (Interim arrangement Acting CEO)	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next six years is in place and reviewed annually (last formal review in June 2019, although discussed at Council member development sessions in 2021 and 2022).</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</p>	4	4	12(Moderate)	↓	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			<p>Scottish Government decision to pay local authority registration fees Up to 60% vacancies in the finance team in 2022. Two new members of staff in training and one vacancy remaining – aim to fill by end of March 2023.</p> <p>Consequence:</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. 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. Reduced capacity in finance team to deliver the full range of services and increased risk that projected figures are not correct.</p>					<p>Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation).</p> <p>Planned actions</p> <p>Scottish Government (SG) has agreed to fund the deficit budget for 2023/24 and that we can carry forward reserves to 2023/24. Indicative budgets for future years identify significant budget shortfalls. Increased pay award exacerbates this position and SG has partially funded the increased pay bill. We will continue to work with our SG Sponsor with the aim of putting in place sustainable funding. (Chief Executive-March 2024)</p>						
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>Cause:</p> <p>Revision of BCP was suspended pending completion of the digital transformation programme. Availability of resources to take forward the updating of business impact assessments and recovery plans. Untested plans. Plans not taking account of recent increased threats – cyber-attacks on public sector</p>	Chief Executive	4	5	20 (High)	<p>Existing mitigation and controls</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>Planned actions</p>	12	12	24 (Very low)		N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			Consequence: Modified audit options. Loss of front-line services to registrants with no recovery plan. Mismanagement of major incident. Data and information loss and loss of access to core systems											
8	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	We fail to have the appropriate measures in place to protect against cyber security attacks Cause: Insufficient funds allocated to manage core IT infrastructure. Insufficient development investment to upgrade security and systems. Lack of staff, skills and knowledge. Lack of IT policies. Insufficient horizon scanning of future threats. Lack of understanding and awareness by staff. Successful cyber attack. Consequence: 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.	Director of Strategy and Performance	4	5	20 (Very High)	Cyber essentials accreditation. Regular mandatory cyber security training. ICT security policies in place. Positive internal audit Relevant insurances in place. Regular cyber security incident management testing plan in place Planned actions Planned Digital Development Programme for 2023/2024	3	4	12 (Moderate)	↔	N	
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.	Director of Finance and Resources (Interim Director of S&P)	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..The lease terms are still being negotiated with the landlord and we expect this to be	2	1	2 (very low)	↔	N	

ID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
			Consequence 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.					concluded in the coming weeks. Planned actions We are currently waiting for confirmation of tenants to take up vacant space. This is likely to happen in May. (Director of Strategy and Performance – May 2023)						

RISK SCORING MATRIX

Table 1 Impact scores

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

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

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

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

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

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

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

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

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

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

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

Instructions for use

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

Title of report	Annual Audit and Assurance Committee report to Council
Public/Confidential	Public
Summary/purpose of report	This report provides a summary of the work of the Audit and Assurance Committee during the year 2022/23.
Recommendations	<p>The Council is asked to</p> <ol style="list-style-type: none"> 1. approve the annual report of the Audit and Assurance Committee 2. note that the content of the report informed the preparation of the annual governance statement in the annual report and accounts for 2022/23.
Author and responsible Officer	Alan Baird, Audit and Assurance Committee Chair
Link to Strategic Plan	<p>The recommendations in this report is about our internal governance and therefore link to all our strategic outcomes:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact assessments	1. An Equalities Impact Assessment (EIA) was not required.

	<p>2. A Data Protection Impact Assessment (DPIA) was not required.</p> <p>3. A Sustainability Impact Assessment (SIA) was not required.</p>
Documents attached	None

EXECUTIVE SUMMARY

1. The Audit and Assurance Committee Annual Report to Council summarises the work of the Committee over the 2022/23 financial year. The content of this report informed the Annual Governance Statement.
2. The Committee met on five occasions. All meetings were quorate.

REMIT OF THE AUDIT AND ASSURANCE COMMITTEE

3. The remit of the Audit and Assurance Committee is to
 - review the strategic KPI performance section of the assurance report
 - review financial monitoring section of the assurance report
 - review the Strategic Risk Register/Management Plan report
 - ensure that the audit requirements of SPFM (Scottish Public Finance Manual) are being implemented
 - scrutinise accounting policies, accounts and annual report of the organisation with recommendations for the Council before submission to Parliament.
4. The function of the Audit and Assurance Committee is to advise the Council and the Accountable Officer on strategic processes for risk, internal control environment, governance and the governance statement, counter 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.

SUMMARY OF AUDIT AND ASSURANCE COMMITTEE WORK

Internal Audit

5. During the period 1 April 2022 to 31 March 2023, the Committee considered seven reports by the internal auditor as listed in the table below, the action priorities are categorised as:
 - Priority 1: issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit and Assurance Committee.
 - Priority 2: issue subjecting the organisation to significant risk and which should be addressed by management.
 - Priority 3: matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness.

Audited area	Committee date	Assurance level	Management action	Action priority grading
Budgetary Control	3 May 2022	Good	No recommendations	
Data Protection	3 May 2022	Good	No recommendations	
Health and Safety	2 August 2022	Satisfactory	2 recommendations	One recommendation graded priority 3 One recommendation graded priority 2
Procurement and Creditors (joint with Care Inspectorate)	1 November 2022	Satisfactory	2 recommendations	Both recommendations graded priority 3
Digital Strategy and Digital Transformation	1 November 2022	Good	No recommendations	
Future Proofing Programme	1 November 2022	Good	No recommendations	
Payroll (joint with Care Inspectorate)	2 February 2023	Satisfactory	3 recommendations	All three recommendations graded priority 3

6. Four of the audit reports provided a good level of assurance. Three reports provided satisfactory assurance, two are joint reports with the Care Inspectorate and will be reported to the appropriate committee of the Care Inspectorate, the other is also a shared service, although not a joint report. The four audits which provided a good level of assurance generated no formal recommendations for improvement however, there were two suggested actions to enhance Data Protection procedures. Two audits scheduled within the 2022/23 plan were carried out in March and will be reported to the May 2023 Committee meeting.
7. The Committee received quarterly reports on management actions which recorded the agreed actions and timelines for completing these. Any delay and change to timeline for actions to be completed requires Committee approval.

Consideration of the 2021/22 draft Annual Report and Accounts

8. In May 2022 the Committee reviewed and approved the draft Annual Governance Statement and the draft Annual Audit and Assurance Committee report to Council, for the year 2021/22.

9. Due to delays with external audit, the timeline for approval of the Annual Report and Accounts was revised. Council reviewed the draft in August 2022 and the Audit and Assurance Committee approved the final version on 28 November 2022 for submission to Council. This was then approved by Council on 13 December 2022 for laying before Parliament before the deadline of 31 December.
10. Private meetings with internal and external auditors were held on 1 November 2022 and 28 November 2022, respectively.

Review of Audit Plans

11. Audit Scotland appointed the external auditors for the SSSC, Deloitte LLP, for the next five years commencing with the 2022/23 audit. Committee was informed of this in February 2023. The Committee agreed at the meeting that the external audit plan should be presented to Council for approval on 27 March 2023, to avoid any delay in starting work on the audit.
12. The internal audit plan for 2022/23 was presented to Committee in February 2022 and following some minor agreed changes the final version was issued in April 2022.

Implementation and progress of audit recommendations

13. The Committee receives a quarterly report on the progress made with both internal and external audit recommendations. Seven audits were carried out during the year. Seven recommended actions were reported in 2022/23 along with two further improvement suggestions. Of these, one of the suggested actions is complete and one in progress with a revised date for completion. Of the recommendations, six are completed and two are still in progress. We are unable to provide completion evidence to the auditors for two of the recommendations due to pressures on the team from the interim pay award and staff absence. The external audit resulted in two recommendations both of which are completed.
14. The responsible officers record their evidence of completion of the recommendations in the tracker. The internal auditor has access to this tracker to ingather the relevant information and evidence for the annual follow-up report, which is submitted to Committee in May each year.

Other work

Assurance

15. The Committee considered a monthly assurance report at each of its quarterly meetings. The report contained the information and data for the previous month, the summary risk register and revised risk scores. Committee had the opportunity to comment upon any changes to these or to recommend any actions to Council.

16. Following the approval of a draft assurance map template in February 2022, the Committee approved the first assurance map in May 2022 and agreed to review it on an annual basis. It approved a review of the map in November 2022.

Audit and Assurance Committee quarterly report

17. The Chair submits a quarterly report from the Committee to the following meeting of the Council. The report makes recommendations to Council on matters for approval and on any main decisions and highlights from the Committee meeting. The Committee gives assurances to Council on matters it has considered.

Post COVID-19

18. The Committee had its first meeting in hybrid format in August 2022, with attendees being permitted to attend online or in person. This was the first Committee meeting following restrictions on access to the office being lifted.

Strategic Risk Register and financial governance

19. The Committee reviewed the risk register and the revised scores, as recommended by the Executive Management Team, at each quarterly meeting and agreed the revised register and risk appetite statement, effective from 1 April 2023 in February 2023.
20. The Committee approved the revised Financial Regulations and the revised Debt Management Policy in February 2022. These documents have not yet been revised and agreed by Committee for 2023/24.

Horizon scanning/Audit Scotland publications

21. The main matters raised as relevant to the work of the SSSC were
 - National Care Service
 - Social Care: Independent Review of Inspection, Scrutiny and Regulation in Scotland
 - Public Finances.

Fraud, bribery and corruption

22. The Committee considered quarterly reports on fraud, bribery and corruption assurance. No instances of fraud, bribery or corruption were detected in the year 2022/23. The SSSC continues to take part in the National Fraud Initiative and a report on the most recent survey and outcomes was provided to Committee in November.
23. Following the retiral of the Council's Counter Fraud Champion, Theresa Allison was appointed for a temporary period. The new Fraud Liaison

Officer, following the departure of the Interim Director of Finance and Resources at the end of 2022/23, is the Head of Legal and Corporate Governance, Anne Stewart.

Benefits realisation

24. The Committee receives regular updates on benefits, including financial benefits, realised from the various projects taken forward by the SSSC. The reports detail the projects, the budget, the spend to date, return on investment. The Committee interrogates the information provided.

Rewards review

25. In August 2022, the Committee was updated on the progress regarding the Rewards Review before the Council agreed to pause the project later that month.

Office accommodation

26. The Committee was kept informed of the progress in ongoing negotiations regarding the reduction in office space required by the organisation, which will lead to budget savings.

Employment status of Fitness to Practise panel members

27. In February 2023, the Committee was informed of changes to the employment status of Fitness to Practise panel members following on from an employment tribunal judgement in a case against the Nursing and Midwifery Council.

Meetings with Chair and Chief Executive

28. The Chair and Vice Chair have attended regular meetings with the Chief Executive or Acting Chief Executive, the Interim Director of Finance and Resources and the Head of Legal and Corporate Governance to review Committee business.

QUALITY OF INTERNAL AUDIT

29. The Committee is content with the work of the internal auditors. The Committee's view is that the standard of the internal audit work and the reports produced for 2022/23 were good. The Committee noted the positive relationship between the auditors, management team and other officers involved in the internal audit processes. The Committee is satisfied that the processes and liaison between the officers and auditors ensures that recommended actions are progressed and reported. The

Committee held a private meeting with the internal auditors in November 2022.

QUALITY OF EXTERNAL AUDIT

30. The SSSC's external auditors are Deloitte LLP, they will carry out their first audit for the 2022/23 year.
31. Grant Thornton were the auditors for the 2021/22 year. They reported issues with meeting the agreed timeline for the external audit of the Annual Report and Accounts. Officers worked with the auditors and Council Members to agree later dates which allowed the accounts to be laid before Parliament by the due date.
32. The Committee held a private meeting with the external auditors in November 2022.

GOVERNANCE STATEMENT

33. The Committee noted that this report will inform the preparation of the Annual Governance Statement.

ASSURANCE OPINION

34. The Committee held separate private meetings with the external auditors and internal auditors during November 2022. Both meetings reflected positively on the SSSC in terms of the quality of internal and external audit reports. Auditors also commented positively on their working relationships with staff.
35. The Committee is of the opinion that the assurances supplied throughout the year are reliable, have integrity and are sufficiently comprehensive to support the Council and the Accountable Officer in their decision making and their accountability obligations. Further, the Committee is satisfied that there are sufficient mechanisms in place to allow the Committee to discharge its functions.

RISKS

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

IMPLICATIONS

Resourcing

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

Compliance

38. This report complies with legal and governance requirements.

IMPACT ASSESSMENTS

Equalities

39. 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

40. This report summarises the work of the Audit and Assurance Committee over the financial year 2022/23 and is submitted to Council for approval as part of the process for the production of the Annual Report and Accounts.

Title of report	Information Governance Annual Report
Public/Confidential	Public
Summary/purpose of report	To provide Council with an update on the organisation's performance in complying with its obligations under the data protection, freedom of information and records management legislation.
Recommendations	<p>This report asks Council to:</p> <ol style="list-style-type: none"> 1. endorse the organisation's performance in information governance compliance in the 2022/23 financial year. 2. approve the amendments to the Data Protection Policy attached as Appendix 1 to this report.
Author	Caroline Gowans, Information Governance Coordinator
Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	<p>The recommendations in this report link to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact assessments	1. An Equalities Impact Assessment (EIA) was not required.

	<p>2. A Data Protection Impact Assessment (DPIA) was not required.</p> <p>3. A Sustainability Impact Assessment (SIA) was not required.</p>
Documents attached	Appendix 1: Data Protection Policy v2.1
Background papers	None

EXECUTIVE SUMMARY

1. This report summarises the performance of the SSSC in relation to information governance for the period 1 April 2022 to 31 March 2023. We identify any issues of concern that Council needs to be aware of in relation to the organisation's compliance with data protection, freedom of information and records management legislation.
2. We have reviewed and updated our Data Protection Policy and present it to Council for approval.

RECORDS MANAGEMENT

3. The Public Records (Scotland) Act 2011 requires Scottish public authorities to produce and submit a records management plan setting out proper arrangements for the management of public records for the Keeper of Records for Scotland (the Keeper) to agree. The Keeper agreed the SSSC's records management plan in 2014.
4. The Keeper introduced a progress update review (PUR) mechanism, following the agreement of the SSSC's records management plan in 2014. This mechanism allows us the opportunity to provide annual progress updates, concerning the records management plan, to the Keeper's assessment team. The team's assessment provides an informal indication of what marking we could expect when we submit a revised records management plan to the Keeper under the 2011 Act.
5. We submitted a PUR to the Keeper's assessment team in January 2023 and we await the result.
6. We are carrying out a long-term project to ensure the organisation continues to comply with its records management obligations, and completion of the planned areas of work will improve records management practices across the organisation. The areas of this project completed in the reporting period are:
 - resolution of SharePoint issues
 - review of our information asset register
 - comprehensive review of our retention schedule
 - development of bespoke local naming conventions for each department.
7. We provide records management training to all new starts during their induction period, and we provide refresher training to all staff annually. We have a completion rate of over 72% for records management training. We have asked for the support of line managers to manage their team's compliance, and we have issued reminders to all members of staff who have outstanding training.

DATA PROTECTION

Individual rights requests

8. Individual rights requests received in the reporting period include the right of access (commonly referred to as a Subject Access Request), the right to erasure (also known as the right to be forgotten), the right to rectification, and the right to object. The organisation must respond to these types of requests within one calendar month.
9. We received 43 requests and have a 100% response rate for compliance within the statutory timescales.
10. The number of requests remains consistent with financial year 2021/22, where we responded to 47 requests.
11. We provided subject access statistics to the Audit and Assurance Committee through the assurance report on a quarterly basis.
12. Under data protection legislation, an individual has the right to make a complaint to the Information Commissioner's Office (ICO) if they remain dissatisfied with our handling of a rights request. There were no complaints raised with the ICO during the reporting period.

Third Party requests

13. We responded to 143 third party and other regulatory bodies requests during the reporting period. The number of requests has increased by 32.4% in comparison with financial year 2021/22, where we responded to 108 requests. We received a slight increase in the number of requests from Social Work England, Care Council for Wales, CORU and the Health and Care Professions Council in comparison to financial year 2021/22. In addition, we received an increased number of requests from other types of third-party organisations, for example international regulators and local authorities.

Data security incidents

14. The organisation is under a statutory duty to report certain personal data breaches to the ICO within 72 hours of becoming aware of the breach, where feasible. The organisation has a data breach management process. This includes carrying out a risk assessment to determine whether a breach is reportable and an investigation to identify the cause and to recommend actions to prevent recurrences.
15. We risk assessed 102 data security incidents reports in the reporting period. The number of data security incident reports increased by 20% in comparison with financial year 2021/22, where we received 85 reports. The increase is due to issues surrounding the role of countersignatories. A failure of third parties to report the termination of a countersignatory role was the reason for most of these incidents. We have introduced various mechanisms to combat this issue. We are also working with the

Communications team to issue regular reminders to employers and workers that they have an obligation to keep their records up to date, and to highlight the consequences of not updating countersignatory records.

16. The Information Governance team has and will continue to encourage early reporting of data security incidents across the departments within the organisation through awareness raising of the reporting requirements and training as detailed at paragraph 19.
17. As part of the risk assessment process, we categorise data security incidents as low/green, medium/amber, or high/red, dependant on factors such as the volume of data released, the sensitivity of the information released and the risk to the affected individuals. We report those categories classified as high/red to the ICO within 72 hours.
18. We reported two data security incidents to the ICO in the reporting period. One incident concerned Fitness to Practise sending out hearing information to a registrant, which contained personal data, and one concerned Performance and Improvement sharing personal data of twenty-nine registrants with Public Health Scotland. We took remedial action and the ICO took no further action. Also, a member of the public submitted a complaint to the ICO in relation to an inappropriate disclosure of personal information about them to a registered worker, which we accepted. While the ICO concluded we did not comply with our data protection obligations they considered our full explanation of the circumstances alongside the steps we had taken in investigating and identifying the issues, implementing improvement measures, and apologising to the complainant were reasonable and decided to take no further regulatory action.

Delivery of data protection training

19. We appoint and train data champions for each team to provide bespoke training to all staff. We have an 92% completion rate for data protection training in the reporting period. We have asked for the support of data champions to make sure that the remainder complete the training as soon as possible.

Data security procedures

20. We regularly review and update the data security procedures where necessary following our security incident recommendations and the outcome of our bi-annual data trend report for the Operational Management Team. We also carry out an annual review in March each year.
21. We completed an ICO accountability self-assessment during the reporting period and are reviewing actions to take forward.

FREEDOM OF INFORMATION

- 22. The organisation must respond to freedom of information requests within 20 working days. We responded to 100% of the 33 requests in the reporting period, within the statutory timescales.
- 23. The number of requests remains consistent with financial year 2021/22, where we responded to 32 requests.
- 24. We provided freedom of information request statistics to the Audit and Assurance Committee through the assurance report on a quarterly basis.
- 25. Under the Freedom of Information (Scotland) Act 2002, an individual has the right of appeal to the Scottish Information Commissioner if they remain dissatisfied with our response following a request for a review. There were no appeals raised to the Scottish Information Commissioner during the reporting period.

Publication Scheme

- 26. This year, we reviewed and updated our publication scheme to reflect information that we make routinely available to the public. We also made improvements to the information provided on our website under the publication scheme.

POLICIES/PROCEDURES

- 27. The Information Governance team reviewed and updated the following policy and procedure during the reporting period.

Data Protection Policy

- 28. We reviewed the policy and updated to remove the requirement of an annual audit of our data security procedures. We are of the view that the annual audits are not effective as only a small number of staff are selected at random, and it is a time-consuming process. Instead, we have developed other more effective methods to embed good data protection practices within the organisation. We monitor compliance with the security procedures through security incident reports which we send to the relevant heads of department, and we follow up suggested remedial actions for red and amber categorised incidents. We also provide a data breach trend report to the Operational Management Team. These measures highlight if the security procedures are not being followed, and our recommendations will include that staff are reminded of their responsibility to follow these procedures. We will also schedule a yearly reminder to the Operational Management Team asking that they send a reminder to all staff in their respective departments. We are considering how Power BI can support our compliance work.

Retention Schedule

- 29. We reviewed and made substantial changes to our Retention and Disposal Schedule. We considered this necessary to reflect the structure of the

organisation and the additional information now held. Executive Management Team (EMT) approved the retention schedule on 21 December 2022.

30. The revised schedule will make sure that records retained by the SSSC are reliable, and we hold information no longer than necessary. This will make the process of locating records easier, and make sure that we are not wasting money or space (either digital or physical) by storing information that we do not require. It also makes sure that we are compliant with data protection legislation, which requires retention of information only for as long as necessary. Application of the new retention periods will also reduce workloads when we receive a request for information.

CONSULTATION

31. We did not carry out any stakeholder engagement because this is a governance report about performance of the organisation. EMT has endorsed the report and the amendments to the Data Protection Policy.

RISKS

32. We have an averse risk appetite towards legal compliance. The ICO can impose sanctions for failure to meet data protection statutory obligations. There is also a risk of criminal or civil proceedings and reputational risk. The Keeper of Records for Scotland has powers to undertake records management reviews and issue action notices for improvement, and the Scottish Information Commissioner has power to issue formal practice recommendations and enforcement notices.
33. It is important that the SSSC is a well governed organisation. If the organisation does not meet its information governance obligations this would impact on the confidence of people who use services and their carers that the SSSC is effectively discharging its legal duties.

IMPLICATIONS

Resourcing

34. The SSSC has achieved a high level of compliance with statutory timescales. The recommendations in this report do not have any resourcing implications.

Compliance

35. The organisation must comply with our obligations under the data protection, freedom of information and records management legislation. This report provides assurance that the organisation has sufficiently met those obligations during this reporting period.

IMPACT ASSESSMENTS

Equalities

36. An Equalities Impact Assessment was not required because this is a report about performance and therefore it does not propose a course of action that will have an impact on people with protected characteristics.

CONCLUSION

37. This report asks Council to endorse the organisation's performance in information governance over the reporting period 1 April 2022 to 31 March 2023. There are no concerns about the organisation's compliance with the statutory requirements.
38. This report also asks Council to approve the amendments to the Data Protection Policy.

Data Protection Policy

May 2023

Document governance and management

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

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

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

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1. Introduction

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

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

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

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

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

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

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

2. Statement of intent

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

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

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

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

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

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

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

3. Aims

This policy aims to:

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

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

4. Roles and responsibilities

4.1 Council

The Council is accountable for:

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

4.2 Executive Management Team

The Executive Management Team is responsible for:

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

4.3 Senior Information Risk Owner

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

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

4.4 Data Protection Officer (DPO)

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

The role of the DPO is to:

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

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

4.5 Information Governance Team

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

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

4.6 Operational Management Team

The Operational Management Team is responsible for:

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

4.7 Data Champions

The role of a data champion is to:

- assist the development of bespoke data protection training for their departments
- provide general advice and assistance to the departments about their obligations under the data protection legislation
- seek advice from or escalate matters to the Information Governance Team where necessary
- ~~work with the Information Governance Team to complete the annual audits of security procedures which will be approved by OMT, in consultation with the DPO.~~

The Information Governance Team provides training to the Data Champions.

4.8 Line Managers

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

4.9 Staff

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

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

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

Staff must always contact the Information Governance Team if they:

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

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

5. Data protection principles

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

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

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

6. Processing and use of personal data

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

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

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

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

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

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

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

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

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

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

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

- to protect the public against dishonesty, malpractice, serious improper conduct, unfitness, incompetence or mismanagement in administration and we must carry it out without the consent of the data subject and is necessary for reasons of substantial public interest
- to comply with or assist others to comply with a regulatory requirement to decide if someone has committed an unlawful act or been involved in dishonesty, malpractice or seriously improper conduct, we cannot reasonably obtain consent and it is necessary for reasons of substantial public interest.

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

8. Implementation

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

Lawfulness, fairness and transparency

We:

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

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

Purpose limitation

We:

- clearly identify and document our purpose or purposes for processing data

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

Data minimisation

We:

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

Accuracy

We:

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

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

Storage limitation

We:

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

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

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

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

Integrity and confidentiality (security)

We:

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

Accountability

We:

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

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

9. Individual rights

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

10. Personal data security incidents

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

11. International transfers

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

12. Monitoring

We make sure:

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

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

13. Data Protection Impact Assessments

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

We carry out a DPIA:

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

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

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

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

Automated processing and decision making

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

Data processors

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

Data sharing

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

Complaints procedure

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



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

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

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Title of report	Complaints Annual Report 2022-2023
Public/Confidential	Public
Summary/purpose of report	This report outlines the SSSC complaints performance against the complaints handling procedure (CHP).
Recommendations	The Council is asked to endorse the annual complaints performance and publication of the report on the website.
Author	Anna Fairweather, Change and Improvement Co-ordinator
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	<p>The recommendation in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required.

	3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	Appendix 1: Complaints performance – 01/04/2022 to 31/03/2023
Background papers	None

EXECUTIVE SUMMARY

1. We follow the model complaints handling procedure (CHP) as defined by the Scottish Public Sector Ombudsman (SPSO).
2. This report forms part of our wider reporting commitment which includes quarterly reporting (discussed at Operational Management Team (OMT) and thereafter published online).
3. We adopted the SPSO's revised model for complaints handling in April 2021. In practice there are few material changes to the model and our reporting commitment remains the same as at present.
4. This annual report summarises our performance in 2022-2023 in responding to complaints at each stage of the procedure.

PERFORMANCE HIGHLIGHTS

5. Areas of performance of note this year include the following:
 - we responded to 99% of stage one complaints within five working days
 - we responded to 93% of stage two complaints within 20 working days
 - we have remained consistent with time to respond to a stage one complaint
 - we have improved our average time to respond to a stage two complaint from 22 to 14 working days
 - the number of stage one complaints upheld, not upheld and partially upheld has mostly been in line with the previous year's performance
 - of the stage one complaints closed, most (286 complaints) were about one of our processes.

CONSULTATION

6. We consulted with OMT on the improvement actions and performance in the report. Individual OMT members had overall responsibility for any improvement actions undertaken by their departments as a result of complaints.

RISKS

7. We are required to publicly report on our complaints handling performance. Failure to produce this quarterly report and publicise it to members of the public, including our stakeholders, may put the SSSC at risk of breaching SPSO guidance. Additionally, failure to report may have a negative impact on the SSSC's reputation as a public body.
8. We have a cautious risk appetite towards sustaining appropriate operational processes, systems and controls. As we have a statutory responsibility to manage complaints, we apply this cautious approach to the systems of managing complaints. Our complaints handling procedure allows us to maintain the approach to managing risks around complaints and timescales.

IMPLICATIONS

Resourcing

9. There are no resource implications identified as part of this report.

Compliance

10. Production of this report forms part of our responsibilities in complying with the SPSO's model.

IMPACT ASSESSMENTS

Equalities

11. This report is intended to summarise the operation of our complaint's procedure over the last year. This report makes no recommendations that would result in changes to the operation of SSSC policies or procedures. Therefore, an EIA is not required as part of this report.

CONCLUSION

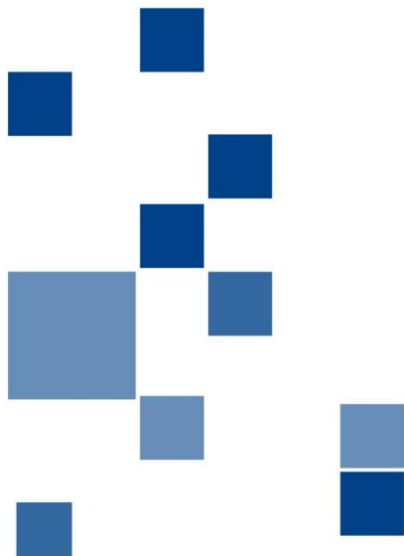
12. Council is asked to note our performance against performance indicators and endorse publication of report on our website.

Council
25 May 2023
Agenda item: 10
Report no: 20/2023
Appendix 1



Complaints Performance 1 April 2022 – 31 March 2023

April 2023



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1. Introduction

- 1.1 We seek to provide excellent customer service across our organisation. Complaints are an opportunity to make improvements and learn from where we have fallen short.
- 1.2 We follow the model complaints handling procedure (CHP) developed by the Scottish Public Services Ombudsman (SPSO). If complainants remain unsatisfied with our response once they have gone through our process, they can complain to the SPSO. The SPSO will then decide whether to open an investigation or not.
- 1.3 Our complaints handling procedure is on our [website](#).
- 1.4 In addition to this annual performance report, we publish a quarterly summary of performance on the complaints we receive, the actions we take and areas for improvement we have identified. We also report on our performance in responding to complaints in terms of timescales and process.
- 1.5 This report covers the period 1 April 2022 to 31 March 2023. Some totals do not equal 100% due to rounding.

2. Performance summary

No.	Indicator	Performance April 2021 – March 2022	Performance April 2022 – March 2023	Comments on current performance
1.	Complaints received per 1,000 registrants	2.4	2.7	On 27th March 2023 there were 167,639 individual registrants on the Register. We received 453 complaints in 2022/23
2.	Percentage of complaints closed at stage one	96%	97%	We received 444 stage one complaints. 99% (439) of these were closed at stage one
3.	Percentage of complaints closed at stage two	4%	3%	We closed 13 complaints at stage two. This includes 5 complaints which were escalated from stage one to stage two
4.	Average working days to respond at stage one	2	1	Our agreed timescale to respond to a stage one complaint is five working days
5.	Average working days to respond at stage two	22	14	Our agreed timescale to respond to a stage two

Council

				complaint is 20 working days
6.	Stage one complaints closed within five working days	98%	99%	We closed 441 stage one complaints within five working days
7.	Stage two complaints closed within twenty working days	76%	93%	10 of the 13 stage two complaints were closed within 20 working days. Not all complaints received in 2022/23 received a response in the same year (as some were received at the end of March 2023)
8.	Stage one complaints with an extension	1%	1%	We extended the deadline in 3 stage one complaints
9.	Stage two complaints with an extension	18%	0%	We extended the deadline in 0 stage two complaints
10.	Proportion of complaints where complainant was satisfied	98%	100%	Due to reporting methods, this figure is indicative only. See para 2.7 for detail
11.	Stage one complaints upheld	5%	4%	15 stage one complaints were upheld
12.	Stage one complaints not upheld	25%	18%	81 stage one complaints were not upheld
13.	Stage one complaints partially upheld	4%	6%	28 stage one complaints were partially upheld
14.	Stage one complaints resolved	66%	72%	'Resolved' is an outcome introduced on 1 April 2021. 321 stage one complaints were resolved
15.	Stage two complaints upheld	18%	18%	2 stage two complaints were upheld
16.	Stage two complaints not upheld	76%	36%	5 stage two complaints were not upheld
17.	Stage two complaints partially upheld	6%	36%	5 stage two complaint was partially upheld

Commented [MA1]: What's the story with the rest of them? If they weren't upheld/ not upheld/partially upheld?

Commented [LS2R1]: 11, 12,13 and 14 cover the stage 1 complaints received 445 (one carried forward from previous year)

Commented [AW3R1]: @Laura Shepherd can I delete this comment...and the one below

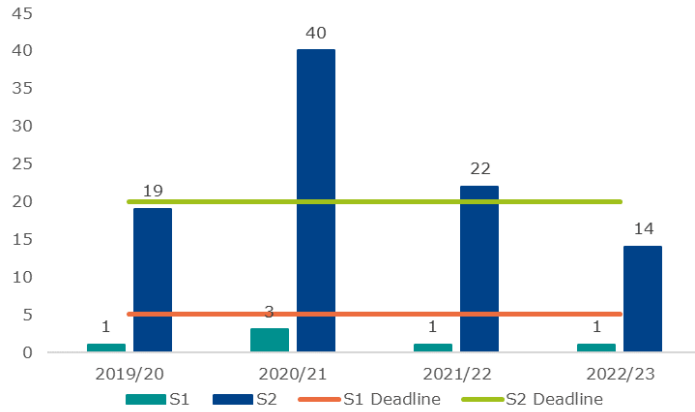
Commented [4R1]: Yes

Commented [MA5]: What happened to the other one?

Commented [LS6R5]: The other one will not yet be closed. They don't all necessary close in the same year if received at the end of the year

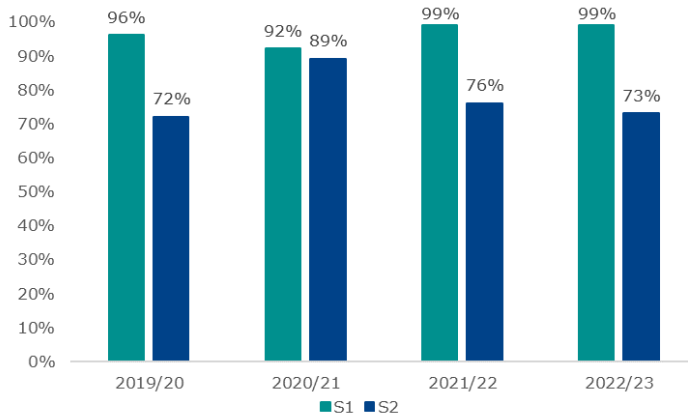
- 2.1 Our agreed timescales are to respond to stage one complaints within five working days, and stage two complaints within 20 working days. The following set of charts presents key information relating to our ability to respond within these timescales.

Figure 1: Average working days to respond to complaints



- 2.2 We have remained consistent with time to respond to a stage one complaint.
- 2.3 The number of stage one complaints upheld, not upheld and partially upheld has mostly been in line with the previous year's performance.
- 2.4 We have also improved our average time to respond to a stage two complaint from 22 to 14 working days.
- 2.5 The change in these averages is reflected in the percentage of complaints we respond to within the respective timescales, shown in Figure 2.

Figure 2: Percentage of complaints with response within timescale



2.6 We responded to 99% of all stage one complaints within the agreed timescales, consistent with the previous year. Our ability to respond to stage two complaints within the allocated timescale decreased from 76% in 2021-2022 to 73% in 2022-2023.

2.7 We do not currently ask complainants how satisfied they are with the outcome or handling of their complaint. Recent changes to the way we record complaints at each stage of the procedure will allow us to more accurately define whether a customer was satisfied or not in the future.

3. What are these complaints about?

3.1 We received 453 complaints between 1 April 2022 and 31 March 2023.

- 98% (444) were received at stage one of the CHP
- 2% (9) were received directly at stage two
- 1% (5) were stage two complaints escalated from a previous stage one complaint.

3.2 Over the same period, we responded to 458 complaints. Note that not all complaints received in 2022-2023 received a response in the same year (as some were received at the end of March 2023 and have not yet been responded to) and some responses were to complaints received in 2021-2022.

- 97% (444) were at stage one
- 3% (13) were at stage two.

3.3 Of the stage one complaints closed, most (286 complaints) were about one of our processes. Of those, the most frequent topics involved:

- 61 about the processing timescales
- 48 about the fees process (for example, requesting a refund)
- 40 about qualification requirements.
- 35 about our removal process

The comparatively high number of complaints about processes is expected given that these relate to areas of high-volume and high-impact work where we are in most contact with workers and stakeholders.

3.4 We can categorise the other complaints as follows:

- 89 about MySSSC (for example, the service not working as expected)
- 47 about communications (for example, the tone of our letters or the methods we used)
- 21 about customer service (for example, poor customer service or inaccurate information provided)

- 2 about our website
- 1 about events.

3.5 Of the stage two complaints closed, the most common categories are:

- 4 FTP processes
- 2 inaccurate information provided

4. What have we learned and what are we doing?

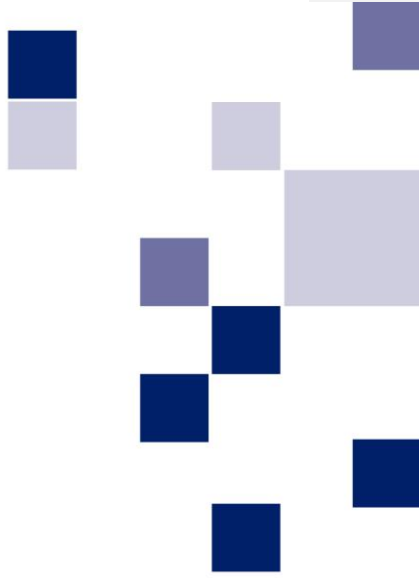
4.1 We always apologise when we get things wrong. Whether we uphold a complaint or not, we always look for ways to make improvements to our service and products.

4.2 Learning from complaints – case studies

What happened	How we resolved things
Applicant received an email advising their application had been rejected for not providing further information in time. Applicant expressed frustration at our processes and advised they followed all instructions provided so far.	We understood applicant lives with a learning disability and we explained what had happened and re-instated the application and assisted through to registration.
Registrant required town of employment on the Public Facing Register not to be visible on her registration and had notified us of this, but it had shown up again due to be dual registered.	We made a change to our process to automatically update new Registrations that town of employment should not be showing on any further registrations.
The complainant submitted a Member of the Public Referral to our Fitness to Practise department about a registered worker and wishes to complain about the delay in dealing with her complaint. The worker in question was removed from the Register while the complaint was still being considered.	We apologised for the delay in making a decision about the referral. We are reviewing our referrals to ensure that no others are delayed. We are also reviewing our systems and processes for possible improvements to prevent this from happening again in the future.
A registered worker has been advised that the qualification she holds does not meet the requirements for Residential Child Care Workers, despite the SQA advising her that this	We assessed the qualification and have received confirmation from the SQA that the qualification is equal to an HNC and therefore meets our requirements. The worker's renewal

Council

qualification is equivalent to an HNC.	was processed and registered without a qualification condition.
We received a complaint from an employer that we failed to properly act on historic information about a worker's fitness to practice both when they applied for registration, and when they renewed their registration three years later. The worker had been employed and registered for five years before an investigation was opened into the historic allegations. The employer relied on the worker's SSSC registration as an indicator that they were fit to practise, and the delay in opening the investigation meant there was a risk to their organisational reputation.	<p>We upheld this complaint and reassured the employer that we understand their concerns.</p> <p>We have recently undertaken significant work to upload all of our relevant historic information into an electronic format, and our procedures are now much more robust for checking for historic information when an application for registration is received.</p> <p>These factors combined have significantly reduced the risk of similar human errors going forward.</p>
<p>A registered worker has recently completed the first year of a BA in Early Childhood and it has now come to their attention that we do not accept this as a qualification meeting our requirements. The worker feels they have wasted time and money pursuing a qualification that will not help them to further their career.</p> <p>The worker said this qualification was accepted for registration until 2010. It is difficult to find any information on the website about why this is no longer accepted.</p>	<p>We entered into discussion with the worker to listen to their concerns and explain why this qualification is no longer accepted.</p> <p>The worker gave feedback that it is difficult to find information relating to qualifications on the SSSC website, and that courses no longer accepted should be highlighted clearly. The worker also gave feedback that there is a need for more online learning for Practitioners in Day Care of Children Services who wish to progress their career.</p> <p>These suggestions will be passed on as part of the future proofing work being undertaken by Qualifications and Standards.</p>



Title of report	Digital Development Update
Public/Confidential	Public
Summary/purpose of report	This report presents an update on our digital development work for the 2022-2023 Digital Programme.
Recommendations	The Council is asked to endorse the progress made to date.
Author and Responsible Officer	Laura Shepherd, Director of Strategy and Performance
Link to Strategic Plan	<p>The recommendation in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	None

Background papers	None
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INTRODUCTION

1. This report presents a summary of our progress delivering our digital strategy from 2022-2023.

DIGITAL STRATEGY UPDATE

2. Thirteen digital projects were agreed to be progressed as part of the 2022-2023 digital programme. Twelve projects were completed and closed within the year. One project, Fitness to Practise (FtP) screening revisions had to be extended by several weeks into 2023-2024 due to vendor availability. Benefits realisation reports were submitted and approved by Digital Sponsor Group for these projects.
3. The following work was progressed under the themes of our digital strategy.

User experience

- Duplicate detections improvements
- Conditions not met phase 2 and 3
- Paper bundling solutions
- FtP screening revisions
- Decision app licensing

User informed

- Intelligence and Insights Systems Project
- Future Proofing Programme consultation to design our digital requirements

Technology architecture

- Future Proofing Programme digital development wave 1
- SMS plugin improvements
- Mattersphere software upgrade
- Scottish Government Fee Waiver technical developments
- Wordpress consolidation

DIGITAL ACTIVITY

4. We launched the new digital strategy in May 2021 and we continue to implement this through the work carried out through Digital Programme Board.
5. We began a full digital equipment refresh as planned in the Digital Strategy. This involved introducing new, efficient hardware and disposal of old equipment using a net-zero approach.
6. Internal audit carried out a review of digital transformation and project management during 2022-2023 which resulted in assurance level of 'good'

with no recommendations. There were several strengths highlighted in the SSSC's approach to digital transformation.

- The Digital Strategy 2021-2024 sets out a framework for the use of digital technologies to support the organisation's business and strategic objectives.
- It was clear that staff and customer digital capability, and customer digital interfaces, are priority actions for the organisation to address.
- Structures have been established, such as the Project Management Office (PMO); Digital Programme Board; and Digital Sponsor Group, which provide opportunities for the review of existing business processes to explore potential opportunities for digitisation and developing a digital infrastructure and prioritising digital development projects.
- The Digital Team continually review the age, performance and capability of the digital infrastructure and monitor technological changes and trends which, in conjunction with the principles outlined in the Digital Strategy, inform infrastructure investment to ensure that the digital infrastructure can maintain and support the organisation's digital objectives.
- Project managers and leads receive project management training.

CYBER SECURITY UPDATE

7. There continues to be a rising threat of cyber-crime within the UK and, within the last 12 months, there have been several high profile and serious cyber-attacks within Scottish public sector organisations. We actively monitor the external threat landscape and work closely with other organisations to determine if further controls are required. A revised cyber incident management plan was implemented as part of our revised business continuity management policy.
8. Mandatory cyber security training and awareness continues to be an important component in the overall fight against cyber-crime and a new round of training has been delivered to all staff. 82% of staff had completed this years' round of training at the end of April, with the remaining staff either being on annual leave or absent from work for other reasons. A follow up reminder is sent 6 weeks after the training is issued.
9. We also regularly undertake simulated cyber-attacks via email to establish how effective training is. The evaluation of these simulated attacks between January 2022 and March 2023 has shown a reduction in the number of staff who clicked on links within the email. Any staff who responded to the fishing email will be followed up and required to complete extra training. During the first simulation, sent before the training unit was issued, 40 staff reported the fake email to our Digital Service desk. During the second simulation, which was sent after the training was issued to staff, 142 staff reported the fake email.
10. We have continued to welcome external scrutiny and assurance and achieved Cyber Essentials Plus accreditation in March 2022.

RISKS

11. During the review of our strategic risk register at the end of March 2022 Council Members agreed to remove the strategic risk relating to the resourcing and capacity of our digital infrastructure as we agreed this risk was mitigated and scores reduced to very low. On the advice of Internal Audit, we introduced a new strategic risk to help us monitor and manage cyber risks to the organisation.
12. During 2022/2023 there was one risk that remains high on the operational risk register which reflects the strategic risk above.
 - Cyber Security - Continues to remain high to reflect the significant cyber threat landscape nationally.

IMPLICATIONS

Resourcing

13. Digital development has an allocated budget that is monitored as part of the overall SSSC budget.

Compliance

14. There are no specific legal implications relating to the contents of this report.

IMPACT ASSESSMENTS

Equalities

15. An Equality Impact Assessment has not been carried out. This report does not present a new or updated policy, guidance, practice or procedure. The work detailed in this report will have assessments carried out as appropriate.

CONCLUSION

16. Council Members, Executive Management Team and Operational Management Team continue to be core members of the Digital Programme Board and Digital Sponsor Group. Staff are regularly involved and engaged in project work. Our digital development aims to put users and a customer focus at the centre of our service planning and delivery. We will continue with the framework we have in place.
17. Council is asked to endorse the work undertaken towards delivering our Digital Strategy 2021-2024.

Title of report	Senior Structure Interim Arrangements
Public/Confidential	Public
Summary/purpose of report	To provide assurance to Members as to the management of the responsibilities of the currently vacant Director of Finance and Resources role.
Recommendations	The Council is asked to note the current arrangements.
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	<p>The recommendation in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</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>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required.

	3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	None
Background papers	None

INTRODUCTION

1. The Interim Director of Finance and Resources' contract came to an end on 31 March 2023. The intention of the Chief Executive, Lorraine Gray, is to leave the role vacant whilst undertaking work on the pay and grading structure as part of the Rewards Review Project that will be revisited later in the year.
2. This report sets out the temporary arrangements in place in respect of the role's responsibilities.

RESPONSIBILITY DISTRIBUTION

3. The role covers four main areas:
 - strategic financial advice to the Chief Executive and Council
 - legal and corporate governance
 - organisational development
 - oversight of the delivery of Shared Services.
4. Allocation of responsibilities for those areas is set out below:

Area	Arrangements	
Strategic Financial Advice	The Head of Finance will attend Executive Management Team, Committee and Council meetings.	
Legal and Corporate Governance	The Acting Director of Regulation has assumed accountability for this area and provides support to the Head of Legal and Corporate Governance who holds operational responsibility.	
Organisational Development	The Acting Director of Workforce, Education and Standards has assumed accountability for this area and provides support to the Head of Organisational Development who holds operational responsibility.	
Oversight of the delivery of Shared Services	The Director of Strategy and Performance has assumed accountability for this area.	
	Shared Services is managed by the Head of Shared Services (a Care Inspectorate employee) who reports to a Director in both organisations and has operational responsibility for delivery of six areas. Director level support and sponsorship of those areas is as follows:	
	Financial services (accounting, transaction, external, audit, financial governance)	Acting Chief Executive

	Human Resources and Payroll	Acting Director of Workforce, Education and Standards
	Corporate governance (Counter Fraud and Corruption, Sustainability and Biodiversity Reporting, and Public Services Reporting)	Acting Director of Regulation
	Health and Safety	Director of Strategy and Performance
	Procurement	Director of Strategy and Performance
	Estates and Reception	Director of Strategy and Performance

5. Legal and Corporate Governance and Organisational Development are stable, well-managed areas and there are no concerns about continuing positive performance in these areas. The Directors assuming responsibility have professional skillsets enabling them to provide strategic support and oversight.
6. Operational delivery of shared services functions is the responsibility of the Head of Shared Services. There is a framework, approved by Council, in place for overseeing delivery of the service. The Director of Strategy and Performance is familiar with the establishment and operation of the framework and the framework provides for support from the Acting Chief Executive in that oversight.

FINANCE

7. The external auditors, Deloitte, have highlighted financial management as an area for focus in the external audit plan, referencing the capacity issues that existed last year in the operational team, and a concern relating to financial controls and financial reporting due to the vacant Director post.
8. Strategic financial advice, and operational financial services are the responsibility of the Shared Service. Delivery was stretched over the 2022/23 financial year due to vacant posts and difficulty recruiting. All posts are now filled and expect to deliver the normal full service of:
 - annual accounts and external audit
 - monthly budget monitoring
 - budget setting
 - financial governance and policy reviews
 - processing transactions.

9. The specification of services provided by Shared Services includes the provision of strategic financial advice to the Director of Finance and Resources. The advice is delivered by the Head of Finance. The Head of Finance will provide advice on financial controls and drafting of financial reports to the Executive Management Team, Committee and Council, continuing to ensure that up-to-date financial information is available. In the absence of the Director she will also attend formal meetings to address any questions or issues that arise.

RISKS

10. We have a cautious risk appetite for financial management.
11. There are three acting up positions across the five most senior roles in the organisation, and one of the other two posts is vacant. Superficially that indicates there is a concern about the stability of the organisation at a senior level. However it is reassuring that I have carried out the Acting Chief Executive role on two previous occasions. Laura Lamb has been Acting Director of Workforce, Education and Standards for over two years with the support of an experienced and stable team. Hannah Coleman, the Head of Regulatory Improvement and Hearings has kindly stepped into the Acting Director of Regulation role, bringing in-depth experience of regulation and the support of an experienced and stable team.
12. The Directors are absorbing additional responsibilities which could have an impact on their capacity. The Directors are confident that with the strong operational experience at Head level they can manage the additional work. The arrangement provides an opportunity to consider the future structure of the organisation.
13. The external auditor has highlighted a risk that financial controls and advice are insufficient. As Accountable Officer I bear a personal responsibility for the propriety and regularity of the public finances of the SSSC. I have spoken to the external auditor and have met recruitment consultants to discuss options for bringing Director level strategic support into the organisation. The Convener has also discussed the possibility of a secondment from Scottish Government with the Sponsor Department.

IMPLICATIONS

Resourcing

14. There are no significant resourcing issues. The cost of appointing any strategic financial support will be funded by the vacant Director post.

Compliance

15. There are two specific compliance roles for allocation. The Acting Director of Regulation has taken responsibility for the role of Senior Information Asset Owner. The Head of Legal and Corporate Governance has taken responsibility for the role of Fraud Liaison Officer.

IMPACT ASSESSMENTS

Equalities

16. An impact assessment was not required as this report does not relate to a new or revised policy.

CONCLUSION

17. It is for me as Accountable Officer to ensure that there are satisfactory arrangements in place for the running of the organisation and particularly for management of public finances for which I am accountable. I am satisfied in the short term that the current arrangements are sufficient.
18. I am concerned about ensuring there is sufficient expertise at strategic financial level to provide advice to both me and Members and to support the Head of Finance. I am taking steps to identify how to bring that expertise into the organisation and will update Audit and Assurance Committee Members at their meeting on 1 August 2023.

Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C 27 Auditors opinion Audit and Assurance Committee September 2023	Council 27 March 2023	Not started		11/09/2023	Min 4.5: Include opinion on efficiency of systems etc in SSSC finance department within external Auditors report in September to Audit and Assurance Committee.	Deloitte to include reference in their report.
C 26 Equality, Diversity mainstreaming report	Council 27 March 2023	Completed	Corporate Governance Coordinator	28/04/2023	Min 5: Report approved, issue and publish report by due date (April).	
C 25 People Strategy	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 14: Issue Staff Survey results to Members in March 2023. Report results and planned actions to Council In August 2023 (unless requested earlier, eg May Audit and Assurance Committee). Update report to be submitted annually - Corporate Governance team to update calendar of business and forward planner.	Report to Council in August/add to planner; amend Calendar of Business and Forward Planner to show updates will be annual;issue staff survey.
C 24 Procurement Strategy 2023-2026	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 13: Procurement strategy approved, issue/publish and update policy library. Uploaded 24 April 2023.	
C 23 Draft budget 2023/24	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 12.1: Present final budget for 2022/23 to Council on 27 March 2023 for approval.	
C 22 Corporate Governance Framework	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 11: Code of Corporate Governance approved, issue, publish and include in policy library. Uploaded 10 March 2023.	
C 21 Financial Strategy 2023-2026	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 10: Financial strategy approved, to be issued/published and included in policy library. Uploaded to Library 12 April 2023.	
C 20 Strategic Plan 2023-2026	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 9: Strategic Plan approved: to be issued/published.	
C 19 Risk Managment Policy approved	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 8.2: Policy approved; arrange for final version to be issued/included in policy library. Uploaded to Library 11 April 2023.	
C 18 Invitation to Minister to visit	Council 27 February 2023	In progress			Min 7.2: Invite new Minister to meet with Council/possibly discuss longer term budget solutions.	Convener in discussion with Scottish Government.
C 17 Add New Member to Audit and Assurance Committee membership	Council 27 February 2023	Completed	Corporate Governance Coordinator		Min 5.2: Add Lindsay MacDonald to membership of Audit and Assurance Committee (inc invitations/team group/distribution etc).	
C 16 Annual Report and Accounts 2021/22	Council 13 December 2022	Completed		31/12/2022	Min 3: Progress with the process for laying Annual Report and Accounts before Parliament by 31 December 2022.	
C 15 Appointment of Fitness to Practise Panel Members	Council 24 November 2022	Completed	Director of Regulation		Min 13: Complete appointment of 26 members to Fitness to Practise panel and also reappoint 13 existing Legally Quallified Chairs.	
C 14 Council and Committee dates 2023-2026	Council 24 November 2022	Completed	Corporate Governance Coordinator		Min 10: Check proposed dates then complete approval and issue /publish.	
C 6 Joint development session with Care Inspectorate re the Promise	Council 25 August 2022	In progress	Corporate Governance Coordinator		Min 9.2 A joint development session with Care Inspecotrate (CI) about the promise. 9.11.22 AW in correspondence with CI counterpart about possible date: also to include discussion on the Independent Review. 16.1.2023: CI Convener and Chief Executive in discussion re options.	CGC to receive updates in order to make arrangements.

Council Calendar of Business 2023/24

Report/meeting dates	25 May 2023	24 Aug 2023	Oct 2023	23 Nov 2023	26 Feb 2024	25 March 2024
Quarterly reports						
Convener's Report	✓	✓		✓	✓	
Chief Executive's Report	✓	✓		✓	✓	
Audit and Assurance Committee Report (<i>inc assurance report and link to minutes</i>)	✓	✓		✓	✓	
Action Record	✓	✓			✓	
Annual reports						
Audit and Assurance Committee Annual Report (<i>part of Annual Report and Accounts process</i>)	✓					
Risk Register and Risk Appetite Statement (<i>included in quarterly A & A committee report to Council</i>)					✓	
People Strategy Report (<i>include staff survey results, HR annual report and agile working updates</i>)		✓				
Complaints Annual Report	✓					
Digital Development Annual Report	✓					
Information Governance Annual Report	✓					
Partnership Agreement Annual Report				✓		
Shared Services Annual Report		✓				
Effectiveness of Council Annual Report					✓	
Corporate Governance Review					✓	
HR Annual Report				✓		

Report/meeting dates	25 May 2023	24 Aug 2023	Oct 2023	23 Nov 2023	26 Feb 2024	25 March 2024
Annual Health and Safety report		√				
Annual Report and Accounts				√		
Draft Annual Report and Accounts		√	√			
Chief Executive Appraisal (Private Report)	√					
Draft Budget 2024/25					√	
Budget Setting 2024/25						√
Draft External Audit Plan					√	
Policies approval – see appendix below for dates that policies will be presented to Council						
All other items (<i>ad hoc or requested matters</i>)						
Strategic Plan 2023-2026						
Equalities Mainstreaming report						
Fees review		√				
Rewards review						
Future Proofing Programme (<i>inc outcome of consultation on Codes of Practice</i>)		√				
People Strategy Delivery Plan		√				
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 Workforce Education and Standards	Agile Working Policy	2023 August	Council
Business Continuity Policy	Strategy and Performance	Director of Strategy and Performance	Business Continuity Policy	2025 August	Council
Capability Policy and Procedure	HR	Director of Workforce Education and Standards	Capability Policy and Procedure	2023 November	Council
Code of Conduct (Employees)	HR	Director of Workforce Education and Standards	Code of Conduct (Employees)	2024 May	Council
Code of Conduct for Members of SSSC	Legal and Corporate Governance	Director of Finance and Resources	Code of Conduct for members of the SSSC	2025 February	Scottish Government and agreed by Council
Code of Corporate Governance	Legal and Corporate Governance	Director of Regulation	Code of Corporate Governance	2026 February	Council
Codes of Practice for Social Service Workers and Employers	Workforce, Education and Standards	Director of Workforce, Education and Standards	Codes of Practice for Social Service Workers and Employers	2024 April	Council
Communications Strategy 2021-2024	Strategic Communications	Director of Strategy and Performance	Communications Strategy 2021-2024	2024 May	Council
Corporate Health and Safety Policy	Estates, Health and Safety	Director of Strategy and Performance	Corporate Health and Safety Policy	2025 August	Council
Criteria and Principles for Assessing Qualifications Sector Guidance	Workforce, Education and Standards	Director of Workforce, Education and Standards	Criteria and Principles for Assessing Qualifications Guidance	2023/24	Council
Data Protection Policy	Legal and Corporate Governance	Director of Regulation	Data Protection Policy	2024 November	Council
Digital Strategy 2021-2024	Digital	Director of Strategy and Performance	Digital Strategy 2021-2024	2024 May	Council
Dignity at Work Policy	HR	Director of Workforce Education and Standards	Dignity at Work Policy	2025 November	Council
Disciplinary Policy	HR	Director of Workforce Education and Standards	Disciplinary Policy	2024 February	Council
Equality, Diversity and Inclusion Policy	Performance and Improvement	Director of Strategy and Performance	Equality, Diversity and Inclusion Policy 2020	2023 August	Council
Family Friendly Policy	HR	Director of Workforce Education and Standards	Family Friendly Policy	2025 August	Council
Financial Strategy	Finance	Acting Chief Executive	Financial Strategy 2023-2026	2026 February	Council

Grievance Policy and Procedure	HR	Director of Workforce Education and Standards	Grievance Policy	2024 August	Council
People Strategy	HR	Director of Workforce Education and Standards	People Strategy	2024 August	Council
Procurement Strategy	Finance	Acting Chief Executive	Procurement Strategy 2023-2026	2026 February	Council
Records Management Policy	Legal and Corporate Governance	Director of Regulation	Records Management Policy	2024 August	Council
Redeployment Policy	HR	Director of Workforce Education and Standards	Redeployment Policy	2024 August	Council
Retirement and Severance Policy	HR	Director of Workforce Education and Standards	Retirement and Severance Policy	2024 November	Council
Risk Appetite Statement	Strategy and Performance	Director of Strategy and Performance	Risk Appetite Statement 2023-2024	2024 February	Council
Risk Management Policy	Strategy and Performance	Director of Strategy and Performance	Risk Management Policy Feb 2023	2025 February	Council
SSSC Decision Guidance Policy	Fitness to Practise	Director of Regulation	Decisions Guidance	As required	Council
SSSC Fitness to Practise Thresholds Policy	Fitness to Practise	Director of Regulation	Fitness to Practise Thresholds Policy	As required	Council
Whistleblowing Policy	HR	Director of Workforce Education and Standards	Whistleblowing Policy	2024 February	Council
Workforce Change Policy	HR	Director of Workforce Education and Standards	Workforce Change Policy	2024 August	Council