Scottish Social Services Council

AGENDA

PUBLIC SESSION

1.	Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10.00 on Thursday 24 August 2023 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by TEAMS meeting. **Sandra Campbell** **Convener**	
2.	Welcome and apologies for absence	
3.	Declarations of interest	
4.	Minutes of previous meeting – 25 May 2023	
5.	Matters arising	
6.	Convener's report	**25/2023**
7.	Chief Executive's report	**26/2023**
8.	Audit and Assurance Committee's report to Council	**27/2023**
9.	This item will be taken in the private part of the meeting	
10.	Agile Working Policy Update	**29/2023**
11.	People Strategy annual report	**30/2023**
12.	Health and Safety report	**31/2023**
13.	Equality, Diversity and Inclusion Policy	**32/2023**
14.	Council Action Record	

15.	Date of next meeting and calendar of business –	
	The next meeting of the Council will be held on Tuesday 31 October 2023 at 09:00 am for Annual Report and Accounts only.	
	The next meeting of the Council for scheduled business will be Thursday 23 November 2023 at 10:00 am.	

PRIVATE SESSION

16.	Minutes of private meeting – 25 May 2023	
17.	2024/25 Scenario Planning	**33/2023**
18.	Fitness to Practise Staffing Update	**34/2023**
19.	Staffing Issues Update	**35/2023**
20.	Revision of shared services operating model	**36/2023**
21.	Draft Annual Report and Accounts Review (Item 09)	**28/2023**

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	Reasons for exclusion
16.	• 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
	• 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.	• 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 prior to final approval by Council
18.	• 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
19.	• matters likely to breach personal data legislation (as defined by the General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation) • information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC
20.	• 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) • matters involving issues of commercial or financial sensitivity or confidentiality
21.	• 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

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the Scottish Social Services Council held on Thursday 25 May 2023 at 10:00 am in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

Present:	Sandra Campbell, Convener
	Theresa Allison, Council Member
	Professor Alan Baird, Council Member
	Lynne Huckerby, Council Member (online)
	Rona King, Council Member
	Lindsay MacDonald, Council Member
	Doug Moodie, Council Member (online)
	Peter Murray, Council Member
In attendance:	Maree Allison, Acting Chief Executive
	Hannah Coleman, Acting Director, Regulation
	Laura Lamb, Acting Director, Workforce, Education and Standards
	Laura Shepherd, Director, Strategy and Performance
	Nicky Anderson, Head of Finance
	Anne Stewart, Head of Legal and Corporate Governance
	Audrey Wallace, Corporate Governance Coordinator
Observing:	The link was shared and there were up to 12 online observers

1.	**Welcome**
1.1	Sandra Campbell welcomed those present. Apologies were intimated from Julie Grace and Linda Lennie, Council Members and Lorraine Gray, Chief Executive. The meeting was quorate.
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 27 February 2023 were approved as an accurate record.
3.2	The minutes of the meeting of 27 March 2023 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 15/2023 which summarised her activities as Convener since the Council meeting in February 2023. She spoke about the encouraging responses received when services had been asked if they would like Members to visit. These visits will assist in Members' development and understanding of the work being done within the sector. This activity of visiting services was paused at the start of the pandemic, which was only a few months after many of the Members took office.
5.2	Maree Allison confirmed that once Members had submitted their visiting preferences, staff would start the process of contacting the relevant services and making the arrangements.
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	Maree Allison presented report 16/2023 which detailed the SSSC's performance against strategic priorities as well as key areas of work in each of the directorates. She highlighted • confirmation of funding for the Future Proofing Programme (FPP), from Scottish Government • the consultation on the review of the Codes of Practice (CoP) • positive feedback from staff on the in-person staff conference held earlier in the month. She also updated Members on progress with the lease of the headquarters offices, the ongoing pay negotiations for 2022/23 and the pausing of the proposed National Care Service Bill focussing on the work that can still be carried forward, without any changes to legislation.
6.2	The following areas were discussed further: • Laura Lamb advised on the progress being made to establish Mutual Recognition Arrangements to allow automatic acceptance of non-UK qualified social work qualifications for registration with the SSSC. Funding to support this work has been agreed with the UK Department of Business and Trade. She added that we are in the first year of a multi-year bid proposal and currently focussing on accepting workers who have qualifications gained in Ireland. Scoping has begun on accepting qualifications from other countries. Currently, qualifications from Australia and Greece were most closely matched to those from the UK.

	• Laura Lamb also advised on the Return to Social Work Scheme and confirmed, after questionnaires having been sent out, that 112 people have signed up to return to work in social services and they have been matched with 29 authorities. A number of these have now gone into employment. The scheme and process are being evaluated to determine how well it worked. The responses received have been very positive.
6.3	The Council
	1. 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 May 2023, along with the assurance report which was submitted to the Committee. He outlined the main points of discussion. Sandra Campbell asked specifically for some more detail on the issues raised regarding areas in the performance summary which were categorised as red, mainly the staff absence figures and turnover.
7.2	Alan Baird advised that the Committee had robustly discussed the refunds of fees to local authorities, the absence of a final position on the lease of the headquarters building in Dundee, and the 2022/23 pay remit being unresolved and therefore impacting also on the negotiations for the 2023/24 pay remit.
7.3	He noted that the Committee was informed, during the meeting, that funding for the FPP had been agreed with Scottish Government.
7.4	He also reported on the internal audit reports submitted, noting that some of the recommended actions had already been completed by management.
7.5	Alan Baird thanked Theresa Allison for stepping in temporarily as the Counter Fraud Champion, pending a replacement for Russell Pettigrew. He advised Council that the Committee recommended that Lindsay MacDonald be appointed to the position as of 1 June 2023.
7.6	Thereafter the following matters were raised • Laura Lamb addressed Members on risk 5: People and Culture: Organisational Development. She confirmed that there had been discussion with officers around trends for sickness absence or for staff turnover figures. Members noted that a 'heatmap' would be included in the next assurance report which would show particular areas of concern. Maree Allison commented that the People Strategy Delivery Plan will be brought to the August meeting of the Council and this will bring the risks on these matters together.

	•	Rona King asked if it was time to fully review the Agile Working Policy to see if there was any correlation between terms of the policy and the attendance and turnover figures. Laura Shepherd addressed the Council on the absence figures, first of all advising that these were figures from March 2023, when the public sector trend was high at 16.5%. She explained that turnover is likely due to there being very little opportunity to move during the pandemic. Now we are starting to see the aftermath of this as people are able to look for and move to other positions. She added the figures had improved since March 2023.
	•	Lynne Huckerby confirmed that in the NHS exit interviews were compulsory. Laura Lamb confirmed that she would look into any benefits of that process.
	•	Laura Lamb advised that work was being done to breakdown the data on social service workers obtaining qualifications. This would include looking at data gathered by the Strategy and Performance team as well as information gathered from surveying stakeholders to understand the benefits of workers with qualifications. Laura Shepherd added during the pandemic, a specific measurement was added to assist in promoting the work of the social services sector, and highlighting the essential work they carry out.
	•	Laura Shepherd explained that some performance measurements showing red were due to work on the FPP not being progressed pending a decision from Scottish Government on funding for the programme.
	•	There was some further discussion on reviewing the benefits of agile working and digitalisation. Maree Allison confirmed that we were in contact with and learning from other bodies as well as learning from our own experiences. The Agile Working Policy will be reviewed at the August cycle of meetings.
	•	Laura Lamb advised that we will be holding an event with adult social care providers to look at the impact of reducing the time allowed for workers to obtain qualifications, should the time allowed be reduced, in the main, from five to three years.
7.7	The Council	
	1.	accepted that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that
		a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department

	b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget
	c. operational delivery and financial expenditure are consistent
	
	2. approved
	    a. the Annual Audit and Assurance Committee report
	    b. the appointment of Lindsay MacDonald as Counter Fraud Champion from 1 June 2023
	
	3. noted
	    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
	    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 its annual report for submission to Council
	    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.

8.	**Audit and Assurance Committee Annual Report**
8.1	Alan Baird presented report 18/2023 which provided a summary of the work of the Audit and Assurance Committee during the year 2022/23. He highlighted the main aspects discussed and highlights throughout the year. In particular he mentioned counter fraud and bribery, the benefits realisation reports, the appointment of new external auditors who will carry out their first audit of 2022/23 and the ongoing issue with pensions and holiday pay for Fitness to Practise panel members.
8.2	Maree Allison clarified that the areas chosen to be audited each year are proposed to the Committee by the internal auditors, based on a five-year rolling programme and discussions with senior officers. The plan is put to Committee for approval. However this is flexible and can and has been changed or added to in accordance with current issues or particular work, such as the audit of the FPP being added.

8.3	Rona King led thanks to the Chair and staff who contributed to the business of the Committee. She assured Council that throughout the year there was opportunity for open discussion and debate and questions to be answered, ensuring appropriate scrutiny is carried out by the Committee.
8.4	Lindsay MacDonald commented on the assurance report and particularly the revised version, which was approved at the meeting earlier in the month, which will be more dynamic and will assist in looking forward to identify possible trends.
8.5	The Council
	1. approved the Annual Report of the Audit and Assurance Committee
	2. noted the content of the report informed the preparation of the annual governance statements in the annual report and accounts for 2022/23.
9.	**Information Governance Annual Report**
9.1	Anne Stewart presented report 19/2023 which provides an update on the organisation's performance in complying with its obligations under the data protection, freedom of information and records management legislation. She also presented a revised Data Protection Policy for approval. Anne Stewart highlighted the 100% response rate for answering freedom of information and individual rights' requests, as well as the success rates in responding to data breach incidents and third party requests.
9.2	Anne Stewart clarified that since leaving the European Union the General Data Protection Regulation (GDPR) has been replaced with UK GDPR which is in the same terms as GDPR. She further confirmed the security of SharePoint, the system used by the SSSC for storing information. Laura Shepherd reassured Members that where there were concerns, this was due to how an organisation had set up their system and not the actual product.
9.3	The Council
	1. endorsed the SSSC's performance on information governance compliance in 2022/23
	2. approved amendments to the Data Protection Policy which was attached at appendix 1 to the report.
10.	**Complaints Annual Report 2022/23**
10.1	Laura Shepherd presented report 20/2023 which outlined the SSSC's complaints performance for the year 2022/23, she also advised that the SSSC has a duty to publish the data.
10.2	Members particularly noted that lessons had been learned from the complaints processes and changes made to these to help prevent recurrent issues. There was some discussion around ascertaining if

	complainants are satisfied with the process and the response received. It was noted that, where a response to a complaint does not give the desired outcome, any feedback would likely be negative so there was limited benefit in seeking feedback. However officers were also looking into the use of technical software to send out a text message to obtain quick feedback on the process which may be useful.
10.3	The Council
	1. endorsed the annual complaints performance for 2022/23
	2. endorsed publication of the report on the website.
11.	**Digital Development Update**
11.1	Laura Shepherd presented report 21/2023 which gave an update on the SSSC's digital development work for the 2022-2023 digital programme. She highlighted that twelve projects were completed within the timescale and the timeframe for one was extended due to vendor availability. Additionally she highlighted that the internal audit carried out on Digital Strategy and Digital Transformation gave an assurance level of good with no recommended actions.
11.2	In reference to cyber security, Members noted the staff training and awareness carried out and also that the organisation attained its Cyber Essentials Plus accreditation in March 2022. Laura Shepherd confirmed that penetration testing is carried out every quarter and the lessons learned and improvements made reported to the Digital Programme Board.
11.3	The Council
	1. endorsed the progress made on Digital Development work.
12.	**Senior Structure Interim Arrangements**
12.1	Maree Allison presented report 22/2023 which detailed arrangements for the management of the responsibilities of the vacant Director of Finance and Resources role. She advised that her report was also considered at the Audit and Assurance Committee earlier in the month and there were only a few updates to this version.
12.2	Maree Allison particularly focussed on the finance aspect of the role including strategic finance advice. She was content that Nicky Anderson, the Head of Finance would attend the Audit and Assurance Committee and Council meetings to provide advice and she was exploring options to get strategic finance advice. This included a possible secondment from Scottish Government. She confirmed she would give an update to Members at their development session on 27 June.
12.3	Sandra Campbell commented that it would not be good practice to review the structure at this point as there were now a number of

	interim arrangements in place. This included interim measures to cover the post of the Chief Executive.
12.4	Members commented that the health and wellbeing of the members of the Executive Management Team must be looked after given the additional responsibilities placed upon them. Additionally it was noted that the External Auditors were taking an interest in the absence of a senior finance officer. Alan Baird assured Members, as Chair of the Audit and Assurance Committee, that he was having regular meetings with the Acting Chief Executive and the Head of Legal and Corporate Governance to ensure he was kept informed of any developments or issues.
12.5	Sandra Campbell agreed that although this was currently an operational matter it could potentially become a strategic risk and any decision on the position would then be brought back to Council.
12.6	Council noted that there was some expertise amongst Council Members and, if appropriate, advice could be offered.
12.7	The Council
	1. noted the current arrangements.
13.	**Council Action Record**
13.1	Members reviewed the Council action record and noted that actions C14 to C17 and C19 to C26, inclusive, were completed and agreed that these be archived from the quarterly report but be held on file for future reference.
14.	**Date and time of next meeting**
14.1	The date of the next Council meeting will be Thursday 24 August 2023 at 10.00am.
	Items 15, 16 and 17 were discussed in private and minuted separately.

Council 25 May 2023
Start time: 10am
Finish time: 12.25 pm

Signed: _____   Date: _____

        Sandra Campbell
        Convener

Title of report	Convener's Report
Summary/purpose of report	Update on the Convener's activity since the last Council meeting on 25 May 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	The information in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 4: We fail to provide value to stakeholders and demonstrate our impact. 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.
	Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.
	Risk 7: Closed.
	Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.
	Risk 9: Closed.
Impact assessments	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 25 May 2023.

INTRODUCTION

2.   The summer period would normally be fairly quiet but this year there has been significant behind the scenes activity from the Convener's viewpoint. This included oversight of the planning around visits to services, a long awaited initiative to enable Council Members to gain first-hand knowledge of a range of services. These are now just beginning to get underway thanks to much behind-the-scenes planning. I'm looking forward to some visits myself over the next few months.

MEETINGS WITH PARTNER AGENCIES

3.   Our renewed partnership with NES (NHS Education Scotland) is now active, with my first meeting on 5 July 2023. The meetings have been reconfigured to have a more streamlined membership and a more focused agenda.

4.   I have continued to attend meetings of the Care Inspectorate. On 10 August 2023 there is a Board meeting including discussion of the Annual Report and also a meeting of the Audit and Risk Committee. There was recent discussion with the Chair about setting up a joint meeting of the Council and Board, given significant strategic developments in the sector and a view that we could usefully share perspectives. A date is to be confirmed.

5.   A joint meeting was held on 19 July 2023 for the annual review of our Shared Services agreement. This agreed recommendations which will be discussed at today's meeting.

MEETINGS WITH THE SCOTTISH GOVERNMENT

6.   Regular meetings have continued with Iona Colvin, the Chief Social Work Adviser. In addition, the recruitment of two Council Members has required several meetings to agree the Person Specification and interview arrangements. The posts have been advertised and the interviews are set for 5 and 6 October 2023.

7.   I have continued to request a meeting with the Minister to discuss issues about financial planning for the SSSC but no date has been confirmed as yet.

8.   I attended a virtual session of Board Chairs arranged to discuss the Scottish Government's Public Services Reform Programme on 31 May 2023.

COUNCIL MEMBERS

9.   On 27 June 2023, we held a Development Session at which the key issue was a briefing on the financial challenges facing SSSC over the next year. We were also updated on findings from the SSSC's extensive database of staffing across the sector in Scotland and considered the potential impact for our organisation.

10.   I have been carrying out the annual appraisals of Council Members in recent weeks and also observed a meeting of the Audit and Assurance Committee on 1 August 2023.

CONCLUSION

11.   This has been a busy and productive period, albeit much of this focused on internal arrangements. With the forthcoming publication of the Independent Review of Inspection, Scrutiny and Regulation the focus will shift to a wider perspective in the next few months and any implications for the SSSC will be clearer. I am confident that we are in a good position to engage positively with the proposals once published.

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	The recommendation in this report links to:
	Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise.
	Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice.
	Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce.
	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.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.
	Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.
	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
	Risk 4: We fail to provide value to stakeholders and demonstrate our impact.
	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.
	Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.
	Risk 7: Closed
	Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.
	Risk 9: Closed
Impact assessments	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 25 May 2023, and looks forward to emerging issues.

KEY POINTS

2. Workstreams relating to the National Care Service are progressing and the SSSC is involved in those relating to the workforce including the development of the National Social Work Agency.

3. We are starting work on the budget for 2024/25, aware that it is an extremely challenging public sector financial environment.

4. The Future Proofing Programme is advancing and we are still working towards a commencement date for the new structure of the Register, of April 2024.

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

5.
6. We held events in June in partnership with SQA (Scottish Qualifications Authority) to explore further potential implications and possible challenges faced by employers, providers, and the workforce in light of the proposed changes to qualification timescales. We shared the data and intelligence we hold regarding the qualified status of the workforce, supply and demand for qualifications, projected trends, and how proposed changes to timescales to gain qualifications may impact on these. We also explored funding routes and challenges to accessing learning. Outputs from the session are currently being analysed to inform implementation planning.

7. The Codes of Practice consultation has closed. We received 482 formal responses and another 239 responses to the shorter survey we targeted at the wider public. Responses are being analysed and the revised Codes will go to Council for approval in November.

8. The consultation on our new model of Continuous Professional Learning requirements and Return to Practice requirements will launch at the end of September.

I attended various meetings with other professional regulators, discussing areas of mutual interest. Regulatory efficiency and international recruitment are two areas of particular focus.

The Scottish Child Abuse Inquiry continues and is moving onto Phase 8, looking at case studies for certain residential childcare services. I expect as with previous phases that I will give evidence to the Inquiry.

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

10. In collaboration with NHS Education Scotland (NES) and the Digital Health and Care Innovation Centre (DHI) we have developed and launched our Preventing Infection in Social Care Settings app. This education resource is one part of a suite of resources to support staff in practice with implementation of Chapter 1 - Standard Infection Control Precautions of the National Infection Prevention and Control Manual and the Care Home Infection Prevention and Control Manual. The launch is being promoted through three webinar events throughout August. We have now agreed a new Memorandum of Understanding with NES which in recognition of our continued joint work.

11. We have launched our new Early Learning and Childcare (ELC) portal to host and maintain the Scottish Government ELC continuous professional learning (CPL) modules and directory of providers. The portal is designed to be a one stop shop for CPL resources for the early years' workforce and will undergo further development.

12. I had an introductory meeting with the Chief Executive of Colleges Scotland to discuss mutual areas of interest.

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

14. This year's graduation of Dementia Champions and Dementia Specialist Improvement leads took place on 7 June 2023. Workers shared what they had learnt from the programmes, the difference it has made to their practice and how they are using the learning in their settings to make a difference for the people they support who are living with dementia, their families, and carers. I also attended the first meeting of Scottish Government's Dementia Strategy Delivery Group, chaired by the Chief Social Work Adviser.

Our revised and updated supervision resources hosted on Step Into Leadership went live in July, with social media promotion focusing on each of the new animations and short videos featuring colleagues from social care and social work reflecting on their practice. A key message about the importance of relationships and criticality of having a wellbeing focus in supervision conversations runs throughout.

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.

15.   Throughout August we are holding a dedicated campaign promoting careers in care and will be launching our refreshed 'Careers in care' website including ten steps guide and pre-employment learning resources. We also continue to support the Scottish Government national recruitment campaign.

16.   In June we published our Movement of Day Care of Children Staff report. This work was undertaken to improve our understanding of the movement of staff employed in day care of children services. In particular to better understand how staff move between services run by different types of employers. We also look at movement between registration categories and the locations of employments.

17.   We published our official statistics Mental Health Officer this month and the next Workforce Data report is due in September. In September we will publish the first of our now six-monthly work social work vacancy data reports.

18.   We will publish data snapshots that highlight the story of Registration over the last few years this month. Publication of regular data snapshots is part of our Data and Intelligence delivery plan over the course of the year.

19.   I had regular meetings with Scottish Association of Social Workers and Social Work Scotland, discussing the challenges facing the sector and mutual areas of interest.

20. **STRONG SUSTAINABLE ORGANISATION**

21.   Audit and Assurance Committee approved the annual procurement report for publication. The report highlights that we remained compliant across all procurement activity in 2022/2023 and no cases of fraud or non-compliance were identified.

We have concluded the 2022/2023 pay negotiations with UNISON accepting the final offer. We have now started 2023/2024 negotiations. We committed to review the Rewards Review project this year, after the Independent Review of Inspection, Scrutiny and Regulation (IRISR) concludes. IRISR was due for publication in June but has been delayed until September and we expect to submit a report on the project to the November Council meeting.

HORIZON SCANNING

National Care Service Bill: In June 2023, the Stage 1 deadline was further extended to 31 January 2024. Regional co-design events are continuing to take place through the summer.

22.   Scottish Government has also reached an initial agreement with local government and the NHS on accountability arrangements for the NCS. Legal responsibility will be shared between the three organisations with staff continuing to be employed by local authorities.

23.
IRISR: The IRISR will now report in September 2023.

24.   **Education/Skills Reform:** Several reports on education, skills, qualifications, and assessment have been published recently, including
25.   Independent Review of the Skills Delivery Landscape, Independent Review of Qualifications and Assessment, Learning for sustainability: action plan 2023 to 2030 and Purpose and principles for post-school education, research, and skills.

Due to these reports, there will be a pause on any legislation on education reform. However, it has been confirmed that the SQA will be abolished and will be replaced by another body.

26.   **Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law:** The Scottish Parliament will reconsider the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. The Cabinet Secretary for Social Justice has confirmed that changes will be brought forward after the parliamentary recess which will mean public authorities will only be required to comply with the UNCRC requirements when delivering duties under powers in an act of the
27.   Scottish Parliament.

Early learning and childcare: The Scottish Government is developing a Strategic Framework for Scotland's Early Learning and School Age Childcare Profession, due to be published in summer 2023. The Framework will set out priorities for action now and over the coming months and years to ensure the qualifications, training, recruitment, and
28.   retention needs of all parts of the sector are met.

CONSULTATION

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

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

CONCLUSION

29.

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.

30.

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	The Committee recommends that the Council:
	
	1. 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
	   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. notes
	   a. that reports are submitted to this meeting of the Council on staffing in Fitness to Practise department, shared services and pay and grading
	   b. risk number 9 is closed
	   c. senior management will produce and share scenarios on outcomes should funding fall short of that required to carry out the Strategic Plan
	   d. a fraud action plan will be submitted to Committee in October
	   e. that revised financial governance documents were approved.

Author	Alan Baird, Chair of the Audit and Assurance Committee
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	The information in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
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. 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 to 30 June 2023
Background papers	Link to draft minutes of the Audit and Assurance Committee meeting of 01 August 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 1 August 2023.

ASSURANCE REPORT

3. The Audit and Assurance Committee of 1 August 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 of 30 June 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 fully discussed ongoing budget concerns including:
    - the pay award for 2022/23 and 2023/24, noting that the pay award for 2022/23 was unresolved although it was hoped this was imminent, if the amended award is accepted by the union (this has since been confirmed)
    - lack of certainty of the funding by Scottish Government to enable full implementation of the Strategic Plan
    - the process for assessing the fees due by local authorities who pay the registration fees of the workers in their employment, this being based on the number of registered workers the previous year, which is then adjusted the following year
    - the level of funding available for training of social service workers in the voluntary sector
    - the funding of bursaries and grants; particular discussion was around the inability to accurately predict the funding required due to challenges such as workers not finishing training who may have perhaps left the sector.

    Risk Register
5. The reduced risk once the Future Proofing Programme (FPP) brings in shorter timescales for workers becoming registered and shorter times for workers completing qualifications
6. further work to be done on producing scenarios linked to outcomes, should there be insufficient funding to carry out the full Strategic Plan.

7. risk number 9 should be closed as the lease of the buildings at Compass House and Quadrant House is now signed.

   Other matters
8. Temporary staff are being recruited to carry out business as usual while permanent, experienced staff are working on the Future Proofing Programme.
9. Issues with turnover of solicitors in the Fitness to Practise department, partially due to the organisation's lower salaries in comparison to other public bodies and private companies. A report will be submitted to this August Council meeting.

PROCUREMENT UPDATE AND PERFORMANCE REPORT

10. The Committee took assurance from the annual procurement report for 2022/23 noting that the processes were robust in ensuring that multiple officers were required in the process to procure goods. Committee also noted that the non-contracted spend was low.

11. David Archibald confirmed that the audit carried out on procurement had provided a good level of assurance.

AUDIT REPORTS

12. The Committee considered two reports relating to the audit function.

    Financial Sustainability Internal Audit Report
13. The Committee was advised that there were no recommendations arising from the audit of the Financial Sustainability of the organisation. This was an audit focussed on the planning by senior management for future years. The challenging funding situation facing all public bodies was fully discussed but noted that this was not the subject of the audit. Scenario planning to assess the impact of insufficient funding was requested and this should be shared with Council Members.

    Management audit progress report
14. Committee Members questioned the extensions requested to complete three recommendations which had arisen from audit reports on HR data and performance management and on Payroll. Staffing capacity was discussed and it was noted that these functions were a part of the shared services and that a report on options will be submitted to this August Council meeting. Committee agreed that an update on the outstanding actions must be reported to the meeting of the Committee in October, to sufficiently assure the Committee that these recommendations were being progressed satisfactorily.

DRAFT ANNUAL GOVERNANCE STATEMENT

15.   The revised draft Annual Governance Statement, which forms part of the Annual Report and Accounts, and which was initially approved at the May meeting of the Committee, was submitted with minor changes to comply with plain English protocol. This was approved.

FINANCIAL GOVERNANCE DOCUMENTS: FINANCIAL REGULATIONS AND DEBT MANAGEMENT POLICY

16.   The Committee approved the revised Financial Regulations and the Debt Management Policy which are reviewed by officers annually.

FRAUD BRIBERY AND CORRUPTION ASSURANCE REPORT

17.   The Committee noted there were no cases of fraud, bribery or corruption detected in the quarter 1 April to 30 June 2023.

18.   The fraud action plan for 2023/24 was not complete and will be presented to Committee on 31 October 2023.

ACTING CHIEF EXECUTIVE UPDATE

19.   The Committee noted that the Acting Chief Executive will submit a report to this Council meeting on the current position regarding the pay and grading exercise.

CONSULTATION

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

RISKS

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

IMPLICATIONS

Resourcing

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

Compliance

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

IMPACT ASSESSMENTS

Equalities

24. 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

25. 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.

26. 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 30 June 2023
Public/Confidential	Public
Summary/purpose of report	To provide performance, financial and risk information which: • assesses delivery of our strategy through the analysis of strategic performance indicators • highlights areas of concern • identifies corrective action required. 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.
Recommendations	Audit and Assurance Committee is asked to: 1. endorse the direction of travel for the strategic measures 2. approve the risk register position 3. approve the closure of risk 9
Author	Laura Shepherd, Director of Strategy and Performance
Responsible Officer	Maree Allison, Acting Chief Executive
Link to Strategic Plan	The information in this report links to: Outcome 1: **Trusted** People who use services are protected by a regulated workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
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 2023/24 Strategic Risk Register.

ASSURANCE REPORT AS OF 30 JUNE 2023

AAC Meeting Version

01 August 2023

Agenda item:05, Report no:16/2023

Action: For Decision

EXECUTIVE SUMMARY

June 2023 SPI PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
Finance	Reserves (%)	1-4		2 to 2.5	2.1	-0.4	⬆	Green	
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	25.8	-	➡	Amber	There is a plan to support improving performance levels (to November); legislative change introduced by the Future Proofing Programme will reduce time to apply
2.2 Reg	SSSC will maintain the number of open fitness to practise cases at an acceptable level	1	1	2000	1807	+20	⬇	Green	
2.2 Reg	95% of our open cases will be less than three-years-old	1	1	95.0	96.0	+0.3	⬆	Green	
2.3 WE&S	Increase the percentage of the registered workforce with the correct qualification (%)	2	2	52.5	51.3	+0.3	⬆	Amber	
2.4 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	25	27.9	+0.5	⬆		More data points required before forecasting will be available.
2.5 WE&S	Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)	2	2	80.0	83.6	-2.9	⬇	Green	
2.5 WE&S	Cumulative performance (%)	2	2	80.0	84.5	-0.4	⬇	Green	

June 2023 KOI PERFORMANCE SUMMARY

KOI	KOI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
2.6	Delivery of key milestones across our joint initiatives and programme of work against national strategies	2, 3, 4		-				N/A	
3.1 KOI Reg	Registrant workforce numbers			N/A	168.7k	-	-	N/A	
3.2 KOI S&P	The percentage of the workforce feeling valued for the work they do	4		N/A	-		-	N/A	
4. Organisational Information	Programme Management Office	1-4	-	-	-	-	-	-	
5.1 HR	The overall percentage of staff who are absent from work (%)	1-4	6	<3.6	3.9	-0.9	⬆	-	
5.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	15.1	-0.2	⬆	-	

June 2023 SSSC STRATEGIC RISK REGISTER

Risk No.	Strategic Risk Description	Outcome	Gross	Residual	V (+/-)	Owner	Rationale for change
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	
7	The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	1, 2, 3, 4	20	2		CEO	Risk closed as of 31 March 2023
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.

Recommendation that risk 9 is now closed at the end of July. Lease is signed, new footprint for SSSC agreed and other organisation are in the processes of moving into the vacant space.

By exception.

1. CORPORATE FINANCIAL POSITION

1.1 Overview

This report contains projections as at 30 June 2023 for the financial year end of 31 March 2024. A summary of the budget for the year and more detailed information is included at Appendix A, table 1.

We are projecting to end the year with available general reserves of £531k (2.1%) (unaudited), within the 2% (£500k) to 2.5% (£650k) target.

We have detailed the financial risks in the tables at 1.5. Our expectation is that if the risks materialise, we will manage them through use of our general reserves without affecting our performance.

We have detailed overspends and underspends of more than £50k in the charts at 1.5 along with any expected impact on performance.

Scottish Government confirmed funding of £1,092m for the Future Proofing Programme in May 2023. Scottish Government will provide £343k of one-off funding and asked we use carry forward from 2022/23 of £445k from postgraduate bursaries. This leaves £304k to be funded from our general reserve. This has been built into our end-of-year projections.

1.2 General reserve (unaudited)
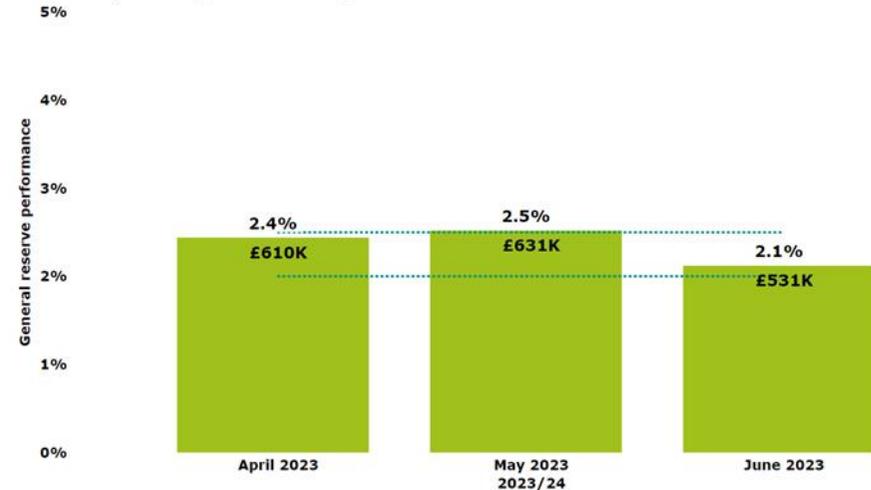
More detail on our general reserve is provided in appendix A, table 2.

1.3 Operational expenditure

We expect an underspend of £206k on our operating expenditure. Movements in the projection are detailed in appendix A, table 3.

Projected year end operating expenditure
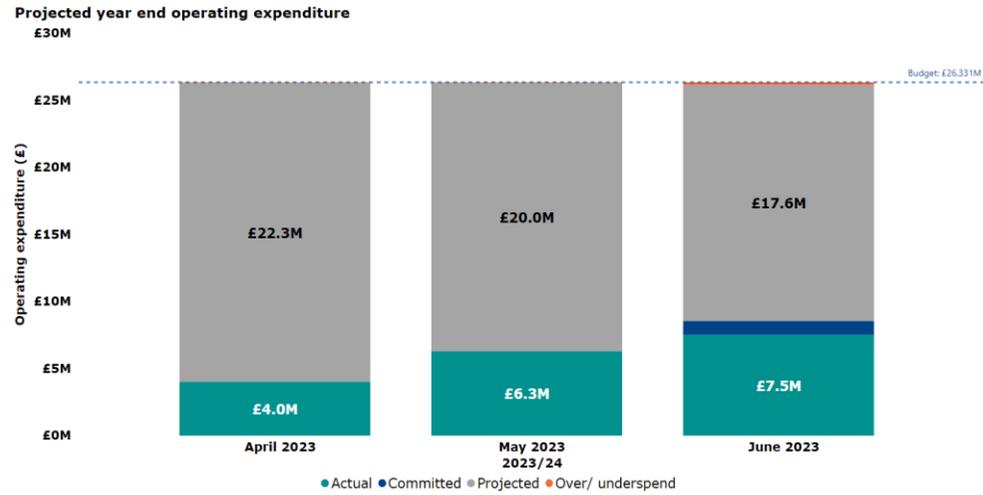
1.4 Registration fee income

We expect to receive £3.31m of registration fees during the year. We are currently expecting this to be at budget.

Projected year end registration income
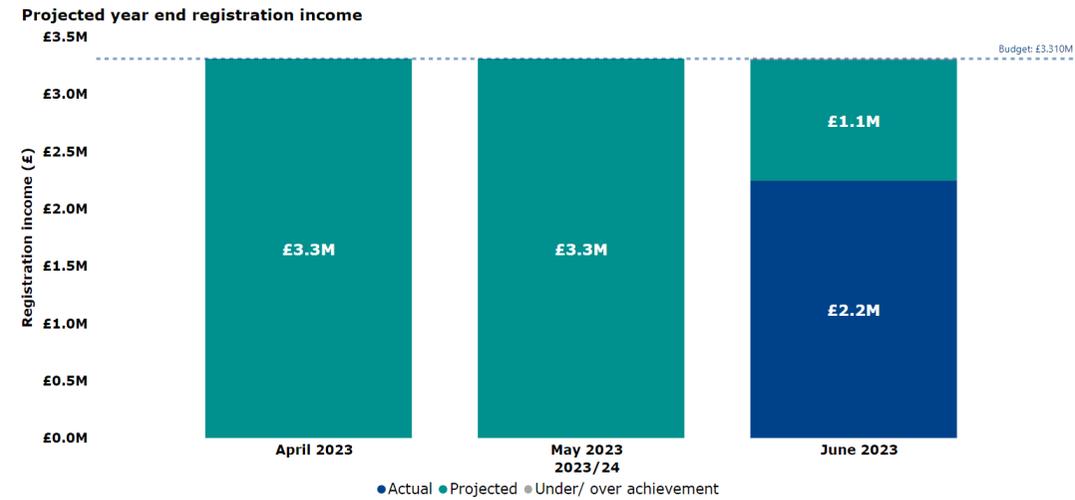
1.5 Financial Risks

| Risk area	Expected impact
2022/23 end of year outturn	• This work will complete at the end of July. If the end of year balance differs from our projection it will affect our reserves level.
Panel Member fees	• If the employment tribunal judgment requires us to pay increased holiday backpay it is estimated at up to £280k, likely payable over 23/24 and 24/25. The judgment is unlikely to be issued until 2024. If panel members take up backdated pension contributions we estimate the maximum payment as £40k. We will have confirmation of the amounts paid by October 2023.
Staff costs	• If the improved offer for the 22/23 pay award is accepted by staff the additional cost for 22/23 is £81k. We are not able to start negotiations on the 2023/24 pay remit until 2022/23 is concluded and there are potential impacts relating to rewards review.
Registration fee income	• The high turnover rates within the sector are likely to affect fee income although it is not clear whether it will increase or decrease fee income. The impact will be clearer later in the financial year.

Digital running costs
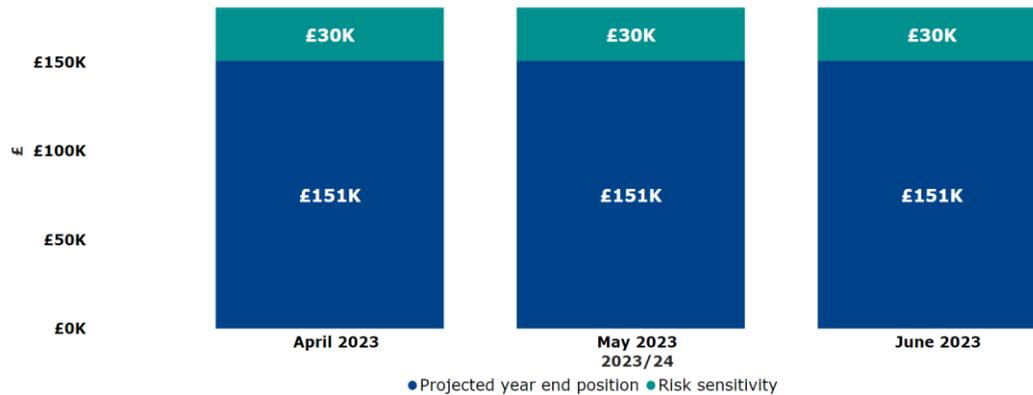
Digital running costs are projected to be £151k overspent at 30 June 2023. This is due to unbudgeted expenditure £77k, inflationary increases £53k and increased demand for licences £27k.

Risk sensitivity – This overspend may increase by a further £30k.

Risk likelihood – There is a medium risk that digital running costs could increase due to potential rising inflationary costs.

Impact on performance – No impact on performance is expected.

Staff costs
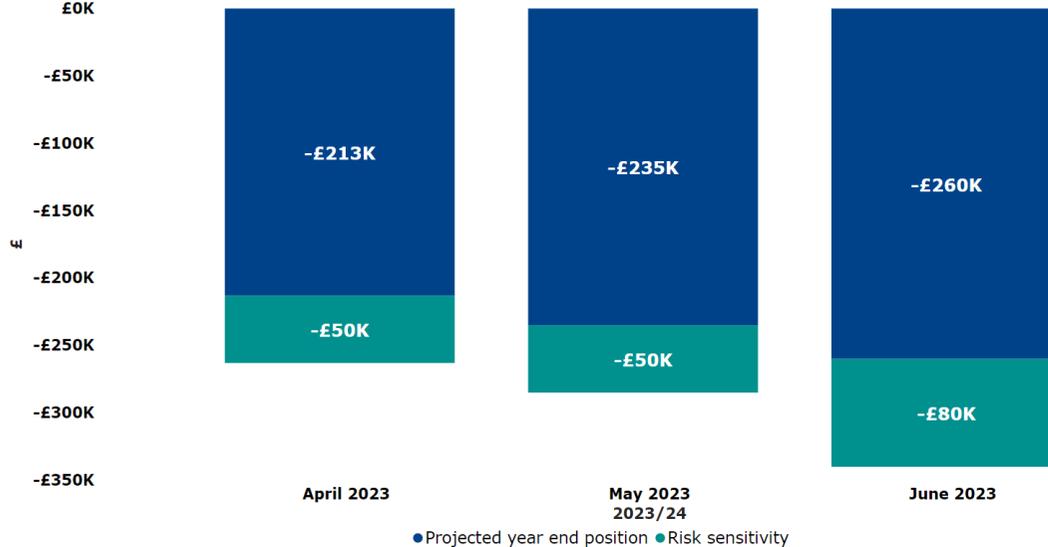
Staff costs are projected to be £260k underspent at 30 June 2023. This is due to vacant posts in the early part of the financial year.

Risk sensitivity – This underspend may increase by a further £80k.

Risk likelihood – There is a medium to high risk of this underspend increasing during the year as further vacancies arise.

Impact on performance – Our staff turnover was 15.1% in June 2023. This is in line with current market trends. Section 5.2 details planned management action for Fitness to Practise where staff turnover and vacancies are a potential risk to maintaining performance. This is being closely monitored by EMT.

Futureproofing Project costs

£0K		
-£50K		
-£100K		
-£150K		
-£200K		
-£250K		
-£300K		

April 2023: -£239K / -£50K
May 2023: -£239K / -£50K
June 2023: -£124K / -£50K

2023/24

● Projected year end position ● Risk sensitivity
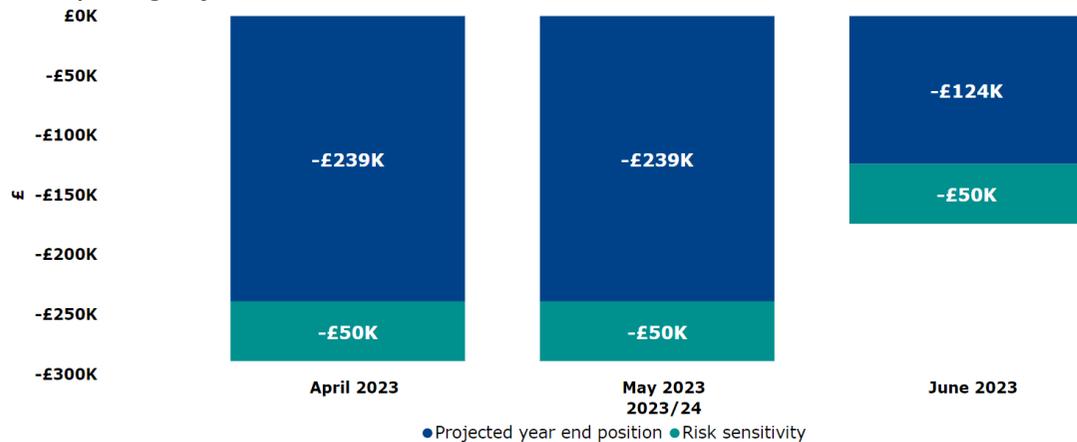
Future proofing project costs are projected to be £124k underspent at 30 June 2023. This is due to delays in filling posts and beginning digital work.

Risk sensitivity – This underspend may increase by a further £50k.

Risk likelihood – There is a medium risk that our futureproofing underspend will increase due to the timing of the digital development and the resources available to complete the scale of this work. Timescales for legislative change are also out with our control.

Impact on performance – If development times are delayed there could be a risk that the project is not completed within planned timescales and this could have budget implications in 2024/25.

1.6 Funding and income

Scottish Government has approved funding totalling £21.910m in 2023/24. We expect to receive £3.695m in registration fees and other income.

Funding and income	Budget £000	Drawdown to date £000	Projection 31 Mar 24 £000
Grant in aid	11,028	1,800	11,028
GIA - disbursements	5,007	0	5,007
GIA – pay uplift 22/23	300	0	300
Specific grants	873	0	873
Local Authority fees	2,593	0	2,593
Futureproofing project	343	0	343
Spending pressure	1,766	0	1,766
Total Government funding	**21,910**	**1,800**	**21,910**
Income			
Registration fees	3,310	tbc	3,310
Other income	385	0	385
Total funding and income	**25,606**	**1,800**	**25,606**

Grant in aid of £1.766m is a spending pressure which is to be managed in year as part of the Autumn and Spring budget revisions. Scottish Government have asked that we continue to seek efficiencies wherever possible in order to minimise the spending pressure during the year.

We expect to drawdown our total funding of £21.190m for the year. EMT will review regular budget monitoring information to closely monitor the financial position, with a view to reducing the spending pressure requirement.

2. STRATEGIC PERFORMANCE INDICATORS

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

Assessment & Analysis

Time taken from employment to registration was 25.8 weeks in June 2023. Employment to application decreased by 0.1 to 20.6 weeks and application to registration increased by 0.1 to 5.2 weeks.

RAG		
<18	18 to 22	>22

Target: 18 weeks

Actual and reforecast

Apr-23	27.1	50.4%
May-23	25.8	43.2%
Jun-23	25.8	43.5%
Jul-23	23.3	29.7%
Aug-23	22.5	24.9%
Sep-23	21.6	20.0%
Oct-23	20.7	15.1%
Nov-23	19.8	10.2%
Dec-23	19.4	7.9%
Jan-24	20.3	12.9%
Feb-24	20.2	12.4%
Mar-24	18.7	3.9%

Our overall target is currently 18 weeks (14 weeks to apply and 4 weeks processing time). The average time taken to register in 2022/23 was 24 weeks.

The data around the measure of employment to application is vast and complex and there is an action plan (detailed below) to better understand these complexities and how to capture the data we need to ensure we are targeting the right employers.

Mean Number of Weeks to Register from Employment Date

Natural Process Limits   Target   Central line   Employment to Registration
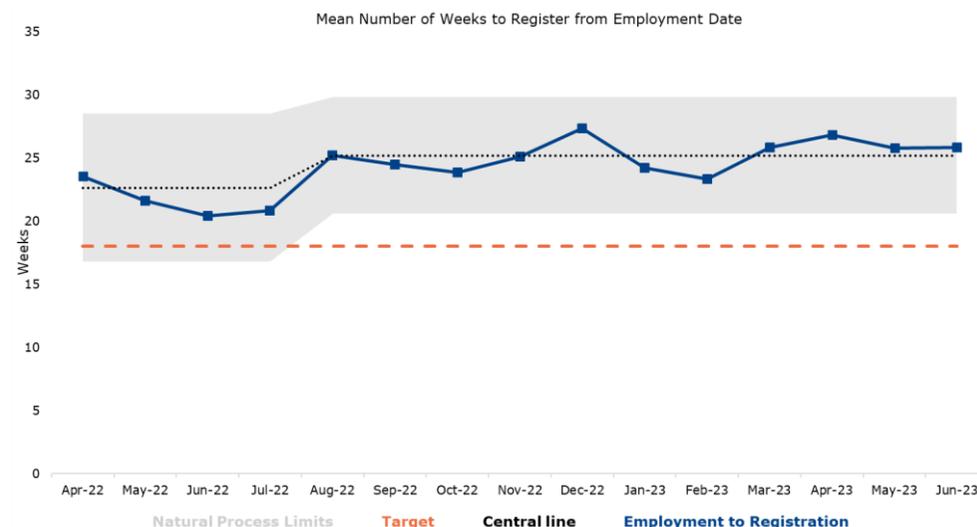
In quarter 1 we received 2785 more applications than expected as well as experiencing high levels of sickness absence impacting our ability to achieve targets, however, we expect applications to stabilise in the coming months. These factors impact application to registration and we can expect between 1 to 1.5 weeks of improvement when this balanced is addressed.

Business Intelligence is working with Regulation on the calculation for this measure to factor in data provided by the endorser. This will also support the action plan set out in the management actions.

Management Action

- Complete recruitment process for four temporary Registration Assistants (RAs) under the Future Proofing Programme to backfill processing RAs.
- Continue to progress cross team training for applications.

- Continue to work with P&I to refine current reporting measures, identifying complexities and finding solutions to ensure our data is more accurate.
- Make a decision about system changes to enable better reporting with less manual intervention.

Current legislation allows people 6 months to gain registration so our ability to influence how quickly people apply is limited currently. Future proofing legislation will include a reduction in the time to gain registration, being the driving force to achieving this measure in 2024-2025.

The action plan below aims to ensure our data and reporting mechanisms can effectively target the right employers to improve timescales to apply:

April – May
- Identify common issues with data input - complete.
- Explore reasonable excuse, and if applicable, remove from future reports (subject to system development) – in progress.

June – July
- Explore changes in the system to improve the data input to recognise reasonable excuse and exclude from reporting.
- Refine reporting criteria – in progress.

August – Sept
- Progress system changes (if resources allow)

Oct – Nov
- Re-analyse the data.
- Approach employers where employees have been in breach and reinforce the requirements to be registered in 6 months.

2.2 Regulation: SSSC will maintain the number of open fitness to practise cases at an acceptable level; 95% of our open cases will be less than three-years-old.

Assessment & Analysis

Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. This analysis focuses on both number of cases open and how many of those are less than 3 years old.

RAG		
>0%	0% to 10%	>10%

Target: 2000

Number of open fitness to practise cases at an acceptable level actual and reforecast		
Apr-23	1788	-11%
May-23	1787	-11%
Jun-23	1807	-10%
Jul-23	1799	-10%
Aug-23	1746	-13%
Sep-23	1690	-16%
Oct-23	1693	-15%
Nov-23	1689	-16%
Dec-23	1659	-17%
Jan-24	1570	-22%
Feb-24	1537	-23%
Mar-24	1542	-23%

RAG		
>95%	90% to 95%	<90%

Target: 95%

% of open cases less than 3 years old actual and reforecast		
Apr-23	95.7	0.8%
May-23	95.7	0.8%
Jun-23	96.0	1.0%
Jul-23	95.4	0.4%
Aug-23	95.3	0.3%
Sep-23	95.2	0.2%
Oct-23	95.1	0.1%
Nov-23	94.9	-0.1%
Dec-23	94.9	-0.1%
Jan-24	95.1	0.1%
Feb-24	95.4	0.4%
Mar-24	95.9	0.9%

Regulation and Business Intelligence agreed the current forecast before commencement of this financial year. The forecast is based on historic data. Monthly performance is currently ahead of the forecast. Despite this there are concerns that FtP will not reach 1542 cases by the end of the financial year.

Over the past year FtP has experienced high turnover resulting in the recruitment of new staff. This has caused a reduction in tenure and experienced staff within the department.

Business Intelligence will work with Regulation to understand further why the current forecast isn't achievable, this will consider the factors detailed below.

Several factors affect the number of cases open and their age profile. Some are external, such as complexity of cases, proportion of cases affected by third party proceedings, the quality of information relating to a case and the proportion of member of the public complaints. Others are internal such as case to staff ratios, staff turnover, experience, capacity and performance.

Staff capacity is impacted by changes in process or systems, providing training and support to newer staff etc.

At the end of June 2023, the number of open cases was 1,807. An increase of 20 from the previous month and an overall reduction of 301 from June 2022. 96.0% (1,734 of 1,807) of open cases are less than 3 years old.

Number of Open Cases at the end of the month

Natural Process Limits   Target   Central Line   Open Cases

Percentage of open cases less than 3 years old
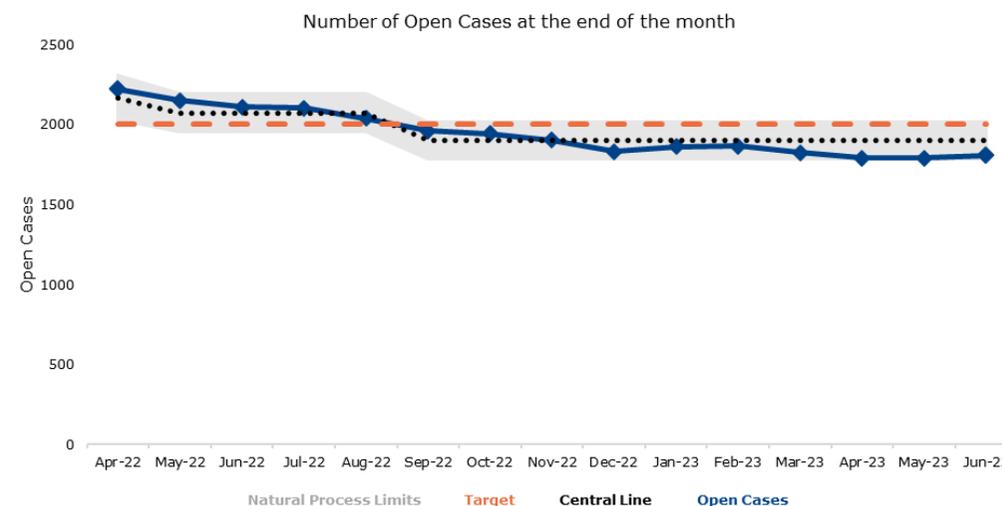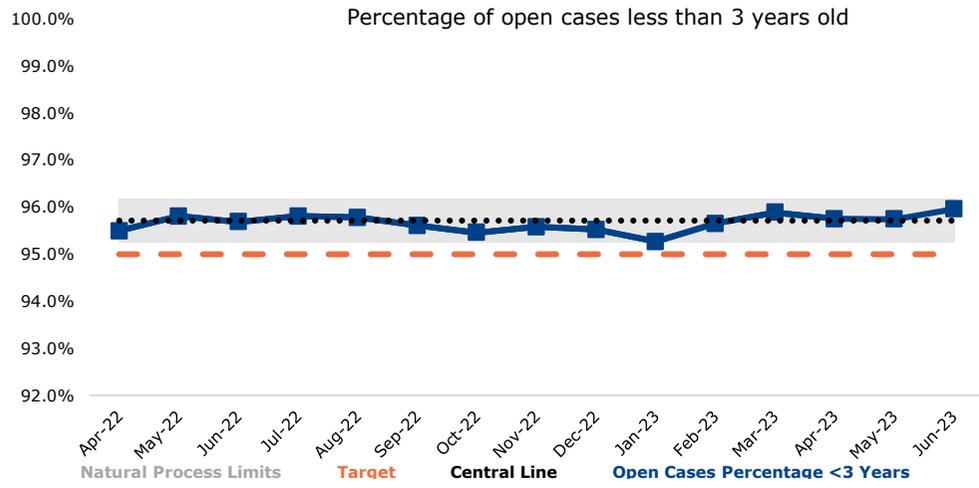
Management Action

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

Assessment & Analysis

RAG		
>52.5%	50% to 52.5%	<50%
	Target: 52.5%	

Actual and Reforecast		
Apr-23	50.9	-3.1%
May-23	51.0	-2.9%
Jun-23	51.3	-2.3%
Jul-23	51.2	-2.5%
Aug-23	51.2	-2.5%
Sep-23	51.3	-2.3%
Oct-23	51.6	-1.7%
Nov-23	51.7	-1.5%
Dec-23	51.7	-1.5%
Jan-24	51.5	-1.9%
Feb-24	51.8	-1.3%
Mar-24	51.9	-1.1%

June 2023's performance was 51.3%. Overall numbers of individuals achieving a qualification condition is increasing. However, the length of time an individual takes to satisfy a qualification condition is also increasing.

Percentage of Registrations with a Qualification

Natural Process Limits   Target   Central Line   % of people with a Qualification
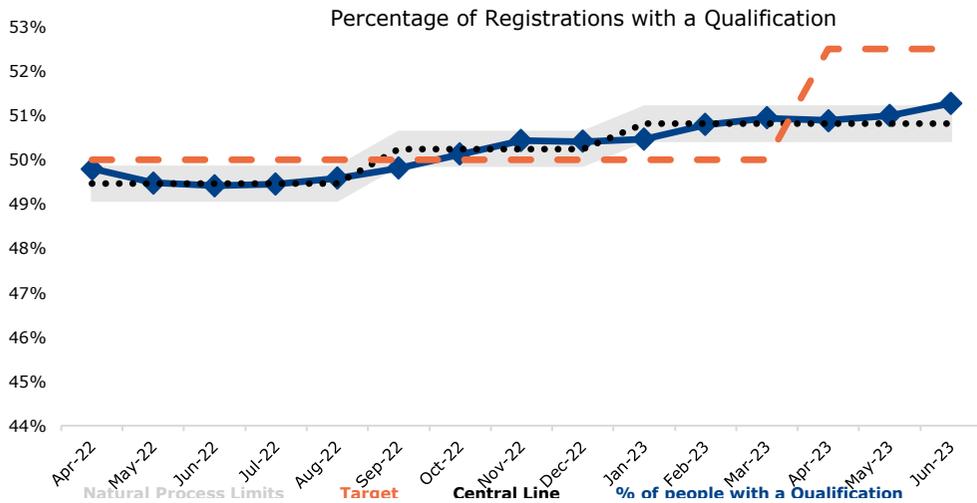
77,525 registrants have a qualification due in the next five years, we estimate that 43,996 will still be due after attrition. 6,967 of the 77,525 are in 2023/24.

Number of registrants with a qualification condition due

● Number of individuals with qualification condition due ● Estimated, due to attrition, the number of individuals with q.
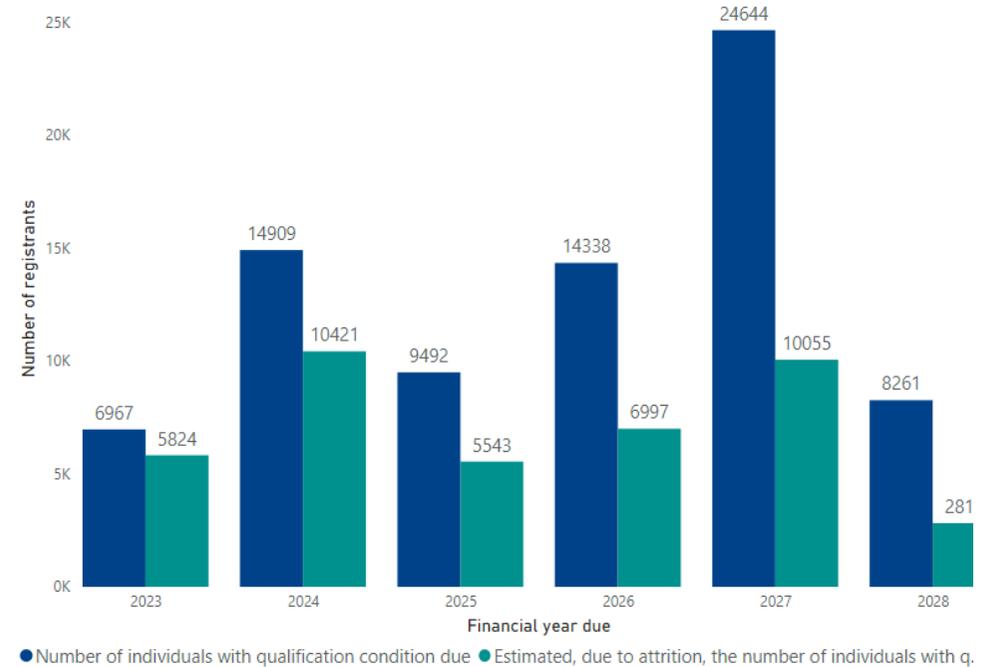
We detail the breakdown of register parts with a qualification in the next graph.

Support workers in a care at home service, care home service for adults and housing support service represent the three largest groups of individuals needing to satisfy a qualification condition on their registration. They are also the register parts with the lowest proportion of individuals with qualifications.

Register parts qualification %

Practitioners in Day Care of Children Services	83.3%
Supervisors of a Residential School Care Accommodation Service	77.8%
Managers of an Adult Day Care Service	65.3%
Managers of a Residential Child Care Service	61.5%
Practitioners in a Care Home Service for Adults	59.0%
Residential Child Care Workers with Supervisory Responsibilities	57.6%
Managers in Housing Support Services	55.4%
Managers of a Care Home Service for Adults	53.5%
Managers of a Day Care of Children Service	52.7%
Managers of a Residential School Care Accommodation Service	50.0%
Managers of Care at Home Services	48.8%
Supervisors in Housing Support Services	48.7%
Residential Child Care Workers	47.8%
SCSWIS Authorised Officer	47.3%
Supervisors in a Care at Home Service	45.1%
Workers in a Residential School Care Accommodation S	43.9%
Support Workers in a Day Care of Children Service	43.4%
Supervisors in a Care Home Service for Adults	41.8%
Support Workers in a Housing Support Service	41.7%
Support Workers in Care at Home Service	38.5%
Support Workers in a Care Home Service for Adu	38.0%

Management Action

Council approved 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 in November 2022 and will start to be implemented from April 2024. These changes will help increase the qualified status of the workforce.

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 in July 2023.

We ran two events on 26 June jointly with SQA (and supported by NES) with employers and workers from adult social care to help shape our implementation plan for revising qualification timescales. We updated attendees on the work we are doing to prepare for these changes and this included a focus on what our data is telling us about qualifications in adult social care. We sought views from attendees on the proposed changes and opened up discussion into emerging themes, not just in relation to timescales for gaining a qualification but also around demand for training, quality of training provision and availability of funding. We are currently analysing the responses received from the events in order to assist us with next steps; this analysis will be complete by August 2023.

Scottish Government have confirmed that £900K will be available for this year's VSDF. We have agreed priority groups with Scottish Government, which will remain similar to last year's priority groups where we will accept applications from care at home and housing support services who have staff requiring to complete qualifications at either SCQF level 6 or 7; this year, based on what our data and intelligence is telling us, we will prioritise applications from those needing to complete SCQF level

6 qualifications. Applications will be opened for this year's funding in July 2023.

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

Assessment & Analysis

This measure looks at active users who access our CPL products as well as number of badges completed.

RAG		
>25%	20% to 25%	<20%
	Target: 25%	

Apr-23	25.4%	1.5%
May-23	27.4%	9.5%
Jun-23	27.9%	11.6%
Jul-23		
Aug-23		
Sep-23		
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		
Mar-24		

There were 411 badges logged in June 2023 compared to 564 last month. 980 individuals out of 2431 (40%) who applied for renewal in June 2023 indicated they had used SSSC learning resources.

We currently have 39,953 active SSSC Open Badges user accounts and saw 4,469 users of the MyLearning app in the prior 30 days.

Percentage of Active Users and Badges awarded against Individuals Registered

Natural Process Limits — Target — Central Line — % Active Users & Badges awarded against

Cumulative Position of Recorded Learning

- MyLearning App users
- Leadership 360 Feedback Tool
- Number of Badges awarded
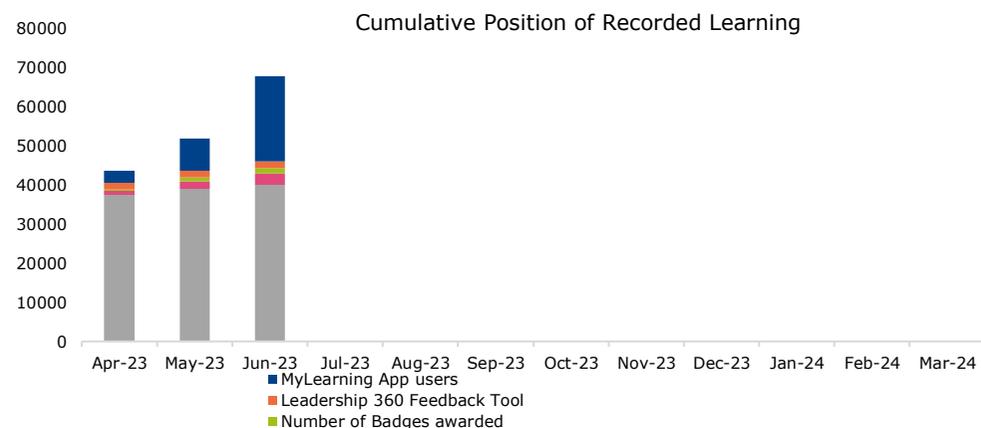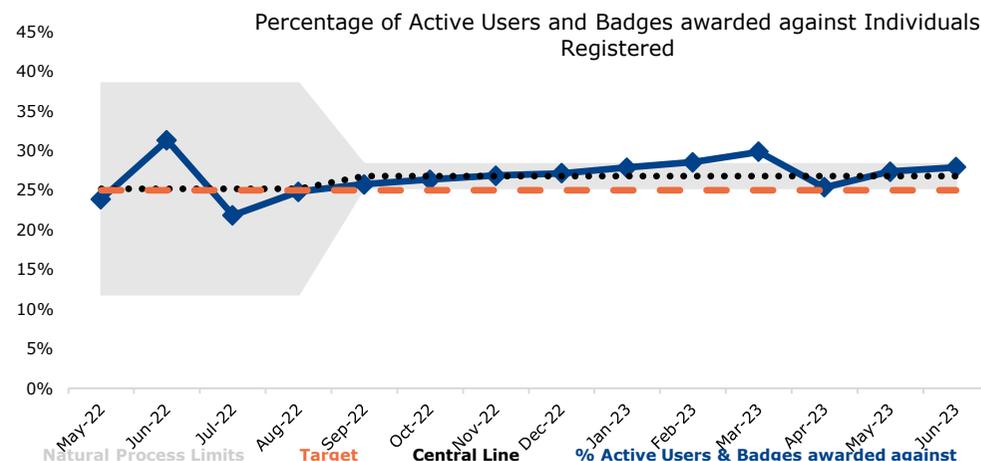
Management Action

- Work to refresh the Learning Zone has started and will incorporate functionality to support better curation, signposting to, and accessibility of resources for relevant user groups.
- We have developed and work has started on a plan for ensuring that WES learning resources are accessible.
- Targeted learning resource promotional activity has started.

18

- We are working with colleagues at NES to develop new Open Badges for workers across health and social services.

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

Assessment & Analysis

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

- the users of learning resources including step into leadership and open badges
- registrants who have recently renewed or completed a qualification
- surveys across our corporate website and our learning zone
- post-event feedback

RAG		
>80%	70% to 80%	<70%

Target: 80%

Monthly Performance Actual and Reforecast		
Apr-23	83.3	4.1%
May-23	86.5	8.2%
Jun-23	83.6	4.5%
Jul-23	76.0	-5.0%
Aug-23	81.8	2.3%
Sep-23	80.4	0.6%
Oct-23	81.0	1.2%
Nov-23	81.3	1.7%
Dec-23	81.7	2.1%
Jan-24	80.3	0.3%
Feb-24	81.2	1.5%
Mar-24	83.9	4.9%

RAG		
>80%	70% to 80%	<70%

Target: 80%

Cumulative Performance actual and Reforecast		
Apr-23	83.3%	4.1%
May-23	84.9%	6.2%
Jun-23	84.5%	5.6%
Jul-23	82.2%	2.8%
Aug-23	82.2%	2.7%
Sep-23	81.9%	2.4%
Oct-23	81.9%	2.3%
Nov-23	81.8%	2.3%
Dec-23	81.8%	2.2%
Jan-24	81.6%	2.0%
Feb-24	81.6%	2.0%
Mar-24	81.8%	2.3%

From the above resources we received 274 responses, compared to last month's 312.

Positive Score of Development Activity

Target   Monthly positive score   Cumulative positive score
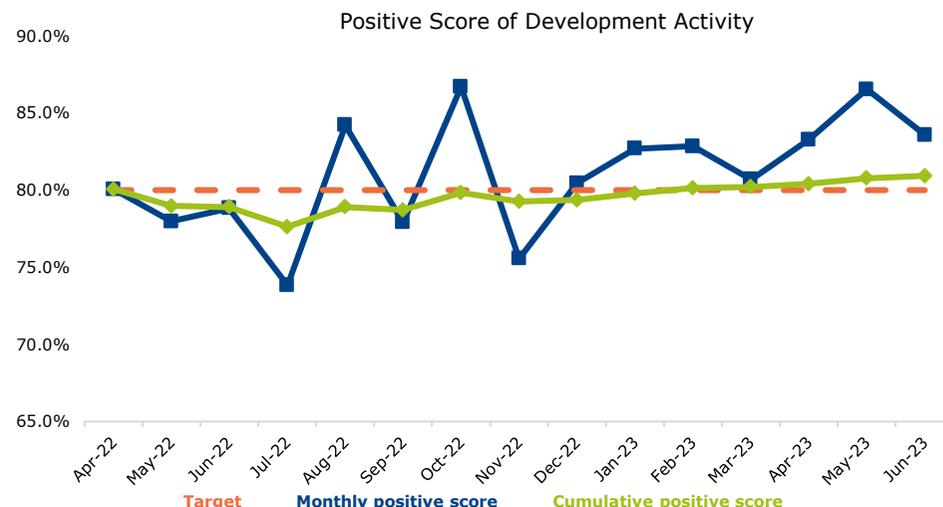
Management Action

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 CPL and registration conditions. Analysis of registrant usage of our digital learning resources and digital insights has informed the WES improvement action plan which includes targeted promotion of resources.
- The registrant learning resources survey results have been analysed and incorporated into the WES improvement action plan.
- We are making improvements to ensure that feedback is obtained more consistently from events and other engagement activity in respect of the policy implementation aspects of our work. We are planning to use the new Customer Voice software to support us to obtain more meaningful feedback from learning events and the new text mining software to better-analyse qualitative feedback from our engagement activity.

2.6 Delivery of key milestones across our joint initiatives and programme of work against national strategies. Agreed with key stakeholders.

Joint initiative or Programme	Strategic Actions	Milestones achieved against target and RAG	Assessment & Analysis	Management action	Link to strategy
Future Proofing Programme	Delivery of key milestones of the Future Proofing Programme implementation plan.		On track, Codes consultation launched in April and closed on 7 July, supported by in-person and online events. Outcomes will inform development of second draft. On track, Continuous Professional Learning (CPL)/Return to Practice (RtP) events informed development of draft models which were presented to stakeholder advisory group in June alongside update on the scoping new groups work. Formal consultation for CPL and RtP will begin in September. On track, Digital work had to be suspended due to delays in funding. This has now restarted, and we have been able to shorten the timings between development waves, meaning we remain on track for April 2024 despite the suspension. Impact of uncertain legislative change	There remain recruitment gaps for systems and L&D roles. These were on hold due to budget uncertainty but now with confirmation we expect to fill posts from July onwards. A review of the schedule of digital work for 2023/2024 is underway. Continued discussions with SG sponsor to progress legislative changes and identify timetable.	Trusted

			timetable may prevent hypercare wave taking place as per current plan.		
The Promise - Change Programme One	Review the SSSC codes of practice to reflect the promise and the UNCRC. That review will be driven by a human rights-based approach.		The review of the Codes sits within our Future Proofing Programme (see above). Consultation launched in April 2023 and closed on 7 July 2023.	In person events took place in May and June with appropriate representation of specific target groups. Analysis of consultation responses started from 17 July.	Skilled
	Lead the refresh of the Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland		On track, the focus and content of the framework was approved by Sponsor.	Contact made with OCSWA to confirm who should make the decision re approval of approach. OCSWA currently in discussion with the Keeping the Promise team about this and about future ownership and implementation.	Skilled
A strategic framework for Scotland's Early Learning and Childcare, School Aged Childcare and Childminding Services Profession	Streamline partner (CI, ES, SG and SSSC) CPL learning and resources into a national professional learning platform available via a single point of access that promotes recorded completion of CPL and recognises different learning methods and styles.		In progress- Scottish Government CPL resources have been migrated to SSSC learning zone Part of FPP workstreams	Strategy published in June 2023.	Skilled

	Ensure flexibility of qualifications for registration and a new system of continuous professional learning is fit for purpose and supports practitioners while protecting service users.		Timeline for NOS review agreed with UK framework and Standards Panel	Consultation on the new CPL model will start in September.	Skilled
	Undertake, with partners, a review of the National Occupational Standards (NOS) by 2025		Research to inform plan will be published July 2023	Funding to be agreed with NOS governance Group. Workplan for scoping year 2023-24 going to Alliance Governance group August 2023 for approval. Development of action plan will commence July 2023.	Skilled
Adult Social Care Skills Response Plan	Actions TBC				Skilled
Scotland's Digital Health and Care Strategy: Talent and Culture	Work with partners to ensure that appropriate processes, networks, and channels are in place to facilitate and support the sharing of good practice relating to digital technologies and digital skills.		Digital Capability research complete and being prepared for publication. Funding in place for Cyber Resilience Coordinator post hosted by the SSSC and work plan in place	Digital Capability research to be published in quarter two and will inform work going forward.	Skilled

Mental Health and Wellbeing Workforce Strategy and Action Plan	Provide support to increase the number of Mental Health Officers in Scotland e.g. working with Scottish Government to disburse funding for MHO training, working with training providers to ensure that the Mental Health Officer Award continues to be approved and meets the needs of students and the sector.		Contribution to the development of the strategy and action plan via national working groups	Actions TBC – Strategy launched in Jun 2023 and workforce action plan to be launched in the autumn.	Confident
National Health and Social Care Workforce Strategy	Support Scottish Government and partners to develop a pilot Graduate Apprenticeship scheme to improve career pathways for Social Care staff into social work.		On track- GA application approved by Skills Development Scotland. Funding agreed by OCSWA.	Timeline for GA development to be agreed with SDS and OCSWA.	Skilled
	Develop, in partnership with stakeholders, a mandatory supported year for newly qualified social workers which will provide		On track – model developed and approved, grant funding agreed for continuation of existing Early Implementation Sites and to support further sites. Qualitative research with participants in early implementation sites and current levels of social work L&D	NQSW conference took place May 2023.

Research findings reported to SWEP June 2023.

Application process for new sites in progress. | Skilled |

	an effective transition from professional qualification to employment (Mandatory roll out Sept 2024).		support within LAs sites complete.	Ongoing discussions with OCSWA about governance, infrastructure, implementation and employer accountability.	
	Work with partners to improve and enhance the quality and provision of workforce data.		Action plan commitments in progress and on track.

The provision of data to support workforce planning and development being incorporated into specific national workforce action plans.
Met with the Office for Statistics Regulation to agree timescale for an audit of the SSSC's national statistics role. Due to carried out from late 2024. | Continue to engage with national partners and Scottish Government to refine data provision and quality.

Office for Statistics Regulation self-assessment to be carried out in respect of the SSSC's national statistics role. | Confident |
	Support the development of trauma responsive social work services		Action plan commitments in progress and on track.		Confident
	Work with partners to develop induction resources including infection prevention and control.		The national induction framework for adult social care was published in 2022. Further to the evaluation findings the content is being refreshed. IPC specific resource in development with NES	The Preventing Infection in Social Care Settings app will be launched on 24 July.	Confident
	Support implementation of the Health and Care		We co-chair the learning and development group with the Care Inspectorate. We are working with partners to develop learning	Currently testing the knowledge and skills framework.	Valued

	Staffing (Scotland) Act 2019		for the social services workforce to support implementation.		
	Support the Fair Work in Social Care Group's work in respect of effective voice and terms and conditions throughout social care.		Progressing and on track	Continue to support.	Valued
Improving Wellbeing and Workforce Cultures Action Plan	Promoting and supporting development of the Leading to Change leadership development programme.		SSSC supported development and promotion of the programme in 2022-23. Specific actions for 2023-24 to be agreed and many being incorporated into other national workforce action plans.	Action plan for 2023-24 to be published in summer 2023.	Confident
	Promoting and supporting development of wellbeing offers for the workforce		Continue to engage with the national Workforce Wellbeing Champions network, promote resources, and share good practice. Specific action for 2023-24 to be agreed and many being incorporated into other national workforce action plan.	Action plan for 2023-24 to be published in summer 2023.	Confident
National Improvement Programme for Adult Social Care and Community Health	Work with partners to increase the capability and capacity of the workforce in respect of quality improvement.		Supporting access to formal QI learning programmes e.g. funding places on the ScIL programme, supporting use of the Care Experience Improvement Model across social services.	National Framework for improvement being developed, to be published late 2023.	Confident

| | | | Launched and promoting the SSSC QI learning resource available via TURAS.

Engaging with the National Improvement Programme workstreams to support development of a National Improvement Framework. | | |
|---|---|---|---|---|---|
| **Drug Deaths Taskforce Report (Changing Lives): Workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced** | Plan to be finalised and actions agreed | | Progressing and on track.

Specific activity to date has included contributing to the design and content of a national platform which will host learning resources for this workforce. | Contribute to action plan being developed by Scottish Government. | Confident |
| **"Target 2030" A movement for people, planet and prosperity: Scotland's Learning for Sustainability (LfS) Action Plan 2023-2030** | Work with Scottish Government, SQA and other relevant partners to ensure LfS is better embedded in all benchmark qualifications in routes to early learning and childcare and in the standards for same, including exploring LfS in the SSSC Codes of Practice. | | Some scoping work to commence in 2023 but most activity will not commence until April 2024 and will continue up to the plan's conclusion. | | Skilled |

3. KEY OPERATIONAL INDICATORS

3.1 Regulation: Registrant workforce numbers

Key Operational Indicators (KOIs) are measures the SSSC aims to influence by its work but may have limited control over.

We will analyse the overall number of individuals registered with the SSSC and the trends associated with this. Although not fully reflective of the overall workforce this will give us some indication of trends that might be happening in the wider workforce.

We will focus on data from April 2021 which accurately reflects our register after SSSC change certain policies linked to the start of the COVID-19 pandemic.

Overall the number of individuals on our register continues to increase and is trending upwards. In May 2021 there were approximately 162,419 people on the register, that figure currently stands at over 168,000.

Number of individuals on register
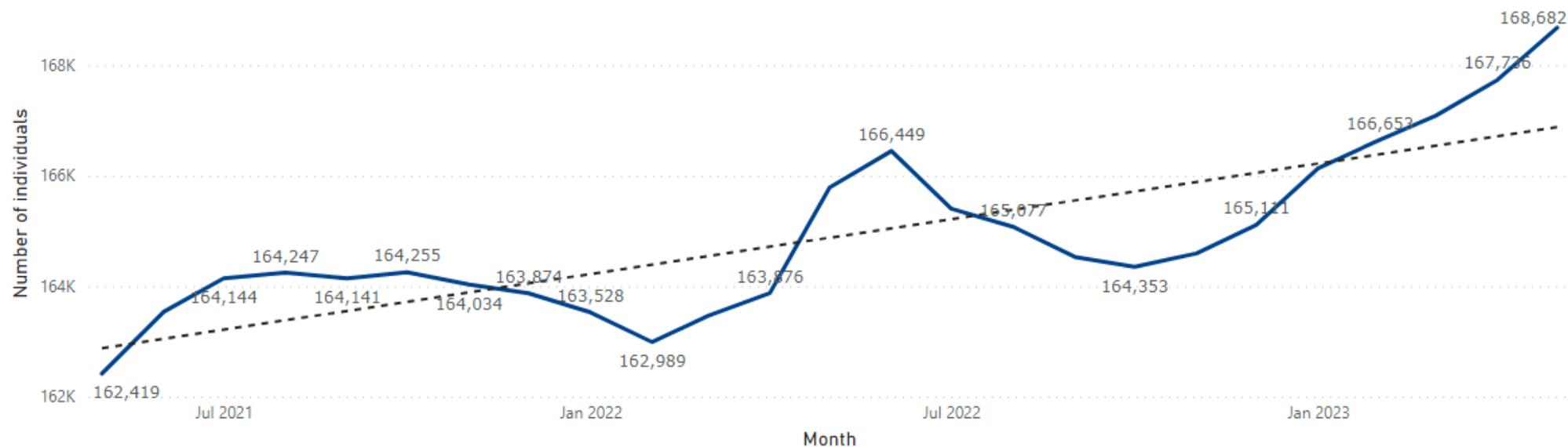
3.2 Strategy and Performance: The percentage of the workforce feeling valued for the work they do.

We will collate this information from several internal and external data sources. We also propose to have turnover of registrant workers as part of the analysis on this KOI. This will be done under the assumption that a workforce feeling valued for the work they do will remain within the sector.

This measure considers turnover of staff in the sector. The below is the turnover for the last two financial years plus year to date for 2023, the business intelligence team have improved this calculation, it now only includes individuals who have left the register and currently haven't returned:

- 2021/2022 – 16.9% - turnover in all sectors was 9.6% in 2021
- 2022/2023 – 15.5% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 5.0%

The map below and table to the right show the turnover for the previous 12 months.
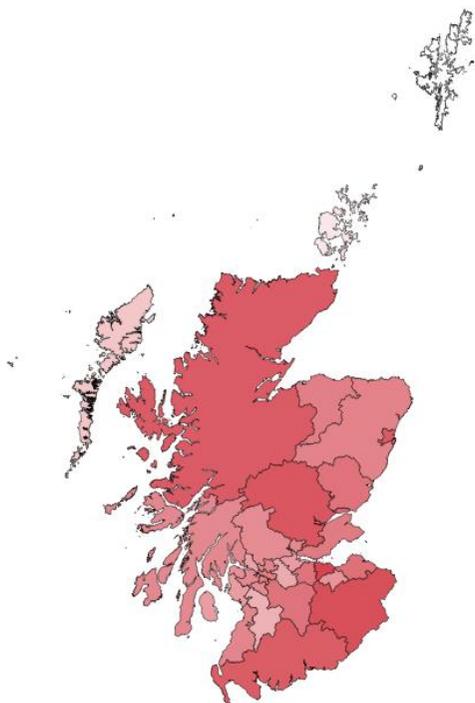
Region of Care Service	Turnover previous 12 months %
City of Edinburgh	19.0%
Scottish Borders	18.3%
Perth and Kinross	17.9%
Aberdeen City	17.7%
Highland	17.5%
Dumfries and Galloway	17.4%
Dundee City	16.7%
East Lothian	16.3%
Angus	16.1%
South Lanarkshire	16.1%
West Lothian	16.0%
Fife	15.6%
Moray	15.4%
Glasgow City	15.3%
Aberdeenshire	15.2%
East Dunbartonshire	15.1%
South Ayrshire	15.0%
Argyll and Bute	14.8%
Clackmannanshire	14.7%
Renfrewshire	14.7%
East Renfrewshire	14.6%
Stirling	14.5%
Inverclyde	14.2%
Midlothian	14.1%
North Ayrshire	13.5%
Falkirk	13.5%
West Dunbartonshire	13.1%
North Lanarkshire	12.7%
East Ayrshire	12.4%
Eilean Siar	11.0%
Total	**15.9%**

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	DoSP	Implement	Green	Green	Green	Green	Green	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	SMS provider project: Complete. My Learning app project: next version of app delivered.	Risks and issues tracking Green. Any risks are low scoring risks with mitigation action in place.
Future proofing digital changes	DoSP	Implement	Green	Amber	Green	Green	Amber	Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	Wave 2 – sprint 2 and 3 completed.	Risks and issues tracking Amber: Resources available to complete the scale of work remains a risk. Development work on annual declarations is also delayed due to processes which need to be finalised.
Future-Proofing Programme	CE	Deployment	Green	Amber	Green	Amber	Amber	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	No milestones to be achieved this month.	Risks and issues tracking Amber: Timescales for legislative change remain out with our control. Risk remains around recruiting and retaining resources.
Rewards Review	DoFR								Programme approved and monitored by the Rewards Review Programme Governance Group monthly.	Programme ended. Work ongoing to identify next steps for further review.

5. HUMAN RESOURCES PERFORMANCE

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

Assessment & Analysis

This metric combines all types of absence across the SSSC to give an overall metric. The assessment focuses on areas of concern or risk by looking at sickness absence by directorate/team and identifying any emerging reasons that could cause additional staff absence in the future.

	RAG	
<3.6%	3.6% to 4.6%	>4.6%
	Target: 3.6%	

Apr-23	4.5%	25.0%
May-23	4.8%	33.3%
Jun-23	3.9%	8.3%
Jul-23		
Aug-23		
Sep-23		
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		
Mar-24		

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.

Sickness absence has been recalculated based on total gross hours available rather than previous reporting based on net capacity hours.

Previously, if we had two full time equivalent employees, one off sick and one on annual leave for a full month we would have

reported sickness as 100% however with the new calculation it will show as 50%.

While still above our target absence has reduced since last month.

Twelve employees were off on long term sick in June 2023. The majority (ten) are in the Regulation Directorate, with six of those in Registration which has caused capacity issues.

These were six different absence categories and so do not present any trend in terms of reasons for absence within Registration.

In June 2023 SSSC lost 254 days to sickness (3.9% of capacity). We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	22	16.8%
Regulation	FtP	55	3.1%
Regulation	RIH	44	12.2%
Regulation	Registration	85	5.3%
WE&S	E&S	13	2.5%
WE&S	WP&P	22	5.7%
S&P	Comms	0	0.0%
S&P	P&I	9	2.6%
S&P	Digital Services	0	0.0%
F&R	LCG	1	0.6%
F&R	HR	0	0.0%
F&R	Finance	0	0.0%
F&R	OD	0	0.0%

Sickness Absence by Type

Legend:
- Sickness absence long term
- Sickness absence short term
- Sickness absence medium term
- Target (as per financial model)
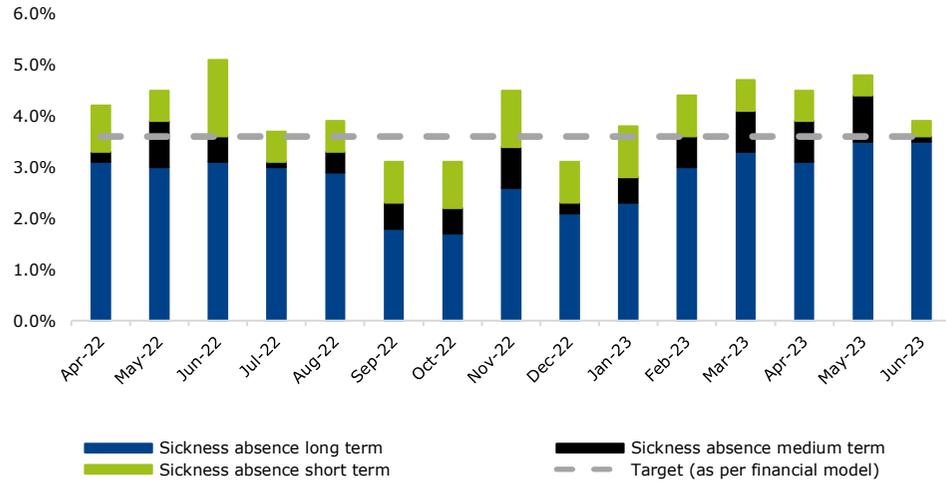
Management Action

## 5.2 HR: The overall staff turnover percentage.

Assessment & Analysis

This metric looks at the average staff turnover for the SSSC. The assessment focuses on any areas of concern or risk by looking at staff turnover in certain directorates/team. We will identify any emerging reasons that could cause more staff turnover within an area.

RAG		
<16.2%	16.2% to 17.2%	>17.2%
	Target: 16.2%	

Apr-23	15.9%	-2.0%
May-23	15.3%	-5.7%
Jun-23	15.1%	-6.8%
Jul-23		
Aug-23		
Sep-23		
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		
Mar-24		
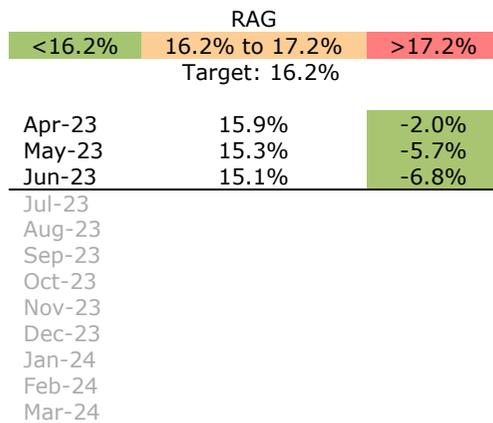
In June we had five leavers. Three in Regulation, one in Finance and Resources and one in Strategy and Performance, the overall rolling turnover was approximately 15.1%.

Our target for 2023/24 has changed in line with XpertHR benchmarking which shows public sector organisations saw 16.2% turnover in 2022.

Directorate	Department	Leavers	Headcount	12-month turnover %
EMT & Support	EMT & Support	0	6	0.0%
Regulation	FtP	1	87	18.2%
Regulation	RIH	0	18	10.5%
Regulation	Registration	2	79	12.1%
WE&S	E&S	0	26	11.3%
WE&S	WP&P	0	19	0%
S&P	Comms & Policy	0	14	14.8%
S&P	P&I	1	15	12.2%
S&P	Digital Services	0	14	7.8%
F&R	LCG	0	8	25.3%
F&R	HR	0	6	30.0%
F&R	Finance	1	13	30.8%
F&R	OD	0	3	42.9%

Overall Staff Turnover
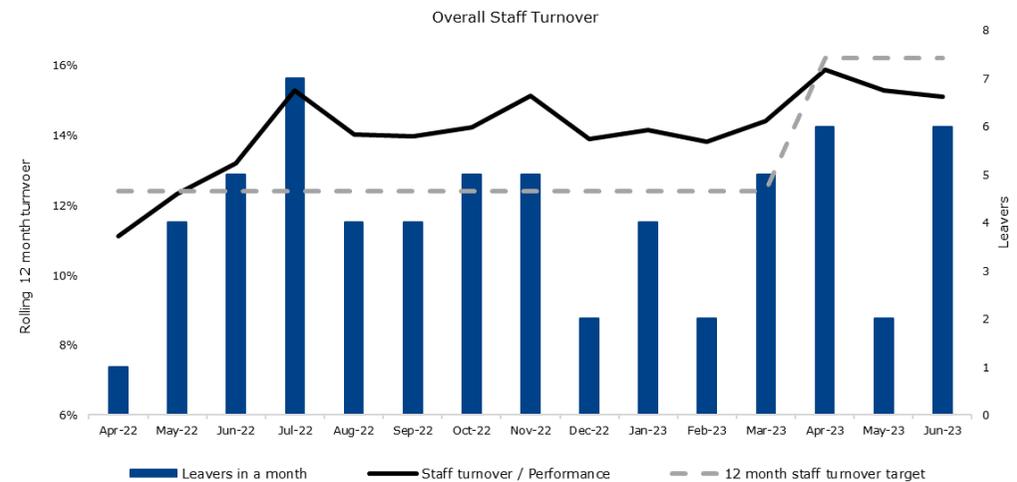
Management Action

For the table dictating the threat level against each department we have categorised a total threat level above 50% as red, between 25% to 50% as amber and below 25% as green. Secondment is treated as a lower threat level of 0.5, e.g. a 10% seconded score will add 5% to the total threat level. The empty post % shows the proportion of empty posts in an area, the empty post threat considers how these empty posts are affecting the overall impact of a department's work.

The directorate with red threat levels are RIH and FTP. RIH the main threat is from current empty posts. For FtP the main threats are empty posts and turnover.

Directorate	Leavers Next Three Months %	Turnover	Empty Posts %	Empty Post threat	Seconded %	Current Headcount	Threat %
⊟ **EMT and Support**	**16.7%**		**14.3%**	**14.3%**		**6**	**31.0%**
EMT and Support	16.7%		14.3%	14.3%		6	31.0%
⊟ **Finance and Resources**		**26.1%**	**6.1%**	**9.1%**	**3.2%**	**31**	**36.8%**
Estates, Health and Safety			0.0%	0.0%		1	0.0%
Finance		30.8%	7.1%	14.3%	7.7%	13	48.9%
Human Resources		30.0%	0.0%	0.0%		6	30.0%
Legal and Corporate Governance		25.3%	11.1%	11.1%		8	36.4%
Organisational Development			0.0%	0.0%		3	0.0%
⊟ **Regulation**	**1.1%**	**15.0%**	**9.8%**	**20.2%**	**9.2%**	**184**	**40.9%**
Fitness to Practise		18.2%	10.3%	30.9%	2.3%	87	50.3%
Registration		12.1%	8.1%	8.1%	15.2%	79	27.9%
Regulatory Improvement and Hearings	11.1%	10.5%	14.3%	20.0%	22.2%	18	52.7%
⊟ **Strategy and Performance**		**9.4%**	**2.3%**	**2.3%**	**20.9%**	**43**	**22.1%**
Communications and Policy		14.8%	0.0%	0.0%	14.3%	14	22.0%
Digital Services		7.8%	6.7%	6.7%	21.4%	14	25.2%
Performance and Improvement		12.2%	0.0%	0.0%	26.7%	15	25.6%
⊟ **Workforce, Education and Standards**	**2.2%**	**6.6%**	**2.2%**	**1.1%**	**8.9%**	**45**	**14.4%**
Education and Standards	3.8%	11.3%	3.7%	1.9%	3.8%	26	18.9%
Workforce Policy and Planning			0.0%	0.0%	15.8%	19	7.9%
Total	**1.3%**	**13.6%**	**7.5%**	**14.0%**	**8.7%**	**309**	**33.2%**

Department	Commentary
FtP	A high level of empty posts and ongoing high turnover is largely caused by below market rate salaries for solicitors. A recruitment exercise has taken place and most posts will be filled in July and August. The induction phase takes approximately 8 weeks, and we expect solicitors to have sufficient experience by around six months to substantially contribute to the work. Five of the new staff are trainee solicitors and while they hold cases, they productivity is lower as they are training. A decision is pending on whether to carry out a second recruitment for those legal posts not yet filled. This is a judgement based on capacity to carry out recruitment and induction for a second group of new staff.
RIH	Much of the threat level to the team stems from the outward secondment of two members of staff and resultant cascading backfill. We have internal staff working in promoted posts and secondments from Registration (including an experienced manager) and FTP to stabilise the team. The staff noted as leavers will be remaining in post until the end of the financial year which further reduces the threat level.

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.

Appendix A

Table 1	Approved budget 2023/24 £000	Additional budget approved in year £000	Planned use of General Reserve £000	Revised budget for monitoring purposes £000
Staff costs	15,003			15,003
Other operating costs	4,379		76	4,455
Operating expenditure	**19,382**	**0**	**76**	**19,458**
Disbursements	5,007			5,007
Futureproofing project (FPP)		1,092		1,092
Specific grants from Government		873	162	1,035
Total expenditure	**24,390**	**1,965**	**238**	**26,593**
Operating income				
Registration fee income	(3,310)			(3,310)
Other income	(385)			(385)
Total operating income	**(3,696)**	**0**	**0**	**(3,696)**
Net expenditure	**20,694**	**1,965**	**238**	**22,897**
Funded by:				
Grant in aid - operating budget	(11,028)			(11,028)
Grant in aid - disbursements	(5,007)			(5,007)
Grant in aid in SG budget line	**(16,035)**	**0**	**0**	**(16,035)**
Additional grant in aid				
Local Authority fee rebate	(2,593)			(2,593)
Futureproofing project		(343)		(343)
Pay uplift 22/23	(300)			
2023/24 spending pressure	(1,766)			(1,766)
Total grant in aid 2023/24	**(20,694)**	**(343)**	**0**	**(21,037)**
Specific grant income		(873)		(873)
Total Government funding	**(20,694)**	**(1,216)**	**0**	**(21,910)**
Deficit - to be funded from reserve	**(0)**	**749**	**238**	**987**

Approved budget

The 2023/24 budget was approved by Council on 27 March 2023. Since that time Scottish Government has confirmed our Futureproofing Project funding £1,092m, Workforce Development Grant £771k, Early Learning and Childcare Grant £64k and Cyber Security Grant £38k. We plan to use £987k of our general reserve during the year (table 1 and 2).

General Reserve

At 30 June 2023 we expect our general reserve to be £1.618m (unaudited). Our general reserve contains some specific funding outside of our operational reserves, as shown below.

Table 2 General reserve position	£000	£000
Projected general reserve at 31 March 2023 (unaudited)		(1,412)
Reserves earmarked for specific use during the year		
Workforce Development Grant	162	
Accommodation refit	76	
Futureproofing project	749	987
Reserves set aside for future use		
Digital replacement (year 1 of 4 year set aside)	100	100
Projected (under)/overspend		(206)
Available balance – operating expenditure		**(531)**
Planned minimum reserve (2%)	(500)	
Remaining available reserve		**(31)**

Movements to projection up to 31 May 2023

Table 3 Movements to our projection	Under spend £000	Over spend £000	Movement £000
Staff costs	(260)		(260)
Digital running costs		151	151
Fitness to practise legal fees		27	27
Futureproofing project	(124)		(124)
Operational underspend	**(384)**	**178**	**(206)**

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)	We fail to ensure that our system of regulation meets the needs of people who use services and workers. **Cause:** We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to: • 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. We do not share/receive information and intelligence with/from other organisations. Our processes and approach are bureaucratic and our legislative framework is a structural barrier to flexible working across care. The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law. Failure to fund implementation of Future Proofing. Scottish Government payment of registration fees dilutes the importance of registration for local authority workers. **Consequence:** A worker's fitness to practise is not assessed as they do not comply with registration requirements, or our	Director of Regulation	5	4	20 (High)	**Existing Mitigation and Controls** Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency. Digital systems to manage our processes and casework, and hold hearings, with ongoing development of those systems. Resource modelling for calculating our staff base. Training and quality assurance and audit process in place for staff and panel decision making. Publicising hearing outcomes and decisions. Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity. Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve. Relationships and where necessary data-sharing agreements with other agencies to share intelligence for public protection. **Planned Mitigation and Controls** Implement and embed fitness to practise help and support lines for witnesses and	4	3	12 (Moderate)	↔	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
			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. 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. Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services. Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances. The public lose confidence in the profession and us as regulator. 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.					members of the public making a referral – Summer 2023 – Director of Regulation Change to the structure of our register– long-term project for completion by 2024. – Owner – Director of Regulation Implement customer voice software to enable improved understanding of customer experience of regulation to enable us to improve (subject to budget) – March 2024 Implementation of the data and intelligence strategy to share intelligence with partner bodies, (linked to action in risk 4) Work with Police Scotland, Scottish Government, Disclosure Scotland and GTCS mapping information sharing processes – (Director of Regulation March 2024)						
2	Regulatory or compliance	Averse (25)	We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration. **Cause:** Failure to fund implementation of Future Proofing Our contribution to developing resources does not meet the needs of registrants and employers. Our standards don't meet the needs of employers. Limited funding for individuals and employers to support formal learning. Our legislative framework is a structural barrier to flexible working across care. Individuals are not able to complete qualifications.	Director of Workforce, Education and Standards	4	4	16 (High)	**Existing controls** The SSSC produces a quarterly workforce intelligence report on qualification conditions. Publish data on training provision across Scotland to meet identified demand. Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers. Published career pathways resources to promote a career in social care which link to	4	3	12 (Moderate)	⟷	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
			Extension to qualification condition timescale due to COVID-19. Failure to respond timeously to requests for data due to lack of correct skills/capacity **Consequence:** 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					qualifications funding and registration. 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 GovernmentThe first iteration was published in February 2022 in response to winter pressures and is currently being reviewed We have committed to support development a new Graduate Apprenticeship Route into Social Work. This will commence summer 2023 We are developing a new integrated health and social care SVQ qualification 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. Developing new model of CPL and return to practice standards for social workers for implementation will by April 2024 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 2023 Planning in progress with Sector Skills partners for NOS						

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
								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)	We fail to meet corporate governance, external scrutiny and legal obligations. **Cause:** Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council members and Officers. Poor assurance mapping. Shared services governance and operational arrangements are ineffective eg operating model no longer fit for purpose unclear on accountability/ responsibility for decision making **Consequence:** 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. . Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.	Director of Regulation)	4	4	16 (High)	**Existing mitigation and controls** Governance improvement plan completed to Audit and Assurance Committee's satisfaction. Effectiveness review of Council performance carried out annually. Audit and Assurance Committee review own effectiveness annually. Assurance mapping carried out and agreed by the Audit and Assurance Committee. Agreed internal audit plan up to 31 March 2025. **Planned actions** 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). . Review of Shared Services operating model. Due to changes in both organisation since the CIPFA report 3 years ago, Internal Audit have recommended review and amendments to how we	3	3	9 (Low)	⬌	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
							(red)	operate shared services, reduced documentation and new service specification (Director of S&P and CEO)			(yellow)			
4	Communication and profile: Proportionate regulation	Cautious (12-15)	We fail to provide value to our stakeholders and demonstrate our impact. **Cause:** NCS and Independent Review recommendations and impact on the organisation 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 **Consequence:** 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	Director of Strategy and Performance	3	4	12 (Moderate)	**Existing mitigation and controls** Regular review of business plan objectives In line with budget monitoring (Operational Management Team) Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC Process in place to monitor activity on outcomes and inform future year budgets. New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy & Performance) **Planned actions** Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)	3	3	9 (Low)	↔	N	
5	People and culture: Organisational development	Averse (25)	We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce **Cause:** Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.	Director of WES)	5	4	20 (High)	**Existing mitigation and controls** People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.	4	4	16 (High)	↔	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
			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. Insufficent staff to support business as usual which impacts on other members of staff. Large number of fixed term contracts supporting delivery. Business critical posts not recruited to. Single points of failure in several areas. Implications of delays of the NCS and Independent review Implications of unsettled 2022/23 pay award Unsuccessful recruitment Poor project management of future grading structure **Consequence:** 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. 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.				(red)	Development discussions take place with every employee at least twice a year. 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. **Planned actions** Delivery of People Strategy action plan (Director of WES – September 2024) 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. (Chief Executive – March 2024) Discussion with Scottish Government and negotiation with UNISON re pay claim (Chief Executive– 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 in progress			(red)			

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
6	Finance and value for money: Financial management	Cautious (12-15)	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan. **Cause:** Scottish Government do not increase GIA or consent to fee increases to enable us to recruit sufficient staff or resources to deliver our core statutory functions and strategic priorities. Single year funding settlements to support a three-year strategic plan. Inability to increase fees in line with inflation Fee income is not in line with projections. Late notification of Scottish Government budget allocations. Staff expectation of grading review and pay awards exceeds budget. Scottish Government has significant financial challenges which is highly likely to impact on funding for SSSC and other public bodies **Consequence:** Unable to deliver our statutory functions Unable to deliver strategic plan Unable to fund implementation of FPP Reduced confidence in our protection arrangements. 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. Requirement to reduce head count to stay within budget which will result in reduced performance	Acting CEO)	4	5	20 (High)	**Existing mitigation and controls** Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March 2023). Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings. 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. Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council. Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation). **Planned actions** 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	4	4	12(Moderate)	⟷	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
								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)						
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. 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.	Director of S&P	4	4	16 (High)	Lease is signed, planned entry by other organisations agreed. Work concluded.	2	1	2 (very low)	⟷	N	

2023 07 31 Strategic Risk Register

Audit and Assurance Committee
01 August 2023
Agenda item: 05
Report no: 16/2023
Appendix 1

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			
			SGPD do not take our business requirements or available budget from reduced office space into account before agreeing accommodation. **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.												

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.
	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	Serious breach with potential for ID theft or over 1000 people affected

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

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

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

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

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

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

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

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

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

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

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

3. Calculate the risk rating by multiplying the consequence score by the likelihood score:

C (consequence) x L (likelihood) = R (risk score)

4. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Scoring system in the trend column of the summary tables

In the trend section up to 6 months is judged as 'improving' greater than six months is 'gradually improving' and 'steady' is self explanatory.

Title of report	Agile Working Policy Update
Public/Confidential	Public
Summary/purpose of report	This report provides learning from the past year of agile working at the SSSC, proposed updates to the Agile Working Policy based on this learning and sets out further recommendations regarding training and support to make sure that the Agile Working Policy is implemented and managed effectively to support both business and employee needs effectively.
Recommendations	The Council is asked to approve 1. the updated policy and 2. endorse the further recommendations to support implementation as outlined in this report.
Author	Lucy Finn, Head of Human Resources
Responsible Officer	Laura Lamb, Acting Director, Workforce, Education and Standards
Link to Strategic Plan	The information in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
Link to Risk Register	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.

Impact assessments	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: Staff Survey Feedback
	Appendix 2: Staff Conference Feedback
	Appendix 3: Agile Working Policy

EXECUTIVE SUMMARY

1.   The Agile Working Policy was approved by Council in August 2022 with an early review date set for August 2023.

2.   Agile working is a new way of working for the organisation and different to the homeworking implemented during the COVID 19 pandemic. The early review is in recognition of this, allowing Council Members to appraise how the policy is working in practice and any recommended changes to the policy based on this.

3.   This report contains the following:

4.   Learning from the past year of agile working at the SSSC using the following information:

- feedback from the staff survey
- output from the staff conference
- feedback from discussions with managers regarding managing teams in an agile working environment
- review of organisation performance indicators
- recruitment and retention data.

5.   Updates to the Agile Working Policy based on this learning.

6.   Further recommendations regarding training and support to make sure that the Agile Working Policy is implemented and managed effectively to support both business and employee needs effectively.

LEARNING FROM THE PAST YEAR

7.   As noted, the Agile Working Policy has been in operation since August 2022. We have sought feedback on how the policy works in practice for both staff and managers over that time in various ways and have monitored any impact on the organisational performance and profile of the workforce.

        Feedback from the staff survey
8.   There were six questions in the staff survey that related to agile working. The responses for these are attached at Appendix 1.

9.   Feedback on staff experience of agile working is positive. Staff responses ranged from 62% to 93% of respondents agreeing or strongly agreeing with each of the statements posed and less than 10% of staff disagreeing or strongly disagreeing with any of the statements.

10.   The highest scoring statement was 'I have good access to my manager while agile working' with the lowest being 'agile working allows me to understand the organisation's culture'.

Output from the staff conference

11. The purpose of the conference was to:
    - create space for colleagues to reconnect and form a sense of belonging
    - help cement SSSC's culture against a backdrop of the new agile way of working
    - encourage colleagues to consider how each of them have a vital role to play in maintaining a strong culture, connection and a sense of team and belonging when working in an agile way
    - explore new ideas to be a top performing agile organisation where everyone thrives.

12. As part of the discussion on the day, staff were encouraged to consider: 'one thing they would commit to doing in the next three months, which will help us all maintain a sense of community and connection in our new working agile environment?'

13. The suggestions are captured in Appendix 2.

Feedback from discussions with managers

14. HR has been supporting managers with any issues they have encountered managing staff in an agile way. In addition, we delivered 'having difficult conversations' training for managers which included significant discussion and input regarding managing staff in an agile environment.

15. Some of the issues addressed were:

    - team members not turning their camera on in meetings
    - difficulties in setting expectations regarding office attendance
    - understanding of whether managers could insist on office attendance.

Review of organisation performance indicators

16. Our absence rates have remained relatively stable and we have not experienced an increase in absences which are work related or linked to agile ways of working. Our short-term absence remains low as staff are more able to manage symptoms effectively at home and we have positive examples of being able to support staff to return to work more flexibly due to our agile approach.

17. Turnover has increased as is the case for all employers post COVID. We have benchmarked and are performing within the comparisons for public sector employers. We have a particular challenge in the Fitness to Practise department, but this is not related to agile working. Agile working has been a mitigating factor allowing us to widen our pool of candidates and we are addressing the staff turnover in this area through different measures.

18. The overall performance of the organisation, and our key performance indicators, have been monitored and considered at each Audit and Assurance Committee. Performance has been good and for the majority of

indicators there has been an improvement and a year-end position within target range. No negative impacts associated with agile working have been identified.

Recruitment and retention data

19. Our agile offer has proved a positive benefit when competing in a difficult job market and has made it easier for us to fill some hard to fill vacancies – such as digital, solicitor and analyst roles. Since July 2022 we have recruited 27 new employees from outside the Dundee/Angus area, a higher number than we would have been able to attract prior to offering agile working. Approximately 35% of our current workforce is from out with the local postcode area.

UPDATES TO THE AGILE WORKING POLICY

20. We have taken the learning from the past year and made the following changes to the policy based on these:

   • Procedure – 6.1 working hours and keeping in touch
     Additional bullet added to give clarity on what will be considered fair notice for office attendance. This also outlines that it is an employee's responsibility to make any necessary arrangements to allow them to attend an office.

   • Procedure - 6.8 meetings
     Additional requirement for employees to have their camera and audio turned on during Teams meetings.

21. The changes are minimal and are mainly concerned with tightening up areas of the policy to give clarity rather than adding anything new.

FURTHER RECOMMENDATIONS

22. As well as updating the policy for clarity we recommend the following is implemented to make sure that agile working continues to work effectively for employees and the organisation:

   Staff survey

23. We ask the same questions in future staff surveys regarding agile working to make sure that we capture any trends or issues arising and take action as appropriate.

   Staff conference

24. Managers are encouraged to speak to their teams regarding the commitments made at the conference and how they can support them to put them into practice. As well as being actively encouraged to take forward these commitments organisational support will be provided to help staff feel connected and understand the organisational culture. For

example, our Organisational Development and Strategic Communication departments have committed within the people strategy delivery plan to support staff to create virtual and professional networks and communities of practice.

Management support

25.   We will build in additional training and support on agile working as appropriate – for example in our 'Managing the SSSC Way' managers training, induction for both managers and staff and during HR team inputs – such as targeted training on managing performance. Specific support for managers has been included within the people strategy delivery plan.

CONSULTATION

26.   We have conducted internal consultation with the Operational Management Team, Executive Management Team and Partnership Forum. The Short Life Working Group has also reviewed the changes and provided feedback.

RISKS

27.   The Agile Working Policy improves our recruitment offer in terms of offering good flexibility and giving us the ability to attract candidates from a wider geographical location.

28.   The Agile Working Policy informs managers and employees of their rights and obligations. By having clear policies in place we minimise the risks associated with operating in an agile working environment.

IMPLICATIONS

Resourcing

29.   The Agile Working Policy considers the employment, health and safety and legal implications regarding agile working. This policy does not amend the contractual terms and conditions of employees.

Compliance

30.   The provision of advice, support and guidance to implement this policy will not materially change and can be met from within existing resource. The Agile Working Policy complies with our legal obligations. The revised policy will come into effect on the date of approval by Council. There are no significant or immediate implications for staff that need to be considered at implementation.

IMPACT ASSESSMENTS

      Equalities

31. We developed an EIA for the Agile Working Policy when it was first written in August 2022. The changes recommended to the policy do not require an additional EIA to be undertaken.

CONCLUSION

32. The Council is asked to approve the changes to the Agile Working Policy and endorse the further recommendations to support implementation as outlined in this report.

Staff Survey Responses – Agile Working
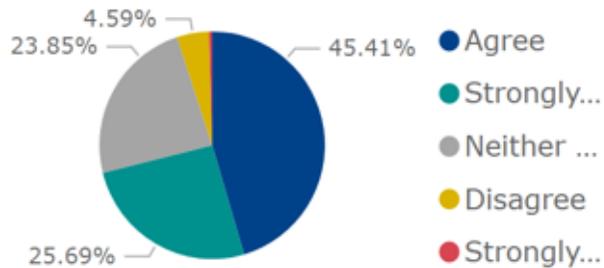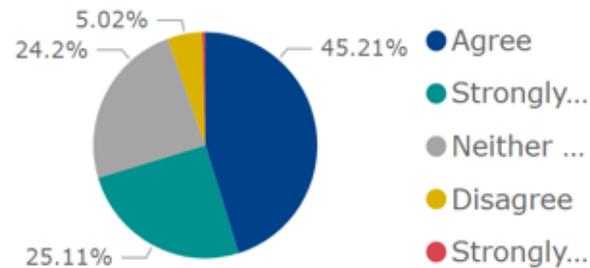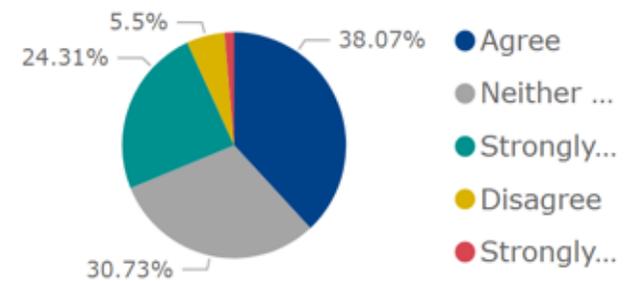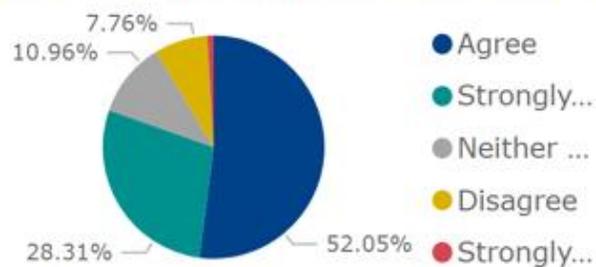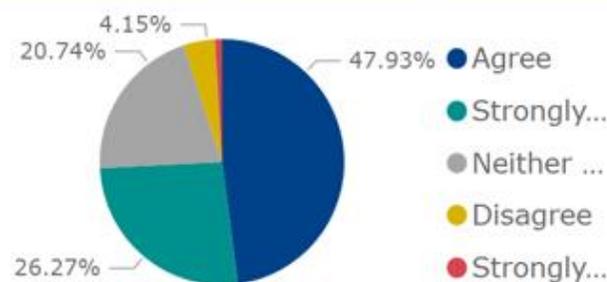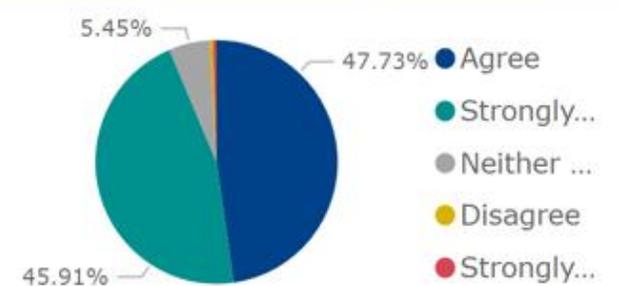
Staff Conference Output

What one thing can YOU commit to doing in the next 3 months, which will help us all maintain a sense of community and connection in our new working agile environment?

- Take time to call a member or members of the team for an informal chat/ find out how they are.(+22)
- Learn more about the work other depts do/ Invite reps from other departments to attend our monthly meetings to talk about their work/ call people in other depts. (+18)
- Arrange more team socials/ virtual coffees/ Pod get together and attend these. (+14)
- Meet more often in person (for various reason). (+10)
- Go into the office more with another team member(s). (+6)
- Join catch up team calls each week/ Join Pod catch ups regularly. (+6)
- Phone all new staff/ take time to get to know new colleagues (not just at the beginning but also 3-6 months in for example). (+6)
- Develop relationships with people I don't know as well. (+5)
- Keep connected with colleagues I used to work with i.e. virtual coffee. (+5)
- Turn cameras on for Teams calls and actively engage. (+4)
- Be or stay positive/ be proactive. (+4)
- Take time to listen (and get to know people personally). (+3)
- Walking meetings/ meet up with local colleagues. (+3)
- Complement a colleague/ say thank you on their work more often. (+3)
- Saying hello and asking how people are at the start of each meeting. (+2)
- Get involved more in team meetings and contribute in discussions. (+2)
- Get to know my team better. (+1)
- Ask more questions. (+1)
- Have a team playlist/ song of the week. (+1)
- Learn from others and attend peer support groups/ team coaching (+1)
- Encourage use of open Team chat/ calls like an office environment. (+1)
- Make more suggestions for change. (+1)
- Work hard but make sure I look after myself. (+1)
- In office team days
- Send a personal message to each team member each week
- Open Door Policy
- Complete a 'Day in the Life' bulletin
- Commit to connecting weekly with the team
- Invite people in the wider team to social events
- Arrange an online quiz for a Friday/ play a more active role in organising social engagements. I
- Arrange fun summer activity for staff and their families in a park
- Motivate my colleagues to come up with ideas, don't always be the organiser
- More funny gifts- lighten the load
- Remember to smile when talking on the phone
- Establish a department newsletter that can be shared with others across the organisation.

- Chat to seniors more often.
- Recognise birthdays/ retirement
- Re-start weekly broadcasts
- Do VIP nominations
- Try to call and talk more often not just email.
- Offer to drive and meet colleagues who don't live in Dundee and nearer to their home
- Ask the team what they want / need to retain a sense of community and connection
- Make sure everyone has the chance to have their views heard
- Join peer support group
- Work more collaboratively with colleagues
- Reading group
- Every day work planning with teams
- Organise a charity event
- Pay day drinks!
- Make more of an effort to tell people what I'm doing
- Be better dressed for team meetings

Agile Working Policy
August 2023

Document governance and management

Document owner/author/lead	Acting Director of Workforce, Education and Standards
Version number	2.0
Current version referred for approval to	Council (24 August 2023)
Date of next review	August 2026
Date of equality impact assessment (mandatory)	April 2022
Date of protection impact assessment (if required)	Not required.
Date of environmental impact assessment (if required)	Not required.

Contents

1. Introduction

Purpose

We are adopting agile working to maximise the benefits for the SSSC to meet our business needs and to improve the service we provide to our customers.

We have developed modern ways of working that help you to do your job, while at the same time allowing you to balance work and life demands. We know that work performance is better where you have flexibility in your working arrangements and we want to help with this.

Agile working arrangements (also known as hybrid working, remote working, blended working or split-working arrangements or patterns) allow you to arrange your work time and work location in the most appropriate way for a given activity. This includes working in an office, at home or at another remote location. Full time office based working remains available for employees who prefer to work in this way

This policy sets out SSSC principles and practical guidance for agile working. We know that agile working may not be for everyone but we are committed to making sure that we find a workable solution as often as possible to maximise the benefits for the SSSC and you.

Scope

This policy applies to all permanent and temporary employees. This policy does not apply to social service employers, workers, contractors or social work students.

Legislation, codes of practice and guidance

This policy has also considered the following legislation:

- Data Protection Act 2018
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- UK General Data Protection Regulation
- Working Time Regulations 1998

Data protection

We will process any personal data collected in relation to this policy keeping to our Data Protection Policy and will record only the personal information required and keep the information only for as long as necessary.

Monitor and review

Human Resources and the Partnership Forum are responsible for monitoring this policy to make sure that we are fairly and consistently applying it and that we meet the stated principles and values. We will review this policy every three years (or earlier if legislation changes) and make appropriate amendments in consultation with the Partnership Forum. We will outline minor amendments in the change log and update the version control. Where there are major changes, we will consult more widely and follow the consultation cycle.

2. Principles

Guiding Principles

The following principles apply to this policy.

- Our highest priority is to satisfy our customers by providing a public service. We will use agile working to improve on our high standards.
- We will trust our employees to act responsibly and to support each other as we adopt agile working as our operating model.
- We will operate with maximum flexibility and minimum constraints to maximise the benefits of agile working for our customers, our staff and ourselves.
- We recognise outcomes and performance are important to our customers and will focus on these in adopting agile working.
- We will embed a culture and working practices that encourage employees to use the new flexibility to have their best day at work every day wherever they are.
- Our leadership style, values and skills are explicitly supportive of agile working for all aspects of the business.

3. Values

In everything we do, we believe the people of Scotland have the right to be safe when accessing social care services. We do this by listening, learning and doing the right thing.

Work together

We treat each other with kindness and respect and value the contribution every member of staff makes.

- We will work together to make sure that agile working is successful for all.
- We will recognise that different people have different requirements and preferences and will support you as much as possible to meet them while balancing our business needs.
- We recognise the value of positive and constructive involvement and participation from the recognised trade union. Our commitment to partnership working is integral to the development and maintenance of harmonious employee relations.

Accept responsibility and accountability

We recognise the trust placed in us to ensure the safety and wellbeing of people who use social services and that is our guiding mission.

- We will assess the suitability of your work environment and provide you with training, equipment, resources and working practices to keep you safe.
- We respect confidentiality wherever we work and will only share information with those who require to have access to it.

Recognition and respect for others

We value the social service workforce and the life changing work they do. Our work increases recognition of, and further develops, their role. All our stakeholders contribute to our success and we recognise and respect their views.

- We treat each other with kindness and respect and value the contribution you make.
- We will treat you fairly and consistently under this process and if you require specific support and assistance due to having a protected characteristic under the Equality Act 2010, we will accommodate you appropriately.

4. Roles and responsibilities

4.1 Council

Council have reserved people management policies which include any of the following:

- associated extra costs that are out with the current budget
- any proposed fundamental change to terms and conditions of employment
- where the Council has a clearly defined role to play.

Council is responsible for:

- approving this policy and procedure
- making sure that the application of this policy does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of employees
- making sure we apply policies and procedures fairly and keeping to the law.

4.2 Executive Management Team

The EMT is responsible for:

- overall responsibility for the implementation and review of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to the Operational Management Team (OMT) and line managers
- making sure that managers and employees receive appropriate development, support and training to implement the policy appropriately
- making sure that the application of this policy and procedure does not breach any statutory requirement placed upon us.

4.3 Operational Management Team

The OMT is responsible for:

- making sure their managers and employees are aware of and understand the processes within this policy and procedure
- embracing and realising the benefits of agile working to achieve business objectives

- making sure that we treat employees consistently and fairly, being mindful of the needs of the organisation as well as that of the employee
- reviewing and updating policies within their own specialist areas to support the implementation of this policy.

4.4   Line managers

Line managers are responsible for:

- acting in a fair and consistent way, being open and honest
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant employees
- considering our responsibilities under the Health and Safety at Work etc. Act 1974 and, where appropriate, putting in place risk assessments, mitigation and other measures to make work a safe activity
- considering our responsibilities under the Equality Act 2010 and, where appropriate, making reasonable adjustments for any employee who may have a disability or other protected characteristic
- considering any health impact and considering supports such as occupational health.

4.5   Employees

Employees are responsible for:

- complying with our Code of Conduct for Employees. We expect the highest standards of integrity and conduct from all employees
- working in partnership with their manager to identify how they will carry out their role in a more agile way
- asking questions and raising concerns directly with their team/line manager
- following their duties and obligations to work safely
- taking care to protect IT and data security
- making sure that their working environment allows them to deliver their objectives.

4.6   Human resources (HR)

Human resources are responsible for:

- updating this policy and procedure in line with the agreed schedule or as changes occur to comply with employment and other pertinent legislation, best practice and the SSSC People Strategy
- developing this process and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance
- offering advice on how to apply the policy and procedure
- making sure we follow the process in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy and procedure, if required
- monitoring the use of the policy and processes and reporting any non-compliance to Heads of Department / Directors.

5. Policy

Agile working presents many opportunities for you and for SSSC as an employer. We want to realise these benefits as fully as possible and this policy outlines the key provisions to make agile working a success.

Agile working gives you more choice over deciding how, when and where you work best in a way that balances your needs and those of our customers, our staff and ourselves. It's about giving you more choice about how you do the right work, in the right place, at the right time. Where, when and how you choose to work may depend on the task you are doing and the kind of role you have.

We know that agile working is not for everyone. It is our intention to make agile working the default working practice wherever we can. We will provide office accommodation where required.

6. Procedure

6.1   Working hours and keeping in touch

We want you to balance your home life around the needs of your role. We trust you to manage your own time and make sure you work your contracted hours. There are some important things to know.

- Although agile workers don't necessarily have to work regular office hours, you must plan and agree a work programme with your manager to make sure that appropriate contact and appropriate cover is always in place.
- You must make yourself available to others during reasonable working hours when your colleagues need you.
- If you choose to work earlier or later during unsociable hours within the scope of our flexi time scheme, please be courteous and respectful to your colleagues. You must not expect your colleagues to respond during unsociable hours.
- We know that working in this way can help you balance your home and work life. You must not use agile working as a way of masking illness or your need for emergency leave or dependents leave.
- Your manager can still require you with fair notice to attend the office for certain occasions or routine work where this is necessary to meet our requirements.

What is fair notice will vary on the circumstances. In an emergency you may be required to attend on a same day basis. In normal circumstances being asked to attend with seven calendar days' notice is considered fair. You must plan on the basis that you will be in the office rather than working elsewhere. While we want to support you it is not for your manager to put in place arrangements for you to attend your place of work.

6.2   Wellbeing

We know that for many of you, agile working can boost your wellbeing and work life balance. You can help your wellbeing in the following ways:

- You must take regular breaks away from your screen and desk as this is important to help maintain good health.
- One way to help you stay well is through collaboration, connection and having a sense of belonging. We encourage you to think about what this means for you and to actively make time to connect with your colleagues.
- Consider establishing a consistent routine at the end of your workday as this is a great way to switch off.
- We expect you to take the time off if you are ill. You must not use agile working as a way of working when you are sick.

6.3 Equipment

It is important for us to know that wherever you are working from, you have the equipment that is suitable and sufficient for you to do your job well and that you feel safe, well and comfortable. We will provide you with the workstation and IT equipment that you need to do your job. You cannot claim expenses for any equipment that you buy yourself. The Support Desk can support you where you need specialist workstation and IT equipment.

You must read our IT Security Policy before using IT equipment when you are working out of the office environment.

Display screen equipment

We issue those who work remotely with display screen equipment (typically a laptop, docking station, monitor, keyboard and mouse). When you set yourself up to work remotely, you must do the assigned display screen equipment learning. The learning will take you through a workstation self-assessment to help you make sure that your place of work is suitable and sufficient for you. You must review this assessment when there is a substantial change or as requested on a periodic basis.

Desk and chair

Many of us will spend most of our working day using display screen equipment at a desk and chair. It is important that any desk, chair or similar equipment is suitable and sufficient for its intended purpose. Part of the display screen equipment learning will help you to identify whether your desk and chair are appropriate. Where they are not, Health and Safety will be notified and we will work with you to find safe solutions.

You will need to let your manager know if you lose any equipment or if it is damaged or stolen. You might also have to tell our Data Protection Officer where you have lost information or personal data. Details of how you report a potential data breach are available here: Data Breach Response Procedure

It is important that you report faults with your equipment to the Support Desk quickly so that they can support you to fix any issues. Details of how you report an issue are available here: Support Desk.

6.4 Environment

We have designed our offices as safe, secure and comfortable spaces for you to work in. We have risk assessed them for a range of issues (eg fire safety, water safety, manual handling, lone working etc). We have put in place measures to mitigate these risks in the environments that we can control.

When you work remotely it is important that you make sure that your workspace is similarly suitable and safe on an ongoing basis. You must always consider whether the lighting, temperature, noise, ventilation, maintenance, cleanliness and available facilities are suitable. The work-station self-assessment will help you to assess suitability of your work area. Where we have a concern that your environment is not safe we will discuss our concerns with you in the first instance. You will be required to work in another location that is safe until our concerns are satisfied.

6.5   Internet connection

You must have access to a secure and stable internet connection and Wi-Fi. We do not normally provide these to you and cannot provide technical support on equipment that is not ours. You must consider and plan for alternative arrangements if your connection(s) do not work.

6.6   Resources

You must discuss any extra equipment, software or services you need to help you do your job with your line manager. More information on how to order equipment and other supplies is available on the intranet. You are required to discuss any technical or supportive equipment requirements that you have with your line manager and seek their agreement before ordering.

6.7   Confidentiality

You will have access to confidential information and have discussions about confidential matters. It is important that you are alert to the risks of breaching confidentiality. It is very easy for others to overhear your conversations, see your screen or gain access to information that they must not have access to.

To read more about keeping any SSSC information safe and confidential you can access our Data Protection Policy on the intranet.

6.8   Meetings

We will put in place facilities so that we can run all meetings we have in our office using an agile approach. This means those who are not in the office can contribute on the same basis as those who are there. Those attending or presenting during any meeting must have their cameras and audio turned on throughout the meeting where the host of the meeting requires it.

6.9   Reasonable adjustments

If you have a disability and would benefit from any reasonable adjustments whether in the office or in another location, please let us know. You must discuss any adjustments with your line manager in the first instance. They may need to discuss your circumstances with a member of HR or Health and Safety to seek specialist advice. We want to help and support everyone with reasonable adjustments. Where you have a disability, you have a legal right to reasonable adjustments under the Equality Act.

6.10   Costs and expenses

Your contractual normal location of work will not change so your entitlement to claim expenses will remain the same. For more information you can read the Business Travel and Subsistence Policy. Any costs (eg refreshments, Wi-Fi, heating, lighting and electricity and commuting costs to and from your designated place of work) are a personal expense in line with HMRC guidelines. Where you meet people (who do not work for the SSSC) in external locations you can provide modest hospitality, you must refer to our guidance on hospitality in our Financial Regulations. Where you are not meeting an external person you are required to pay for your own refreshments.

6.11   Mortgage, leases and insurance

We recommend that you check your mortgage, lease or insurance for any provision that would prevent you from working at home. We also advise that you seek confirmation of cover from your home insurer if work equipment causes any damage to your home.

6.12   Working outside the UK

We are supportive of colleagues working from outside the UK in emergency or other exceptional situations when it is necessary for specific roles or for short periods of time. Due to the potentially complex legal and tax implications, we are unable to support long term arrangements (ie working outside of the UK for longer than 30 days per year) or requests for permanent relocations outside the UK. Your line manager and the Head of Digital Services must both confirm that they are satisfied that you can work outside of the UK before you perform any work for us.

7.   Further information

7.1   Learning and development

To support the fair and consistent application of this policy, we will identify the opportunities and implications for managers. We will do this by incorporating training on this policy within line management development programmes. We will consider the implications for you and make sure that you receive suitable training. We will also provide refresher training.

7.2   Sources of support

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- help advice and support from recognised trade union representatives
- ACAS
- Health and safety
- Human resources.

7.3   Related documents

This policy has strong links to other people management policies and guidance. We have listed these below.

- Business Travel and Subsistence Policy
- Data Protection Policy
- Financial Regulations
- Health and Safety Policy
- IT Security Policy
- Maximising Attendance Policy
- Overtime and Additional Hours Policy
- Safer workplaces guidance
- Special Leave Policy

Title of report	People Strategy Annual Report
Public/Confidential	Public
Summary/purpose of report	To provide an update to Council on the progress of our delivery of the People Strategy 2021-2024.
Recommendations	The Council is asked to note the progress update on year two of the People Strategy and endorse the indicative operational delivery plan for year three.
Author	Pamela Jamieson-Smith, Head of Organisational Development
Responsible Officer	Laura Lamb, Acting Director, Workforce, Education and Standards
Link to Strategic Plan	The information in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
Link to Risk Register	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.
Impact assessments	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 – People Strategy delivery plan year 2: progress dashboard Appendix 2 – People Strategy Year 3 indicative operational delivery plan.
Background papers	None

EXECUTIVE SUMMARY

1.   This report summarises our progress in delivering our People Strategy 2021-2024. It provides a summary of key developments from year two and introduces our indicative operational delivery plan for year three (Appendix 2).

2.   The report includes a summary our staff survey outcomes and actions which have been embedded in the year three delivery plan.

3.   Council is asked to note the progress in year two and endorse the delivery plan for year three.

BACKGROUND

4.   The People Strategy covers the three-year period from September 2021 to September 2024. Council approved our People Strategy Delivery Plan in August 2021.

5.   The themes of the strategy are:

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

PROGRESS AND KEY DEVELOPMENTS

6.   Appendix 1 shows that we have made good progress against the activities in the year two operational delivery plan and have successfully embedded key developments into our business-as-usual activity.

7.   Key developments delivered in-year include:

- Implementation of our Learning Management System (LMS). The LMS went live in August 2022 and we have continued to enhance and develop the system including using it to support a 360-degree feedback tool for our senior managers (currently in trial phase), to host a range of new learning resources to support a wider range of learning needs and to make administrative efficiencies on reporting, monitoring and evaluation of organisational learning and development work. The system also significantly supports our approach to agile working and learning.

- The launch of our internal management development programme, 'Managing the SSSC Way' for all newly recruited or promoted

managers. The programme supports managers in understanding our policies, procedures, methodologies, culture and values to develop them in their management and leadership roles. Initial feedback and evaluation has been positive and we continuously review the content and format.

- We delivered a range of leadership and management development sessions to support our leaders. These were focussed on the needs identified through our learning needs analysis and topics include Effective/Difficult Conversations and using Insights for Effective Leadership (Insights being our current profiling model).

- We developed and applied an approach to people and succession planning which was considered satisfactory as part of a recent audit. This is currently being further refined to ensure it meets our needs going forward.

- We have invested in a range of role specific learning and development activities across all directorates to meet the development needs of our staff. These include professional qualifications, digital/technical skills development, customer service development, equalities, health and safety and wellbeing courses.

- Between July 2022 and May 2023 approximately 30 staff (just under 10%) have been successful in moving into higher graded posts either on a temporary or permanent basis. This is indicative of our support and investment in staff and their careers.

- Agile working has continued to help us to address some historic recruitment challenges as we can now attract applicants from across the country for hard to hire roles. Approximately 35% of our current workforce is from out with a Dundee city postcode.

- We have established an internal network of Trauma Champions in our commitment to being a trauma informed employer. Each trauma champion is trained to trauma skilled level having completed the national trauma training learning resources. We have plans in place to develop a framework that considers specific roles within the organisation which may need more detailed training and support. The champions are identifying further opportunities and improvements to support the organisation on our journey to become trauma informed in all that we do.

- We have carried out our staff survey (which we do every 2 years). The key actions and developments from the survey outcomes are included in our draft year three operational delivery plan (Appendix 2) and are further highlighted in sections 10 and 11 of this report.

KEY CHALLENGES

8. Internal resource challenges and changes with the Investors in People and Healthy Working Lives framework and business models have impacted on the progress of some of our planned work in year two. Council agreed to pause our pay and grading review work and review this decision in August 2023 therefore this strand of work has not progressed in year two.

9. The key challenges and impact include:

    - The Healthy Working Lives (HWL) award framework no longer exists as it was disbanded in 2022. We are reviewing our options for independent evaluation and accreditation of our commitment to staff wellbeing. Staff wellbeing is embedded throughout the people strategy themes. To ensure best practice and identify opportunities to continue to enhance our approach to wellbeing we have benchmarked the organisation against the seven Chartered Institute of Personnel and Development (CIPD) wellbeing themes and indicators. We have included self-identified opportunities for improvements including strengthening employee voice, effective change management and corporate social responsibility within the year three delivery plan.

    - Our Investors in Young People status review has been delayed due to assessor suppliers no longer trading. As with HWL, we are reviewing how we progress an independent evaluation and accreditation of our commitment to young people to inform future developments and the tender process for any potential new supplier should we need one.

    - Staff resource challenges have meant we have carried over some planned developments into year three. These include developing a Menopause Policy and Toolkit, looking at how we promote and reward innovation, creating more employee networks and considering how we demonstrate and promote our corporate social responsibility (within the limitations of our statutory organisational purpose).

RESPONDING TO OUR 2022 STAFF SURVEY

10. In November 2022 we issued our staff survey.

    - The survey closed in December and the results were analysed in early 2023.

    - In March, we shared the results with the Partnership Forum and made them available to staff.

    - In May, we held open Q&A sessions for staff with the EMT and Union representatives based on the results.

- Overall the survey results showed a positive shift since our 2019 results, except for pay and grading related responses. We have incorporated development areas into our next operational delivery plan (Appendix 2).

- Each department also has its own data set which is used to support local/team improvements. Organisationally, the outcomes showed the following key trends by survey theme:

Table 1: Staff survey results

Organisational objectives and purpose	Your Team	Workload and Resources	Your Line Manager	Inclusion and Fair Treatment	Your Work	Learning and Development	Managing and Leading Change	Pay and Benefits
94% (+3)	90% (+3)	88% (+12)	86% (+10)	86% (+8)	82% (+6)	63% (+17)	55% (+11)	32% (-13)

(The values in brackets show the percentage change since 2019 results).

11. The key organisational developments we will take forward from the survey and have been included in the People Strategy delivery plan include:

- continued investment in developing our managers and leaders to better support and manage change
- direct support and training from our HR team to support our managers in managing performance and attendance matters
- continued investment and support in helping our managers operate and develop agile teams
- improve how we consider resource challenges across our departments with better reporting tools and data
- ongoing investment in our staff development through our corporate learning and development budgets and detailed, annual learning needs analysis.

Pay and grading will be considered separately.

MONITORING PERFORMANCE

12. Appendix 2 outlines our indicative plan for delivery for year three of the People Strategy. In addition to the progress reports to Council we also report on detailed operational performance measures based on the delivery plan at our People Board (currently every two months although this approach is currently under review), through monthly directorate assurance reviews, quarterly health and safety groups and as part of departmental operations including:

- feedback from our staff surveys and Investors in People outcomes

- learning and development activity undertaken
- feedback on learning and development activities
- career progression/promotion data
- feedback on our recruitment processes and new start experiences
- accreditations and qualifications achieved
- diversity reporting
- HR performance measures and metrics
- health and safety performance measures and metrics.

13. These measures help inform a more strategic overview and narrative on our workforce's ability to deliver our strategic outcomes and the factors influencing this.

CONSULTATION

14. We have consulted with our internal People Strategy Board and Partnership Forum on any initiatives within the strategy and proposed delivery plan.

15. We engage Heads of Department through Operational Management Team (OMT) updates and involve them in projects and initiatives.

16. We inform the wider staff group of developments in internal news bulletins and intranet updates and they have regular opportunities to share their views by participating in surveys, focus groups, and development initiatives on an ongoing and open basis.

RISKS

17. Implementation of the strategy helps mitigate risk 5 on the strategic risk register: we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes. We have an adverse appetite for this risk.

18. The key risks relating to successful delivery of the strategy are staff resources and funding. We mitigate these to the best of our abilities through operational planning and the business and budget planning processes. However, there are significant key staff dependencies and resource gaps that could impact overall delivery, particularly around temporary posts.

19. The People Strategy Board will review individual project risks as they arise.

IMPLICATIONS

Resourcing

20. Staffing: to deliver the strategy effectively we need leadership and commitment from the Executive Management Team and Operational Management Team and time and resources from HR, Organisational Development and Internal Communications as well as input from staff, as required. There is a risk associated with the temporary nature of staff contracts.

21. Financial: We have budgets in 2022/24 for corporate training (£100k), and leadership and management development (£15k). We also apply for funding for a further £15k from the Flexible Workforce Development Fund where we have learning and development needs that the fund can meet.

Compliance

22. There are no compliance implications arising from the recommendations in this report.

IMPACT ASSESSMENTS

23. An EIA is not necessary as this report relates to a strategy. We will carry out Equality, Data Protection and Sustainability Impact Assessments as necessary for the relevant projects that are part of the strategy.

CONCLUSION

24. The Council is asked to note the progress update on year two of the People Strategy and endorse the indicative operational delivery plan for year three. This is the final year of the current People Strategy.

People Strategy Year 2 Operational Delivery Plan Update
Progress Dashboard as at July 2023

Strategic Theme	Year 2 Deliverables	Director Sponsor(s)	Theme Lead Department	Progress RAG	Start Date	Target Completion Date or status
Effective leaders and managers	Explore the possibility of managers to have or work towards a leadership or management qualification.		OD	On Track	Year 1	Now BAU.
	Assess the impact and development of our "Managing the SSSC Way" programme.		OD	On Track	1/12/22	Now BAU.
	Equip our managers and leaders with management information to support people planning, decision making and succession planning.		OD	On Track	Year 1	Now BAU.
	Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning journey.	Director of Finance & Resources/Acting Director of Workforce, Education & Standards	OD	On Track	Year 1	Now BAU.
	Continue to support professional leadership and management qualifications.		OD	On Track	Year 1	Now BAU.
	Introduce 360 degree appraisal for senior leaders (OMT/EMT using LMS).		OD	Delayed	1/12/22	Pilot complete. Full role out will be completed in year 3.
	Respond to emerging leadership and management development needs.		OD	On Track	Year 1	Now BAU.
Recruit and develop excellent people	Explore further options for external accreditations.		HR & OD	On Track	Year 1	Work will continue into Year 3
	Enhance knowledge exchange and collaboration across the organisation (communities of practice).		OD	Delayed	1/12/22	Work will continue into Year 3
	Automate more of our people processes and continue to embrace technology.		HR & OD	On Track	Year 1	Now BAU.
	Continued roll out of our organisational and role design and rewards structure.	Director of Finance & Resources/Acting Director of Workforce, Education & Standards	HR	Postponed	Year 1	Under review
	Continue to make improvements in our recruitment and selction processes focussing on candidate experience.		HR	On Track	Year 1	Now BAU.
	Continue to develop our employer value proposition to attract the best talent.		HR	On Track	Year 1	Now BAU.
	Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic ouctome and priorities.		OD	On Track	Year 1	Now BAU.
	Review our recruitment reach and impact.		HR	On Track	1/2/23	Now BAU.
A healthy and inclusive organisation	Consider a wellbeing plan to replace Healthy Working Lives.		HR	Delayed	1/2/23	Work embedded into Year 3
	Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.		OD	On Track	Year 1	Now BAU.
	Create and support virtual employee networks.	Director of Development & Innovation	HR	Delayed	Not yet started	Work will move into Year 3
	Develop a menopause policy and toolkit.		HR	Delayed	Not yet started	Work will move into Year 3
	Support our staff to become trauma informed using the national trauma training programme materials.		OD	On Track	Year 1	Work will continue into Year 3
	Continue to support and monitor employee wellbeing through our occupational health offering and wellbeing campaigns.		HR	On Track	Year 1	Now BAU.
Informed, involved and engaged employees	Build on the new communication approaches we have developed during the pandemic.		Internal Communications	On Track	Year 1	Now BAU.
	Make sure clear and well communicated updates are developed and shared in relation to staff surveys and Investors in People activities.	Director of Strategy & Performance	Internal Communications	On Track	Year 1	Now BAU.
	Review how we can improve our Corporate Social Responsibility within the context of our statutory public protection role.		All	Delayed	Not yet started	Work will move into Year 3
	Develop online methods for staff to give instant feedback.		Internal Communications	On Track	Year 1	Now BAU.
	Continue to promote and embed our values in all of our work.	Chief Executive	All	On Track	Year 1	Now BAU.
Investing in young people	Reestablish our young people mentoring scheme.		HR	Delayed	Not yet started	Work will move into Year 3
	Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.		HR	Completed	1/9/22	Completed
	Find opportunities to include more apprentices in our organisation.	Director of Strategy & Performance	HR	On Track	1/9/22	Work will continue into Year 3
	Progress our Investors in Young People status.		HR	Delayed	1/11/22	Work will move into Year 3
	Participate in school and further education link work including supporting work experience and placements.		HR	On Track	1/9/22	Work will move into Year 3
	Include views of young people in our recruitment campaigns.		HR	On Track	1/9/22	Now BAU.
An agile and innovative workforce	Review and respond to the impact of agile working on employee wellbeing.		OD and HR	On Track	Year 1	Now BAU.
	Continually review our new ways of working to support our staff and organisational performance.	Director of Regulation	OD and HR	On Track	Year 1	Now BAU.
	Continue to embed our learning management system.		OD	On Track	Year 1	Now BAU.
	Investigate how we can embed, promote and reward innovation.		OD	Delayed	Not yet sarted	Work will move into Year 3

People Strategy Year 3: Indicative Operational Delivery Plan
September 2023-24

Strategy Theme	Indicative Year 3 Developments	Theme Lead Department (s)	Target Start Date	Target Completion Date
Effective leaders and managers	Fully embed our 360 degree feedback tool for senior leaders (OMT/EMT using LMS).	OD	Started in year 2	1/3/24
	Ensure our managers and leaders are supported and developed to managing change, performance and attendance matters.	OD	1/9/23	31/8/24
	Create a Future Managers Development Programme.	OD	1/1/24	1/3/24
	Refresh and embed our Leadership Competency framework.	OD & HR	1/11/23	1/3/24
	Further develop and embed our approach to People & Succession Planning	OD	Started in year 2	1/12/23
	Support our managers and leaders in developing professional networks and mentors	OD	1/1/24	31/8/24
Recruit and develop excellent people	Design and develop a talent management framework or similar, to enhance our ways recruiting, selecting, developing deploying our people.	OD & HR	1/1/24	1/6/24
	Develop and implement a behavioural framework to support our values and employee development.	OD & HR	1/3/24	1/8/24
	Continue to explore recognition for good practice in our various professional fields (industry accreditations/awards).	All	Started in year 1	31/8/24
	Consider how we can address our pay and grading challenges.	HR	Under review	Under review
A healthy and inclusive organisation	Support staff wellbeing through our occupational health offering and by providing development sessions on the wellbeing topics staff have told us they need.	OD & HR	1/9/23	31/8/24
	Deliver on our operational equality, diversity and inclusion action plan including providing unconscious bias training, developing a menopause policy and responding to any good practice or legislative changes in this area.	OD, HR & Policy	Started in year 2	31/8/24
	Continue to support all of our staff to become trauma informed and develop a framework for specific posts for more in depth training. Support our trauma champions network to deliver identified improvements.	OD & WES	Started in year 2	31/8/24
Informed, involved and engaged employees	Review how we can improve our Corporate Social Responsibility approach, within the context and limitations of our statutory public protection role and as a public body.	All	1/12/23	31/8/24
	Ensure employee voice is heard though our partnership forum, staff engagement activity, networks, surveys and IIP reviews.	OD, HR & Internal Communications	Started in year 1	31/8/24
	Plan and deliver our annual staff event, building on feedback from staff on our previous events.	OD & Internal Communications	1/9/23	30/4/24
Investing in young people	Reestablish our young people mentoring scheme.	HR	1/9/23	31/12/23
	Enhance our training and development opportunities for young people across the organisation, including exploring links with education, training and apprenticeship providers.	All	Started in year 2	31/8/24
	Progress our Investors in Young People accreditation status.	HR	Started in year 2	30/11/23
	Ensure our young people's forum has a voice in influencing policies and strategies to support them at work.	HR	Started in year 2	31/8/24
An agile and innovative workforce	Ensure our managers and leaders are supported and developed in managing remote teams.	OD	1/9/23	31/8/24
	Enhance knowledge exchange and collaboration across the organisation (communities of practice/employee networks).	All	Started in year 2	31/8/24
	Continue to enhance our on-line learning offering for staff to ensure learning and development opportunities are available in our new way of working.	OD	Started in year 2	31/8/24
	Explore new ways to promote, share and reward innovation across the organisation.	OD	1/3/24	31/8/24

Title of report	Health and Safety Report
Public/Confidential	Public
Summary/purpose of report	To ask the Council to endorse the Health and Safety Annual Report for 2022/23 and ask for approval of the Corporate Health and Safety Policy.
Recommendations	The Council is asked to: 1. endorse the Health and Safety Annual Report 2022/23 2. approve the revised Corporate Health and Safety Policy.
Author	Carole Kennedy, Estates, Health and Safety Manager
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The recommendation in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
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.

	2. A Data Protection Impact Assessment (DPIA) was not required.
	3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	Appendix 1: Annual Health and Safety Report 2022-2023 Appendix 2: Draft Corporate Health and Safety Policy
Background papers	None

EXECUTIVE SUMMARY

1. We present the Council with the Annual Report on Health and Safety for 2022/2023, a reviewed Corporate Health and Safety Policy and the policy review schedule for the coming year.

2. During 2022/2023 the Joint Health, Safety and Wellbeing Committee monitored health and safety performance of the SSSC and Care Inspectorate on a quarterly basis.

3. The report at Appendix 1 summarises key metrics for 2022/2023.

4. The revised Corporate Health and Safety Policy at Appendix 2 includes amended responsibilities for the SSSC Health and Safety Committee in section 2.5.

JOINT HEALTH, SAFETY AND WELLBEING COMMITTEE

5. In 2021, we merged the SSSC Health, Safety and Wellbeing Committee with the Care Inspectorate's Health, Safety and Wellbeing Committee to share best practice and achieve improvement performance and shared efficiencies. We reviewed the effectiveness of the joint group in 2022/2023. Both the SSSC and Care Inspectorate concluded that the joint group did not work as effectively as expected due to the operational differences in the organisation, including working arrangements, building use and geographical locations of properties in use.

6. Executive Management Team (EMT) established an interim SSSC Health, Safety and Wellbeing Committee in March 2023 with the same terms of reference as the Joint Committee. The Corporate Health and Safety Policy is attached at Appendix 2 with these changes reflected for Council approval.

7. The Director of Strategy and Performance took on responsibility for shared services oversight in March 2023, this included responsibility for SSSC, Estates, Heath, and Safety. The Director was previously responsible for SSSC health and safety before the Joint Committee was established and will chair the new committee.

CONSULTATION

8. We consult with EMT and Operational Management Team on all policies, procedures and guidance that are in place to support health, safety and wellbeing of our people and the management of our buildings. The Annual report was recommended for approval at Council by the SSSC Health, Safety and Wellbeing Committee.

RISKS

9.   Health and safety is included in risk 3 in the strategic risk register: we fail to meet corporate governance, external scrutiny and legal obligations. We have an averse appetite to this risk and will look to exceed our legal obligations.

10. If we do not meet our legal obligations and fail in our duty of care to staff, we could face improvement notices or prohibition from the Health and Safety Executive (HSE), legal prosecution or civil challenge. We mitigate risks by following the Health and Safety Management System (HGS65), policy provision, completion of suitable and sufficient risk assessment and staff training.

IMPLICATIONS

Resourcing

11. There are no direct financial implications associated with this report. Financial implications do arise due to complying with health, safety and wellbeing policy and guidance and these costs are funded within the Council approved annual budget.

Compliance

12. The organisation must comply with the obligations under the Health and Safety at Work Act 1974, management of health and safety at work regulations, and other supporting regulations such as display screen equipment regulations and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). This report provides assurance that the organisation has sufficiently met those obligations during this reporting period.

13. All policies and guidance are prepared in line with the relevant guidance and Approved Codes of Practice (ACoP) as published by the HSE.

IMPACT ASSESSMENTS

Equalities

14. An Equalities Impact Assessment (EIA) discussion was undertaken on the Corporate Health and Safety Policy. An EIA was not required as there were no concerns across any of the protected characteristics. We would undertake individual EIA screening on new or revised health and safety procedures or guidance as necessary.

CONCLUSION

15.   This report asks Council to approve the revised Corporate Health and
Safety Policy and endorse the Annual Health and Safety Report, which
shows satisfactory health and safety performance for 2022/23.

Annual Health and Safety Report 2022 – 2023

August 2023
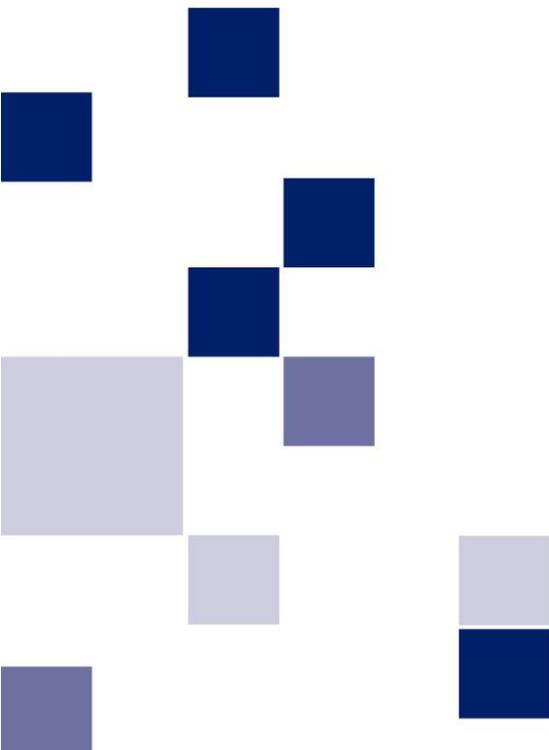
BACKGROUND

1. In 2017, the organisation commissioned a review of our health and safety arrangements. The SSSC entered a shared service arrangement with the Care Inspectorate, providing the Estates, Health and Safety Manager as the Competent Person required under the Health and Safety at Work Act 1974.

2. In June 2021, the Health, Safety and Wellbeing Committees of the SSSC and the Care Inspectorate (CI) were merged into a Joint Health, Safety and Wellbeing Committee. We reviewed the effectiveness of the joint group in 2022/2023. Both the SSSC and CI concluded that the joint group did not work as effectively as expected due to the operational differences in the organisation, including working arrangements, building use and geographical locations of properties in use.

3. The group agreed to revert to separate groups from 2023/2024 and the last meeting of the Joint Health, Safety and Wellbeing Committee was held in December 2022.

PERFORMANCE INFORMATION

Measuring Performance

4. The Health and Safety Performance figures are reported quarterly to the Health, Safety and Wellbeing Committee. They are summarised below.

5. **Incident reporting**

Incident Category	Total in 2022/23
Verbal Aggression	
Machinery / Equipment	
Trap/Crush	
Burns/Scalds	
Vehicles/Cars/Road/Traffic	
Moving / Falling Object	
Slips, Trips and Falls	1
Cuts	
Other	
Near Misses	
Total	**1**

6. The organisation has a very low risk profile and good health and safety provisions are in place. This is reflected in the low number of incidents, none of which were RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Regulations) reportable.

7. **Risk Assessments**

Risk Assessment Category	2022/23
Office	1
Fire Safety	1
Young Persons	2
Specific	7
Stress / Mental Health	0
New or Expectant Mothers	5
DSE (1-2-1)	20
Posturite Referrals	1
Total	**37**

8. The completion rate of relevant risk assessments remained high, indicating a good health and safety culture within the SSSC.

9. We formally introduced the Agile Working policy to SSSC in 2022. We continue to offer virtual or in person (in the persons home) DSE assessment and this approach works well for staff and the H&S team.

10. We are aware that stress/mental health discussions did take place last year, however we cannot mandate that staff complete a formal risk assessment template and those who did have these discussions chose not to do so. We are implementing a different approach to help managers undertake discussions and record details of support for staff with mental health and stress without the need for a risk assessment.

First Aid Provision

11. Prior to COVID, SSSC had six dedicated first aiders but combined with the Care Inspectorate and OSCR who also occupy Compass and Quadrant Houses, there were 13 fully trained first aiders and two reserve volunteers.

12. The security officers in Compass and Quadrant Houses are all fully trained first aiders, providing cover for the reduced staff presence for the last two years and they will continue to do so.

13. We completed a First Aid Needs Assessment. The outcome was that there is no requirement for any additional office based, fully trained first aid at work staff. However, as this is a shared building with other Scottish Government bodies, we will continue to refresh the training of and actively recruit more volunteers to allow for a pool of first aiders across the buildings.

Fire Safety

14. Fire and evacuation provision pre-COVID was good, with nine trained fire wardens and three on the reserve list. All fire wardens' training expired during the last two years. Currently office attendance remains low and there is no set pattern of daily attendance. In these circumstances the

security officers are our Evacuation Controllers who are suitably trained to perform this role. We will review the need for trained fire wardens as office attendance patterns change.

15. We reviewed the evacuation procedures because of COVID and the new agile working arrangements. All staff completed a basic fire safety e-learning module and need to sign in and out of the building. The Evacuation Controllers (Security) use this register to make sure all staff and contractors have left the building.

Health and Safety Training

16. We require new managers to attend bespoke training on Managing Health and Safety. We run this training on a quarterly basis where numbers allow.

17. The Health and Safety team reviewed mandatory training needs in consultation with the Organisational Development (OD) team.

18. E-Learning is the primary delivery method for initial health and safety essentials, including Basic Occupational Health and Safety, Basic Fire Safety, Display Screen Equipment (DSE) training, Manual Handling and Stress Awareness. The E-learning platform and modules changed in 2022-23 so the course titles have changed. We are working with OD colleagues to ensure we increase completion rates. Where we don't have 100% completion this is due to timings of course completion throughout the year and general sickness absence.

SSSC	Current % of workforce completed (337)
Staying Safe with DSE	87%
Managing Safely – Health and Safety for Managers	72%
Health and Safety Induction	85%
An introduction to managing health and safety	84%
Driver safety awareness	80%
Fire safety and evacuation	79%
Handling workplace stress	92%

Health and Safety Plans

19. The new SSSC Health, Safety and Wellbeing Committee will develop an action plan for 2023 and beyond.

20. The work of the Committee compliments the work going on to deliver the SSSC People Strategy. We will support the implementation of key activity across the People Strategy like trauma informed practice.

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

Tel: 0345 60 30 891
Email: enquiries@sssc.uk.com
Web: www.sssc.uk.com

If you would like this document in another format,
please contact the SSSC on 0345 60 30 891

Corporate Health and Safety Policy

August 2023

Document governance and management

Document owner/author/lead	Director of Strategy and Performance
Version number	v2
Current version referred for approval to	Council 25 August 2023
Date of next review	August 2026
Date of equality impact assessment (mandatory)	EIA discussion January 2022 – Full EIA not required
Date of privacy impact assessment (if required)	
Date of environmental impact assessment (if required)	

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

Contents

1. Introduction

This Corporate Health and Safety Policy represents a commitment by the Scottish Social Services Council (SSSC) to apply the highest standards of health, safety and wellbeing at all levels of the organisation and to make sure that health and safety is an integral part of the organisation's management culture. We are committed to developing a positive attitude to health and safety at all levels and encourage active participation from management and staff.

The policy reflects the organisation's aim to go further than our legal obligations under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 where we reasonably can.

Managers will show and promote a positive attitude towards health, safety and wellbeing amongst all staff. Everyone working within the SSSC has this responsibility.

The policies and procedures supporting this policy detail the management responsibilities, arrangements and procedures to ensure successful implementation of this overarching policy.

This includes active consultation and participation of staff through the partnership forum and the health, safety and wellbeing committee. We will provide staff with adequate time and resources to contribute to the implementation, monitoring and review of this Corporate Health and Safety Policy and associated policies and procedures.

This policy is central to the management of health, safety and wellbeing within the SSSC. It requires the support and commitment of every member of staff to achieve the benefits of successful health and safety management.

Our health and safety policy statement from the Chief Executive is included at appendix 1.

2. Roles and responsibilities

2.1 Council

The Council of the Scottish Social Services Council is committed to setting up effective management systems for occupational health and safety. They will make sure that we establish effective policies, procedures and training, with appropriate review mechanisms in place to ensure the effective management of health and safety. The Council delegates the preparation, review and monitoring of all health and safety policies except the Corporate Health and Safety Policy to the Executive Management Team.

The Council will review and approve the health and safety policy every three years and receive an annual health and safety performance report.

2.2 Chief Executive

The Chief Executive has overall responsibility for ensuring compliance with legislative requirements. This includes, so far as is reasonably practicable, doing the following.

- Making sure we keep the Corporate Health and Safety Policy under review and it meets the needs of the organisation.

- Making sure we make enough finance and other resources available to implement this policy.

- Making sure staff are committed to health and safety and cooperate, through the senior management team and other communication forums within the SSSC.

- Deciding the organisational structure through which we implement this policy and delegating the responsibility for implementation of this policy.

- Making sure those with responsibilities for health and safety are given the right information, instruction and training to carry out their duties effectively.

- Appointing competent person(s) to help the SSSC in overseeing the application and provision of health and safety legislation.

- Making sure we set up and maintain health, safety and wellbeing management systems, which include the assessment of risks, effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary to reduce and control the risks.

- Having the health and safety committee chaired by a member of the Executive Management Team (EMT).

- Including health and safety as a standing agenda item at all EMT meetings.

2.3 Executive Management Team

The EMT is, so far as is reasonably practicable, responsible for the health, safety and wellbeing at work of employees in their respective directorates. This includes identifying and determining local strategies and arrangements to support the Corporate Health and Safety Policy. They must also check the progress of the Health and Safety Action Plan within their directorates.

EMT's duties will include responsibility for the following within their directorate.

- Making sure we implement the Corporate Health and Safety Policy and supporting policies and procedures.

- Documenting the organisation and delegation of responsibilities arising from this policy.

- Ensuring adequate finance and other resources are made available to enable us to implement the policy.

- Implementing health and safety management systems, through assessment of risk and the effective implementation of preventative measures, needed to eliminate, reduce or control the risks.

- Making line managers aware that the responsibility for health, safety and wellbeing is shared, and that they are responsible for the health, safety and wellbeing of employees or others affected by the SSSC's activities.

- Making sure that the risks associated with the premises and activities under their control are identified with the aim of eliminating or controlling the risks.

- Including health and safety as a standing agenda item at every directorate management team meeting. Issues relating to health and safety must be discussed at least quarterly.

2.4 Operational Management Team

Heads of Service duties will include responsibility for the following within their department:

- Implementing health and safety management systems, through assessment of risk and the effective implementation of preventative measures, needed to eliminate, reduce or control the risks.

- Making line managers aware that the responsibility for health, safety and wellbeing is shared, and that they are responsible for the health, safety and wellbeing of employees or others affected by the SSSC's activities.

- Making sure that the risks associated with the premises and activities under their control are identified with the aim of eliminating or controlling the risks.

- Including health and safety as a standing agenda item at every departmental management team meeting. Issues relating to health and safety must be discussed at least quarterly.

2.5 Health, Safety and Wellbeing Committee

The Health, Safety and Wellbeing Committee is responsible for:

- Approval of all health and safety policies and procedures except for the Corporate Health and Safety Policy, which is approved by Council.

- Developing and monitoring action plans to ensure the continued improvement of health, safety and wellbeing of employees or others affected by the SSSC's activities.

- Reporting to EMT any risks or issues that may affect the implementation the SSSC's Health and Safety Policy and supporting policies and procedures.

- Annual reporting to Council on health, safety and wellbeing activities and plans.

2.6 Line managers' responsibilities

Line managers are responsible for ensuring the health, safety and wellbeing at work of employees within their respective teams.

Line managers' responsibilities include the following.

- Making sure they implement SSSC's Corporate Health and Safety Policy and supporting policies and procedures for their team.

- Making sure they adequately control the risks associated within the SSSC's working environments to minimise the risk of harm to staff and others by undertaking risk assessments and putting proper controls in place.

- Making sure that employees within their team follow the health and safety policies and procedures applicable to them.

- Supporting and working with other health and safety duty holders as needed.

- Checking that employees within their area of responsibility follow the policy and taking prompt action to report and correct anywhere it isn't.

- Making sure that employees within their team are aware of their responsibilities and promote reporting of accidents, incidents and near misses.

- Encouraging active participation from their team by consulting employees on health and safety matters and encouraging suggestions for improvements.

2.7 Employee responsibilities

All employees are expected to have read and cooperate in the implementation of this policy by doing the following.

- Carrying out their duties following the relevant policies and procedures and applying the controls contained within any risk assessment.

- Looking out for their own safety and that of others who may be affected by what they do, or don't do, while at work.

- Working with the SSSC, so far as is necessary, so as the organisation can follow the Corporate Health and Safety Policy and health and safety legislation.

- Using all work equipment provided by the SSSC properly in line with any statutory requirement or training and instruction they receive to enable them to use the equipment safely.

- Getting to know the emergency procedures relevant to their place of work.

- Bringing their line manager's attention to any situation they would reasonably consider is a serious and immediate danger to health and safety.

- Reporting any accidents or incidents and near misses within one working day to their line manager.

- Going to any training required by the SSSC in respect of health and safety.

2.8 The competent person

The SSSC will appoint a competent person within the meaning of Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

The competent person is responsible for the provision of advice and guidance, to the SSSC, in undertaking the measures needed to comply with the requirements of relevant health and safety legislation.

The competent person will support the SSSC with its responsibility to check the implementation of this policy and take any action necessary to ensure the health and safety of employees and others who are affected by the SSSC's undertaking.

2.9 Trade Union safety representatives

The SSSC will allow any appointed safety representative from a recognised trade union time off with pay to fulfil their functions and to undergo health and safety training. Their functions include:

- standing up for staff about specific matters that will affect their health, safety and welfare

- involvement with risk assessment procedures

- investigating accidents, near misses, and other potential hazards and dangerous occurrences in the workplace

- investigating complaints made by an employee they represent about their health, safety or welfare in the workplace

- presenting investigation findings to management

- inspecting the workplace

- going to health and safety committee meetings as a representative of the staff.

3. Arrangements for health and safety – plan, do, check, act

This section of our policy sets out our approach to ensure suitable arrangements are in place to manage health and safety effectively. It is intended to align with the 'Plan, Do, Check, Act' management system framework, as recommended by the Health and Safety Executive in document HSG65 Managing for Health and Safety.

3.1 Plan

Our policy aims to achieve and support the highest standards in health and safety. We will allocate responsibilities at appropriate levels within the SSSC.

Our policies, procedures and guidance will set realistic, but challenging objectives for the organisation. These objectives will take account of where we are now, where we need to be and outline how we will reach our objectives in an annual health and safety action plan.

EMT, OMT and line managers must consider the potential health and safety impacts of their plans and any significant resources that they need to address health and safety issues in their functional area.

We will keep track of our progress during the year by setting out key performance indicators and reporting on performance to the health, safety and wellbeing committee and Council.

3.2 Do

We will identify a risk profile for the organisation and ensure we carry out suitable and sufficient risk assessments. At a corporate level, we will achieve this by identifying the high-level risks and recording them in our Risk Register. EMT, OMT and line managers are responsible for making sure we carry out risk assessments and implement controls in their area of responsibility.

Where needed, we will develop generic risk assessments to change for local circumstances.

3.2.1 Organising for health and safety

We will allocate health and safety responsibility at appropriate levels within the organisation. We will appoint a competent person and seek the necessary skills to advise and support us on health and safety matters.

We will ensure that arrangements are in place for open discussion and communication that encourage the development of positive attitudes and behaviours.

3.2.2 Consultation with employees

We will involve employees and their representatives in the consultation process through recognised trade union safety representatives and the Partnership Forum, and through discussion and completion of team and specific risk assessments. The involvement of employees will help in the development of control measures that are both practical and have employee support.

Health and safety will be on the agenda of management and team meetings and we will encourage employees to raise their concerns on any health and safety issues affecting them or their teams, for example, at one-to-ones and team meetings.

We will also encourage employees to raise health and safety concerns with their line manager, safety representative, recognised trade union representatives and the estates, health and safety manager, estates, health and safety office and estates, health and safety assistant. Consultation on any new health and safety initiatives will involve those affected and their health and safety representatives.

3.2.3 Communication

Good communication is essential to make sure that everyone is aware of their responsibilities, knows the risks associated with their work and can contribute by raising their concerns. We will communicate through the following channels:

- health, safety and wellbeing committee

- the intranet

- healthy working lives group

- regular health and safety emails, bulletins and the staff newsletter.

EMT, OMT and line managers will make sure employees know where to find health and safety information and set up suitable communication channels within their team, paying particular attention to those members of staff spending periods out of the office, including those that have been on sick leave, maternity / paternity leave or secondment. We will make everyone aware of the staff with specific health and safety duties. This will include first aiders, fire and evacu-chair wardens, safety representatives and others with specific responsibilities.

3.2.4 Co-ordination and co-operation

Where we share premises or engage contractors we will make sure that appropriate arrangements are in place to enable co-ordination of health and safety matters. We will share information on fire safety, first aid and the control of contractors in our areas and include the evaluation of relevant health and safety documents as part of the procurement process. We will consider health and safety issues when letting or sharing arrangements for our office.

3.2.5 Health and safety standards

We will detail our health and safety standards for our activities in health and safety policies, procedures and risk assessments. Management and staff must follow these agreed standards to enable us to meet our legal obligations.

Where teams have specific risks, managers must ensure that they develop their own health and safety procedures, based on risk assessment, with the help of the estates, health and safety manager.

3.2.6 Competence and supervision

To ensure all employees are competent to meet their health and safety responsibilities we will provide adequate information, instruction and training. This will include induction training and more training if they are exposed to new risks or take on extra responsibility.

Managers must provide appropriate supervision and take into account the competency of the employees they line manage and identify training and development needs accordingly. The level of supervision will depend on the employee, for example, new employees or young workers may require a higher level of supervision until the manager is satisfied they are meeting their health and safety responsibilities.

Managers will make sure that they record details of employee induction, and of any other, instruction and information on health and safety.

3.2.7 Supporting arrangements

3.2.7.1 Policies

- Alcohol and Drug Misuse Policy

- Smoking at Work Policy

- Display Screen Equipment Policy

- Agile Working Policy

- Health and Wellbeing Policy

- Risk ManagementAssessment Policy

- Fire Safety Policy

3.2.7.2 Procedures and Guidance

- Emergency Evacuation Procedure

- Guidance on how to complete the incident form

- Display Screen Equipment Guidance

- Manual Handling Guidance

- Loneworking Guidance

- Safe Driving Guidance

- Sever<u>e</u> Weather Conditions Guidance

- Mental Health First Aid Guidance

- Guidance on First Aid Provision

3.2.7.3 Risk Assessments

- Stress Risk Assessment

- Display Screen Equipment (DSE) - Workstation Assessment

- Specific Risk Assessment - Ill health

- Specific Risk Assessment - Young Person Under 18 years

- Specific Risk Assessment - Team Assessment

- Specific Risk Assessment - Expectant Mothers

- Specific Risk Assessment - Loneworking

- Manual Handling Risk Assessment

- Fire Risk Assessment

- Risk Assessment - Office

3.2.7.4 Forms

- Incident Form

- DSE Opticians Form

3.3 Check

We will measure our performance to make sure that we are implementing our plans. We will check our performance in a number of ways, including:

- carrying out regular health and safety inspections for our areas and taking part in joint inspections of shared premises in line with Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

- carrying out incident and accident investigations

- reviewing attendance rates for short and long term absences

- reviewing risk assessments and safety procedures

- having health and safety audits and reviews.

The frequency of inspections is based on a risk assessment. We will invite participation from recognised trade union safety representatives to inspections and reviews. Recognised

trade union safety representatives can also undertake and carry out workplace inspections as needed if providing written notice to the employer.

3.4 Act

We will consider the information gathered from our reviews when determining future health and safety objectives and plans. We will review the Corporate Health and Safety Policy at least every three years, and more regularly if there are legislative changes, to incorporate any organisational changes or changes in legislation or working practices.

Heads of Service must ensure that they regularly review their risk assessments and arrangements for health and safety. We will review health and safety information at least annually to make sure that the names of those given health and safety responsibilities stay current.

Reporting on health and safety performance is necessary to enable us to keep our standards and identify any potential concerns. We will set performance targets to enable us to measure progress. The health, safety and wellbeing committee will compile an annual report for Council.

The report will give an overview of performance against our health and safety objectives and targets. It will highlight achievements and identify forthcoming issues or legislative changes that may have an impact on the organisation.

We will incorporate information from regular reports from departments into the annual report. We will give departments an opportunity to raise any issues they have identified for inclusion in the Health and Safety Action Plan.

4. Legislation

- Health and Safety at Work etc. Act 1974.

- Management of Health and Safety at Work Regulations 1999.

- Safety Representatives and Safety Committees Regulations 1977 (as amended).

- Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

5. Further information

5.1   Learning and development

To support the fair and consistent application of this policy, we will identify the opportunities and implications for managers. We will do this by incorporating training on this policy within line management development programmes. We will consider the

implications for employees and make sure that they receive suitable training. We will also provide refresher training.

5.2   Sources of support

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- help advice and support from recognised trade union representatives
- ACAS
- Health and safety
- Human resources.

5.3   Related Policies

Related policies and supporting arrangements are listed in 3.2.7.

Appendix 1
Our health and safety policy statement

As an employer, the SSSC is committed to ensuring, so far as is reasonably practicable, the health, safety and wellbeing of all our employees. We also fully accept our responsibility for other persons who may be affected by our work activities. We will make sure that the requirements of the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, approved codes of practice and other relevant legislation are met at all times.

We will make sure that all processes and systems of work consider health and safety. We will provide adequate resources, levels of supervision and appropriate information, instruction and training to allow staff to work safely.

We will follow the general principles of the Health and Safety Executive's document HSG65 Managing for health and safety. We will use the **'Plan, Do, Check, Act'** approach to make sure we effectively manage and monitor our health and safety performance.
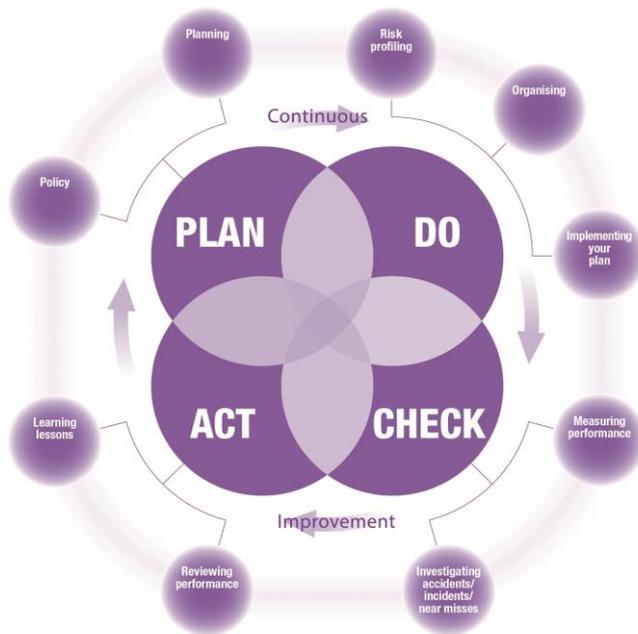
To have effective health, safety and wellbeing policies, we need commitment to them from everyone in the organisation. We are all legally obliged to take reasonable care of our own health and safety, and for the safety of other people who may be affected by what we do, or fail to do, while at work.

Every employee must work with us to allow the SSSC to follow all statutory duties. We will provide arrangements for employees and their representatives to raise health and safety issues through our health and safety committee, partnership forum and line managers.

We will appoint competent people to assist us in meeting our statutory duties including, where appropriate, specialists from outside the organisation.

Specialist advice on health, safety and wellbeing matters is provided by our estates, health and safety manager.

This policy includes our management system and arrangements for managing health and safety. Detailed policies, guidance and arrangements will support this policy and we will set them out in separate documents.

We will regularly monitor this statement to make sure that we are achieving its objectives. The health and safety committee will review and revise this statement and policy every three years, or sooner if necessary, in the light of legislative or organisational changes, making amendments as needed in consultation with the partnership forum. The Director of Strategy and Performance~~Finance and Resources~~ and the ~~P~~partnership ~~F~~forum are responsible for monitoring and implementing this policy.

Maree Allison~~Lorraine Gray~~
Acting Chief Executive
Scottish Social Services Council

Date:

![Scottish Social Services Council logo]

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.

Title of report	Equality, Diversity and Inclusion Policy
Public/Confidential	Public
Summary/purpose of report	To ask Council to approve the updated Equality, Diversity and Inclusion Policy for the SSSC.
Recommendations	Council is asked to approve the updated policy
Author	Neil Macleod, Policy and Equality Manager
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The recommendation in this report links to: Outcome 1: **Trusted** People who use services are protected by a workforce that is fit to practise. Outcome 2: **Skilled** Our work supports the workforce to deliver high standards of professional practice. Outcome 3: **Confident** Our work enhances the confidence, competence and wellbeing of the workforce. 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.
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 developed. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	Appendix 1: Draft Equality, Diversity and Inclusion Policy, July 2023

	Appendix 2: Equality Impact Assessment: Equality, Diversity and Inclusion Policy
Background papers	None

INTRODUCTION

1.   The Equality, Diversity and Inclusion Policy sets out our approach to mainstreaming equality, diversity and inclusion in the SSSC. It also sets out our contribution to mainstreaming equality, diversity and inclusion in the wider social work, social care and children and young people workforce. The policy covers our principles, responsibilities and governance.

2.   This policy was due for renewal in July 2023 and the updated version for Council approval is at Appendix 1. The revised policy has further information on our principles and our roles and responsibilities. It also sets out our updated governance and reporting arrangements. These include changes to the remit and membership of the Equality, Diversity and Inclusion Group and development of a Community of Practice. The revised draft shows all the tracked changes.

ANNUAL REPORTING

3.   As part of our Public Sector Equality Duty (PSED) requirements we publish revised outcomes every four years and we publish a mainstreaming report every other year. The mainstreaming report uses several sources and indicators to monitor our performance. These include our Key Performance Indicators and the findings from our registrant and staff surveys. We have updated the version to reflect this.

4.   In March the Council approved the Equality, Diversity and Inclusion Mainstreaming Progress Report, April 2023. The report was published in April.

RAISING AWARNESS OF MICROAGGRESSIONS

5.   The Oxford Learner's Dictionary defines microaggressions as an 'act or remark that discriminates against one or members of a minority group, either deliberately or by mistake.' The revised behaviour at work and raising concerns section references the need for all of us to be aware of microaggressions. We have added a section in the policy to reflect this.

6.   Raising awareness of microaggressions is a key priority for Scottish Government and public bodies.

   •   The Scottish Government's Anti-Racist Employment Strategy notes that organisations that understand institutional racism will 'call out racism and racist behaviours in the workplace, including microaggressions and casual remarks that may go unchecked.'

- A recent Scottish Association of Social Workers event on tackling racism highlights the need to tackle microaggressions in the workplace.

- Our Fairness for All training module references the wider need for staff to consider the impact and risk of unintentional discrimination.

- We are working with Organisational Development and Human Resources to reinforce key messages on microaggressions. Organisational Development is exploring how they can incorporate this message into a new course on Unconscious Bias. Human Resources will consider any implications as part of their next review of the Dignity at Work Policy.

CONSULTATION

7. We consulted the Executive Management Team, Operational Management Team, Partnership Forum and the Equality, Diversity and Inclusion Group. We also received feedback from the Council of Ethnic Minority Voluntary Organisations (CEMVO.)

RISKS

8. We have an averse risk appetite towards legal compliance. The Regulation of Care (Scotland) Act 2001 requires the SSSC to act in a way which encourages equal opportunities. Our responsibilities on equality issues were expanded by the Equality Act 2010 including the Public Sector Equality Duty (PSED) as detailed in section 149 of the Act. This section is known as the General Duty. The duty covers age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The General Duty has three needs which include eliminating unlawful discrimination, harassment and victimisation, advancing equality of opportunity between different groups and fostering good relations between different groups.

9. Our legal responsibilities were expanded by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The specific equality duties require us to undertake a range of functions. These include publishing a report every two years on our progress to make the general duty part of our functions.

IMPLICATIONS

Resourcing

10. The revised policy does not create any new financial, sustainability or staffing implications.

Compliance

11. The Equality and Human Rights Commission (EHRC) regulates the Public Sector Equality Duty (PSED) in Scotland. The EHRC can, where appropriate, take pre-enforcement or formal enforcement to ensure that listed authorities are giving due regard to the aim of the general duty. The Scottish Government also expects listed authorities to comply with the PSED and sets out these requirements in several places including legislation, strategies and consultations.

IMPACT ASSESSMENTS

Equalities

12. An Equality Impact Assessment (EQIA) was developed for this revised policy and forms Appendix 2 to this report. The Equality, Diversity and Inclusion Policy has an impact on people with protected characteristics. Our wider activities play a greater role in mainstreaming equality and making sure that we consider the general duty as part of our ongoing functions.

CONCLUSION

13. Council is asked to approve the policy at Appendix 1.

Scottish **Social** Services Council

Equality, Diversity and Inclusion Policy

July 2023

Document governance and management

Document owner/author/lead	Director of Strategy and Performance
Version number	V2.0
Current version referred for approval to	Council, 24 August 2023
Date of next review	August 2026
Date of equality impact assessment (mandatory)	23 June 2023
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

Contents

1. Introduction and statement of intent

This policy sets out our approach to equality, diversity and inclusion. It also details our respective roles and responsibilities. We are committed to equality, diversity and inclusion. Our work actively promotes human rights and the core principles such as dignity, fairness, equality, respect and autonomy. Our Strategic Plan 2023-2026 sets out our four strategic themes: trusted, skilled, confident and valued. The plan reinforces our ongoing commitment to mainstreaming equality, diversity and inclusion across social work, social care and children and young people services and in the SSSC.
Our Strategic Plan for 2020-2023 identifies our priorities for the next three years. The plan also sets out the organisational characteristics and values that support us to embed a culture of equality and diversity across the SSSC.

Our legal duties in relation to equality are set out in various pieces of legislation including the Equality Act 2010, the Human Rights Act 1998 and the Regulation of Care (Scotland) Act 2001. See the appendix for further information.

Our Equality, Diversity and Inclusion Policy also links to our People Strategy. Our People Strategy sets out our ambition for our people and our organisation. The strategy sets out how we collaborate to make the SSSC a great place to work. It also sets out how we make sure everyone is supported and has the skills they need to do their role.

We:

- are committed to equality, diversity and inclusion in our varied roles which include being a public body, regulator and an employer
- recognise and value the benefits a diverse workforce brings to our work
- treat everyone fairly and with respect – this includes registrants, staff, applicants and all other key stakeholders
- will go beyond minimum statutory duties when considering and promoting equality, diversity and inclusion for people with characteristics not protected by law
- are supporting initiatives to increase the diversity of our workforce and the social service workforce in Scotland.

We all have a role in changing structures, policies, practices and attitudes. For example, we are committed to an anti-racist approach. Nobody should experience discrimination at work. It is not enough to be against racism or discrimination in any form. We must challenge and address it. We want our employees to be able to highlight inappropriate behaviour and to know that their concerns will be recognised and addressed. Please contact your manager if you have ideas about how we can drive and deliver cultural and attitudinal change.

This policy will be revised every three years or more frequently if required and in consultation with the Partnership Forum. We will publish a report annually to show details of our progress in this area. review our equality outcomes every four years and publish a new mainstreaming report every other year. The reports use several

sources and indicators to report on our progress including our Key Performance indicators and the findings from our registrant and staff surveys.

Our Equality, Diversity and Inclusion Policy uses the PANEL Principles to show our commitment to respect, protection and fulfilling human rights:

- **Participation** – scope is set out in section one.
- **Accountability** – roles and responsibilities are set out in section three.
- **Non-discrimination and equality** – principles are set out in section two.
- **Empowerment** – the role of our Equality, Diversity and Inclusion Group and wider work to empower our employees is set out in section four.
- **Legality** – the appendix sets out our statutory duties.

Scope

This policy applies to all employees, secondees, agency staff and anyone else working on behalf of the SSSC. Our staff must follow this policy in addition to any requirements set by relevant regulatory or professional bodies.

Many of our stakeholders will be required to follow separate policies and procedures. In these instances, we expect people who undertake work on our behalf to follow the spirit of this policy and to respect it within their approach. This includes suppliers. For example, we must consider equality throughout our tender processes and comply with relevant legislation as set out in our Procurement Strategy.

~~This policy generally excludes the social service workforce as they are required to follow their employer's policies~~

The social work, social care and children and young people workforce

This policy is primarily about mainstreaming equality, diversity and inclusion within the SSSC. Many requirements and expectations are specific to our employees. The policy cannot create obligations on the wider social work, social care and children and young people workforce. Our Strategic Plan 2023-2026 sets out our focus on developing a trusted, skilled, confident and valued workforce. Equality, diversity and inclusion are a key part of delivering on each of these themes and outcomes. For example, a regulated workforce that is fit to practise is a workforce that places equality, diversity, inclusion and human rights at the heart of everything it does. Equality, diversity and inclusion must be at the heart of everything we do.

We take several steps to promote equality in the wider workforce by:

- embedding standards that promote equality and diversity in the Codes of Practice for Social Service Workers and Employers
- gathering relevant protected characteristics to gain insight and promote equality, diversity and inclusion in the work we do
- promoting social service careers to underrepresented groups
- developing and publishing official and national statistics on the social service workforce including data on age, gender, ethnicity and disability.

Our customers and suppliers

We expect our customers to treat our employees with courtesy and respect. Our Expected Behaviour Procedure sets out our expectations and approach. Our Procurement Strategy sets out our commitment to equality, diversity and inclusion throughout our tender processes. This includes advancing equality of opportunity and making sure goods are delivered in a non-discriminatory way.

Protected Characteristics

The Equality Act 2010 identifies the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

The Equality Act 2010 makes it illegal to discriminate against, harass or victimise another person because they have any of the protected characteristics. The Act also provides protection against discrimination where someone is perceived to have one of the protected characteristics or is associated with someone who has a protected characteristic. Employers can undertake positive action to improve equality in the workplace and we will do this where it is appropriate to do so. For example, we will include statements in our job adverts to encourage applications from under-represented groups.

The Equality Act 2010 also established the Public Sector Equality Duty (PSED). The appendix contains further information on our statutory duties. Our approach to meeting the equality duty also sits alongside the Scottish Government's Fair Work Framework, which sets out the belief that fair work is work that offers effective voice, opportunity, security, fulfilment and respect.

2. Principles

We will deliver services which promote equality, diversity and inclusion. We aim for our workforce to be representative of our society and stakeholders, and for each employee to feel respected and able to give their best. We contribute to the same objectives for the wider social service workforce. For example, equality, diversity and inclusion is a key theme in the Scottish Vocational Qualifications and the National Occupational Standards.

Some of the ways we apply these principles follow. ~~We will do this by:~~

- We use~~using~~ tools such as Equality Impact Assessments (EQIA) to promote equality in our work. An EQIA helps us to make sure that our approach is fair

and to remove barriers to participation. An EQIA helps us to identify and remove any negative impacts. It also helps us to demonstrate positive impacts. An EQIA should be developed for relevant policies and projects unless there is a clear reason for not doing so. An EQIA must be reviewed regularly to ensure our approach meets the needs of everyone.

- We will focus on being inclusive and involving key stakeholders throughout our work in line with our ~~Involving People plan~~Involving People engagement strategy and framework 2023-2026.
- ~~being transparent by~~We publish~~ng~~ our mainstreaming report, equality outcomes and EQIAs.
- We use a holistic approach which encourages everyone to think about equality, diversity and inclusion alongside other key priorities, such as putting care experienced children, young people and adults at the heart of what we do and enabling children's rights.
- We have fair, open and inclusive recruitment and promotion practices.
- ~~connecting our equality mainstreaming with related activities such as corporate parenting and children's rights~~
- We provide regular equality, diversity and inclusion training for our employees, which includes training on equality legislation, fairness for all and unconscious bias.
- ~~providing appropriate training~~
- We will use the equalities data we hold to assess impacts, to raise awareness of the diversity of sector and to improve our services.
- ~~using the equalities data we hold to assess impacts and improve services.~~

3. Roles and responsibilities

3.1 Council

The Council is responsible for:

- approving this policy

- making sure that the application of the policy does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of employees and our wider public statutory duty
- making sure we apply policies and procedures fairly and keeping to the law.
- ~~taking forward the strategic aims and objectives as agreed by the Scottish Ministers~~
- ~~reviewing and approving our equality outcomes and mainstreaming reports and our Equality, Diversity and inclusion Policy~~
- ~~working to the six core principles of the Good Governance Standard for Public Services.~~

3.2 Executive Management Team

The Executive Management Team (EMT) is responsible for:

- being Equality and Diversity champions and ensuring Directorates undertake the requirements set out in this policy
- considering our policies, processes and procedures and agreeing modifications as appropriate.

3.3 Operational Management Team

The Operational Management Team (OMT) oversee the day to day operational management of the SSSC. Those on OMT are members of the Equality, Diversity and Inclusion Group and ~~They~~ are responsible for:

- ensuring their teams undertake the requirements set out in this policy
- ~~ensuring appropriate departmental representation on the Equality, Diversity and Inclusion Group.~~
- setting and overseeing the external equality delivery plan
- signing off EQIAs.

3.4 ~~Staff~~SSSC employees and agency workers

All ~~staff~~employees:

- must be aware of and comply with this policy and our statutory obligations
- are expected to participate in training ~~(which the SSSC will provide)~~ which supports the implementation of this policy~~, as appropriate~~
- should consider how we can promote and model equality within our role and where relevant in social work, social care and children and young people services
- should consider and develop EQIAs as relevant
- are actively encouraged to share their experiences, perspectives and ideas on how we can make the SSSC a more equal, inclusive and diverse place to work
- should think about how we can use our influence and role to promote and support equality, diversity and inclusion in the SSSC or wider social work, social and children and young people workforce.

We actively encourage our employees to share examples of how they are prioritising equality, diversity and inclusion in their role. These examples will be of interest to colleagues across the SSSC. Our experiences can help all of us to improve the way we way we deliver services. We have several ways to share our approach. For example, employees can:

- discuss with their line manager or head of department

- share their experiences at our Equality, Diversity and Inclusion Community of Practice or at the SSSC's wider Community of Practice groups
- highlight on Teams such as the Stakeholder Engagement group.

Our EQIA process helps us to identify barriers and solutions. The evidence from EQIAs and our employees contribute to our mainstreaming report, care experienced plan and children's rights plans.

Agency workers have many of the same rights and obligations as employees. This includes access to training, participating in community of practice and an expectation that they promote and model equality within their role.

4. Equality, Diversity and Inclusion Group (EDIG) and the Equality, Diversity and Inclusion Plan (EDIP)

Our Equality, Diversity and Inclusion Group (EDIG) meets quarterly. A member of the Executive Management Team (EMT) chairs the group. The group's members are Operational Management Team members, and their meetings follow the relevant OMT meeting. The Policy and Equality Manager also attends this meeting. The Group may invite more members as required.

The Equality, Diversity and Inclusion Delivery Plan (EDIP) is our operational document that sets out our high-level priorities and is based around the actions in our statutory reports such as the Mainstreaming and Outcomes report and Care Experience Plan. The EDIP focuses on a small number of actions that will have the most impact. It does not capture every activity that we are undertaking to mainstream equality, diversity and inclusion within the SSSC.

- The **external part** of our EDIP sets out how we contribute to mainstreaming equality, diversity and inclusion in the social work, social care and children and young people services. The EDIG identifies and monitors the actions in the external part of our EDIP.

- The **internal part** of our EDIP sets out how we are making the SSSC a more inclusive and welcoming employer. The People Strategy Board identifies and monitors the actions in the internal part of the EDIP.

The Equality, Diversity and Inclusion Group (the Group) is chaired by a member of the EMT and consists of staff from across the SSSC, including OMT or line managers from every department. The Group has a key role to play in promoting equality across the SSSC. We will provide training to support the group. Its key purpose is to:

- support the mainstreaming of equalities within SSSC
- provide evidence which contributes towards our equality outcomes.

The Group has additional roles including:

- promoting and mainstreaming good practice by promoting a culture that supports equality, diversity and inclusion
- assessing the impact of applying a new or revised policy or practice against the needs of the general equality duty
- supporting the development and implementation of our mainstreaming and equality outcomes
- leading the development of staff guidance and training
- assisting the SSSC to meet its responsibilities in relation to legislation
- being a source of advice on the development of EQIAs and to track actions
- contributing to consultations
- consider the practical implementation of our legal responsibilities of Corporate Parenting and the involvement of young people and staff in this area.

5. Equality, Diversity and Inclusion Community of Practice Monitoring

Our Equality, Diversity and Inclusion Community of Practice is a space for our employees to think about equality, diversity and inclusion, to share examples of barriers or good practice and to identify ways of promoting equality, diversity and inclusion within the SSSC. We will occasionally ask the Community of Practice for feedback on our activities, reports or consultation responses. Anyone can attend the Community of Practice. Please make sure you have approval from your line manager if relevant. Please contact the Policy and Equality team for further information about the Community of Practice.

We have developed Key Performance Indicators. The KPIs inform our annual updates for Council.

6. Behaviours at work and supporting our employeesStaff conduct

We expect high standards from our employees and for them to act in a way that aligns with our values. Our Code of Conduct sets out how we expect and require our employees to behave. The SSSCWe takes seriously any instances of anyone failing to follow this policy. For example, this could include bullying, harassment or any behaviour which is generally inconsistent with the policy. Where we have concerns we will act in line with our Dignity at Work and Disciplinary Procedure. Such behaviour may be investigated in line with our disciplinary procedure.

Employees can make a claim to an employment tribunal within three months of alleged discrimination.

The Equality Act 2010 identifies four types of discrimination: direct discrimination, indirect discrimination, harassment and victimisation. Every case is unique and we consider each case on its merits.

We know that discrimination is complex and can be linked to several factors such as cultural sensitivities. In some instances discrimination can be unintentional and may include unconscious bias or microaggressions. The Oxford Learner's Dictionary defines microaggressions as 'an act or remark that discriminates against one or members of a minority group, either deliberately or by mistake.' We must all recognise that we can, unknowingly, commit microaggressions. On an ongoing basis we will reflect and refine our practice to avoid committing these.

Where we see a colleague exhibit a microaggression we all have a responsibility to identify that to them. When someone identifies that we have committed a microaggression we will listen and reflect on their view rather than instantly respond. This is particularly important when we do not know the life experience of the individual raising the concern. Our employee learning hub has resources on avoiding unintentional discrimination.

We provide regular training and support for our employees.

- All employees receive and must do regular training on key topics such as duties under the Equality Act and promoting fairness for all.
- We strongly encourage recruiters to undertake training around unconscious bias (UB) if they have not already done so. Some staff will undertake training on UB as part of their wider role. We would encourage everyone to explore UB and to consider the implications for your role. Our Learning Hub has resources on UB.
- The level of equality, diversity and inclusion training that employees receive is linked to their role. For example, employees in the Regulation Directorate will receive more regular and specific training or development. This will include learning from cases.
- All employees can access resources from the SSSC Learning Hub.

7. Link with wider policies

Employees must consider this policy alongside relevant policies and procedures. This includes the Code of Conduct, Dignity at Work Policy, Disciplinary Policy, Expected Behaviour Procedure, Grievance Policy, Procurement Strategy and Whistleblowing Policy. All policies are available from the intranet document library.

Staff should consider this policy alongside relevant policies and procedures such as the Code of Conduct, Grievance Procedure, Dignity at Work and Whistleblowing Policy.

Formatted: Normal (Web), Font Alignment: Auto

Appendix: Statutory duties

The Equality Act 2010 and the Public Sector Equality Duty

As a public body, the Scottish Social Services Council (SSSC) complies with the Equality Act 2010 and the General Duty. Our legal duties in relation to equality are set out in various pieces of legislation and regulations including the:

• Regulation of Care (Scotland) Act 2001
• Equality Act 2010
• Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended
• Gender Representation on Public Boards (Scotland) Act 2018.

The Regulation of Care (Scotland) Act 2001 requires the SSSC to act in a manner which encourages equal opportunities. Our responsibilities on equality issues were expanded by the Equality Act 2010 including the public sector equality duty detailed in section 149 of the Act.

The Public Sector Equality Duty (PSED)

The PSED was created by the Equality Act 2010. It requires public bodies to have due regard to the need to:

• eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
• advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
• foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Specific duties

The specific equality duties came in force in 2012. They require us to undertake a range of functions such as produce a report on how we are mainstreaming the equality duty. We are also required to publish gender gap information and statements on equal pay.

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.

Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C23/1 Assurance Report	Council 25 May 2023	Completed	Acting Director, Workforce, Education and Standards		Min 7.1: Provide more detail on the issues raised regarding areas in the performance summary which were categorised as red, mainly the staff absence figures and turnover.	
C23/2 Risk 5: People and Culture: Organisational Development	Council 25 May 2023	Completed	Acting Director, Workforce, Education and Standards		Min 7.6: Discussion around trends for sickness absence or for staff turnover figures. A 'heatmap' to be included in the next assurance report which would show particular areas of concern.	
C23/3 NHS Exit Interviews	Council 25 May 2023	Completed	Acting Director, Workforce, Education and Standards		Item 7.6: Consider the benefits of compulsory exit interviews. Considered when reviewing updated exit guidance	
C23/4 Review wording of Risk 5	Council 25 May 2023	Completed	Acting Director, Workforce, Education and Standards: Director, Strategy and Performance		Min 7.7.3b: A further report to be submitted on a review of the wording of risk five. Wording reviewed.	
C23/6 Benefits Realisation reporting	Council 25 May 2023	Completed	Director, Strategy and Performance	07/11/2023	Min 7.7.3j: Include requested changes in the benefits realisation reporting.	
C23/7 Interim arrangements for senior team	Council 25 May 2023	Completed	Acting Chief Executive	25/05/2023	Min 7.7.3k: Provide Council with an updated report on interim arrangements for the senior team. Report submitted to May Council.	
C23/8 Options to get strategic finance advice	Council 25 May 2023	Completed	Acting Chief Executive	13/06/2023	Min: 12.2: Members to be updated at the development session on 27 June 2023.	
C23/9 People Strategy Delivery Plan	Council 25 May 2023	Completed	Acting Chief Executive		Min 7.6: People Strategy Delivery Plan to go to the August meeting of Audit and Assurance Committee. On agenda for Council meeting	
C23/10 Agile Working Policy	Council 25 May 2023	Completed	Acting Director, Workforce, Education and Standards		Min 7.6: Agile Working Policy to be reviewed at Committee meeting August 2023. Policy is on agenda.	
C23/11 Interim Arrangements for Senior Team	Council 25 May 2023	Completed	Acting Chief Executive		Min 12.2: M Allison to give an update to Members at their Development Session on 27 June 2023 re secondment from Scottish Government.	
C23/12 Update Action Record	Council 25 May 2023	Completed	Corporate Governance Co-ordinator		Min 13: Archive completed actions noted at this meeting.	
C23//13 Data Protection Policy	Council 25 May 2023	Completed	Corporate Governance Co-ordinator		Min 9.3.2: Upload amended Data Protection Policy to Library. Uploaded 05 June 2023.	
C27 Auditors opinion Audit and Assurance Committee September 2023	Council 27 March 2023	Not Started	Corporate Governance Co-ordinator	12/09/2023	MIn 4.5: Include opinion on efficiency of systems etc in SSSC finance dept within External Auditors report in September to Audit and Assurance Committee.	
C18 Invitation to Minister to visit	Council 27 February 2023	In progress	Acting Chief Executive	Tbc	Min 7.2: Invite new Minister to meet with Council/possibly discuss longer term budget solutions. 15.08.2023: Convener continuing to request meeting with the Minister but no date yet confirmed. See Council report 25/2023.	
C12 Future Proofing Programme - report if insufficient funding	Council 24 November 2022	Completed	Corporate Governance Co-ordinator		Min 8.3 bullet 3: report back to Council if insufficient funding from Scottish Government to progress the Future Proofing Programme. Funding confirmed during Audit and Assurance Committee meeting on 02 May 2023.	
C11 Fitness to practise staff retention	Council 24 November 2022	In progress	Acting Chief Executive	08/08/2023	Min 6.2 bullet 6: in discussion with HR to try to identify and resolve staff retention issues. Report on options to be brought to Council in due course. Report on agenda for August Council meeting	
C10 Share outcome of IRISR	Council 24 November 2022	Not started	Corporate Governance Co-ordinator	18/09/2023	Minute 5.2: Share/issue review of Independent Review of Inspection, Scrutiny and and Regulation (IRISR). Scottish Government delayed report on outcome to September 2023.	

| C6 Joint Development Session with Care Inspectorate re The Promise | Council 25 August 2022 | In progress | Corporate Governance Co-ordinator | Tbc | Min 9.2 A joint dev session with 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: Care Inspectorate, Convener and Chief Executive in discussion re options. 15.08.2023: Convener advised discussions held recently and a date for joint session to be confirmed. See Council report 25/2023. |

Council Calendar of Business 2023/24

Report/meeting dates	24 Aug 2023	31 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 *(inc assurance report and link to minutes)*	√		√	√	
Action Record	√		√	√	
Annual reports					
Audit and Assurance Committee Annual Report *(part of Annual Report and Accounts process)*					
Risk Register and Risk Appetite Statement *(included in quarterly A & A committee report to Council)*				√	
People Strategy Report *(include staff survey results, HR annual report and agile working updates)*	√				
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			√		
Annual Health and Safety report	√				

Report/meeting dates	24 Aug 2023	31 Oct 2023	23 Nov 2023	26 Feb 2024	25 March 2024
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 *(ad hoc or requested matters)*					
Strategic Plan 2023-2026					
Equalities Mainstreaming report					
Fees review	√				
Rewards review					
Future Proofing Programme *(inc outcome of consultation on Codes of Practice)*	√				
People Strategy Delivery Plan	√				
United Nations Convention on Rights of a Child			√		
Care Experienced Report			√		
Programme Boards/DSG Membership			√		
Appointment of Audit and Committee chair and Vice-Chair				√	
Procurement Strategy				√	

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