

Date Issued: 16 November 2023

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 23 November 2023 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by TEAMS meeting.

Sandra Campbell
Convener

AGENDA
PUBLIC SESSION

| | | Report no |
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| 1. | Welcome and apologies for absence | |
| 2. | Declarations of interest | |
| 3. | Minutes of previous meeting - 24 August 2023 | |
| 4. | Matters arising | |
| 5. | Convener's report | 38/2023 |
| 6. | Chief Executive's report | 39/2023 |
| 7. | Audit and Assurance Committee's report to Council | 40/2023 |
| 8. | Appointment of Audit and Assurance Committee Chair and Vice Chair | 41/2023 |
| 9. | Authorised Officer – registration requirements | 42/2023 |
| 10. | People management policies – 10.1 Work Performance Policy 10.2 Maximising Attendance Policy | 43/2023 |

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| 11. | Qualification timescales for registered workers in Adult Social Care | 44/2023 |
| 12. | Review of registration fees | 45/2023 |
| 13. | Changes to shared services – financial implications | 46/2023 |
| 14. | Council Action Record | |
| 15. | Date of next meeting and calendar of business – The next scheduled meeting of the Council will be held on Monday 26 February 2024 at 10 am. | |

PRIVATE SESSION

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| 16. | Minutes of private session of previous meetings 16.1 24 August 2023 16.2 31 October 2023 | | |
| 17. | Rewards Review | | 47/2023 |

Private session items explained

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

| Agenda item | Reason for exclusion |
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| 16 | Matters involving issues of commercial or financial sensitivity or confidentiality |
| 17 | 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 Service Council
held on 24 August 2023 at 10.00am in Quadrant House, 11 Riverside Drive,
Dundee DD1 4NY and by Teams meeting**

Present: Sandra Campbell, Convener
Professor Alan Baird, Council Member
Julie Grace, Council Member
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 10 online observers

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| | <i>(Item number 1 was not in use)</i> |
| 2 | Welcome and apologies |
| 2.1 | Sandra Campbell welcomed those present to the meeting and noted that there were a number of online observers. |
| 2.2 | Apologies were intimated on behalf of Theresa Allison, Lynne Huckerby and Linda Lennie, Council Members and Lorraine Gray, Chief Executive. Doug Moodie submitted apologies for the private session. The meeting was quorate. |
| 3 | Declarations of interest |
| 3.1 | There were no declarations of interest. |
| 4 | Minutes of the previous meeting – 25 May 2023 |
| 4.1 | The minutes of the meeting held on 25 May 2023 were approved as an accurate record. |
| 5 | Matters arising |
| 5.1 | There were no matters arising from the minutes that are not covered elsewhere on the agenda. |

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| 6. | Convener's report |
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| 6.1 | Sandra Campbell presented report 25/2023, which summarised her activities as Convener since the Council meeting in May 2023. |
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| 6.2 | Alan Baird asked about progress on the re-establishment of joint meetings with NHS Education Scotland (NES). The Convener and Maree Allison confirmed that the Memorandum of Understanding between the SSSC and NES had been signed and this would be circulated to Members for information. Both spoke about the collaborative work that could be carried out as a result of this partnership, including further development of the workforce, sharing data as well as strategic opportunities of working together. |
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| 6.3 | Peter Murray suggested that the work of the SSSC and NES could feed into the work of Health and Social Care Scotland and that he would share contact details with Maree Allison. |
| 6.4 | The Council |
| | 1. noted the summary of the key issues and the verbal information shared. |
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| 7. | Chief Executive's report |
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| 7.1 | <p>Maree Allison presented report 26/2023 which provided an update to Council Members on matters of strategic importance which are reported and linked to the outcomes in the Strategic Plan. The three main points brought out in the report were</p> <ul style="list-style-type: none"> • progressing of workstreams relating to the National Care Service (NCS) • work on the 2024/25 budget • ongoing work on the Future Proofing Programme with the new register commencing in April 2024. <p>Maree Allison also added that the delayed report on the Independent Review of Inspection, Scrutiny and Regulation (IRISR) was now due to be released in September and a report would therefore come to Council in November 2023.</p> |
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| 7.2 | Members discussed the situation with low numbers of Mental Health Officers (MHO). There was some reference to whether the figures included reference to the different categories of MHO, ie some who were fulltime MHOs and there were also those who carried out this function as an additional element to their job. Laura Lamb noted that there is a slight increase in MHOs however this is outnumbered by the increased hours requested. |
| 7.3 | The Council |
| | 1. noted the information contained in the report. |
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| 8. | Audit and Assurance Committee's report to Council |

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| 8.1 | Alan Baird presented report 27/2023 the Audit and Assurance Committee's quarterly report to Council. He particularly highlighted the revised format of the assurance report and risk register. He clarified that, although the report had been revised, it had been agreed that a working group meet to discuss any matters still outstanding. It was suggested that these may relate to how the information is reported and how to better align the data with the strategic outcomes. It was anticipated that any issues may be resolved in a single meeting. Theresa Allison and Lindsay MacDonald will attend on behalf of the Committee. |
| 8.2 | Alan Baird referred to some of the data included within the report focussing on the percentages of qualified workers broken down by register part and the vast difference between categories. He commented on the lack of data from the Orkney and Shetland islands and hoped this could be rectified in future. Maree Allison added that some of the lower percentages in workers obtaining qualifications were due to these categories coming onto the register in later years, so workers have not yet had five years to complete qualifications. The lower numbers of qualified workers in adult care would be further looked at as part of the Adult Social Care response plan. |
| 8.3 | Discussion continued on ensuring workers were carrying out the correct and recognised Continuous Professional Learning (CPL) and also how having qualified workers linked into the risk register and whether there is a risk to the organisation where workers have not completed qualifications. Sandra Campbell commented that a joint meeting between the Council and the Board of the Care Inspectorate was planned, hopefully to take place during autumn, as this along with outcomes of the IRISR must also contribute to the quality of care provided to those in receipt of services. |
| 8.4 | There was some further discussion on the risk register and it was noted that risk 9, relating to uncertainty over the office accommodation, was now closed. |
| 8.5 | Alan Baird referred to the audit report submitted to Committee noting that this provided a good level of assurance over the financial sustainability of the organisation. However he emphasised that this referred to the planning put in place by senior management and did not assure the organisation of the future financial challenges that it faces. |
| 8.6 | The Council |
| | <ol style="list-style-type: none"> 1. accepted that the assurance report presents a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is |

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| | <p>delivering as forecasted to meet strategic objectives agreed with the Sponsor Department</p> <ul style="list-style-type: none"> 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. <p>2. noted</p> <ul style="list-style-type: none"> 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. |
| 9. | Draft Annual Report and Accounts Review |
| 9.1 | <i>This item was moved to the private session of the meeting.</i> |
| 10. | Agile Working Policy Update |
| 10.1 | Laura Lamb presented report 29/2023, the Agile Working Policy update and highlighted that some amendments had been made to the policy following the learning from the past year of agile working in the organisation. She advised that there had been no negative effect on performance, there was improvement in recruitment and retention rates, excepting in specific areas which are as a result of separate issues. |
| 10.2 | Rona King commented that the small working group on HR policies had reviewed the policy and requested that two suggested changes had not come through in this version. It was agreed that these should have been and would be included in the published version and were in relation to wording of paragraphs 6.1 and 6.8. |
| 10.3 | Members then discussed the importance of receipt of staff responses and views on agile working. Not only the views of management should be taken into account in order to form a balanced assessment of the success of the agile working format. Laura Lamb added that a number of measures were included within the People Strategy following feedback received. |
| 10.4 | Some Members commented that the staff positive response to agile working appeared to oppose the national trend, to go back into the office. Maree Allison added some context in that our digital upgrade was carried out prior to the pandemic and this provided us with a fairly smooth transition to working from home. She added that much of the work was process-based and this transitioned well to agile and home working. The digital systems have kept the teams well connected and |

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| | staff connected with each other. Performance in many process-based areas has improved. In other areas which were not process-based, employee/manager engagement ensures that workload is being managed well. |
| 10.5 | Discussion turned to health and safety issues and slips, trips and falls, Display Screen Equipment (DSE) assessments and home insurance. Rona King advised that these matters had been discussed during the writing of the policy and this review has resulted in a more robust policy, with the knowledge gained over the last three years. Maree Allison assured Members that these areas were the responsibility of each staff member. Rona King agreed that time will tell whether there are likely to be actions raised against employers, generally, for any issues occurring due to staff working from home. This will be kept under review and any matters reported as necessary. Following an issue that Sandra Campbell picked up from the Staff Conference, Maree Allison clarified that some staff have indicated that they want to work in the office full time and that is accepted and catered for in having a permanent desk allocated, rather than hot desking. To work from home is a choice. |
| 10.6 | The Council |
| | <ol style="list-style-type: none"> 1. approved the updated Agile Working Policy subject to the amendments to paragraphs 6.1 and 6.8 as previously agreed by the working group on HR policies 2. endorsed the further recommendations to support implementation as outlined in the report. |
| 11. | People Strategy Annual Report |
| 11.1 | Laura Lamb presented report 30/2023, the People Strategy Annual report which provided the Council with an update on the progress of delivery of the People Strategy for 2021-2024. She referred to the internal management development programme 'managing the SSSC way' and also that a number of key activities from previous years are now embedded into business as usual activities. Laura Lamb also spoke to challenges including internal and external resource issues. She spoke of the results of the 2022 staff survey which were largely positive, apart from issues on pay and reward. |
| 11.2 | It was noted that the ongoing issues with the pay and grading review skewed the results of the survey as well as resulting in a high score in the risk register. It was agreed that this could not currently be reported separately as it formed an integral part of the People Strategy. |
| 11.3 | Laura Lamb confirmed she was confident about delivery of the projects scheduled into year three, reiterating that many activities from previous years were now embedded processes. She agreed to report to Members should the schedule timelines start to slip. |
| 11.4 | Following a query raised by Alan Baird, Laura Lamb confirmed that work will continue on European Foundation for Quality Management |

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| | (EFQM) which will help in strengthening some of the working in the organisation. This was important especially following the loss of the suppliers for the Investors in People and Investors in Young People awards. |
| 11.5 | Lindsay MacDonald asked about measuring the impact or outcomes of the activities in the strategy and Laura Lamb explained that amongst other benefits, the impact will be seen in the results from the next staff survey. The information will also be gathered and will help form the next version of the operational plan. |
| 11.6 | The Council |
| | 1. noted the progress update on year two of the People Strategy |
| | 2. endorsed the indicative operational delivery plan for year three. |
| 12. | Health and Safety report |
| 12.1 | Laura Shepherd presented report 31/2023, along with the Annual Health and Safety report for 2022/23 and the revised Corporate Health and Safety Policy. She advised on the recent changes to the governance, including the joint decision to separate the Health and Safety Committees for the SSSC and the Care Inspectorate, having operated a joint committee for around two years. The Chair of the SSSC's committee is the Director of Strategy and Performance, as part of her responsibility of oversight of the shared services. |
| 12.2 | Laura Shepherd then referred Members to the data being reported in the annual report, which included the number of Display Screen Equipment (DSE) assessments relating to staff working from home under the Agile Working Policy. |
| 12.3 | Rona King suggested that it would be useful to see target rates to help assess the statistics on online training. On a second query about stress management, there appeared to be an anomaly between statistics on stress risk assessments and completion of the course on handling workplace stress. Laura Shepherd assured Members that work was being carried out to better capture and record information on workplace stress. It being acknowledged that it is difficult to separate workplace stress from other issues arising outwith the workplace. |
| 12.4 | Members posed a number of questions over aspects in the policy <ul style="list-style-type: none"> • revised wording on accountability was requested • ensure all matters that should be reported are being reported in the annual report • concern over staff working in their own homes. This is not classed as lone working • clarified that the Health and Safety Committee is operational and any issues will be reported through the assurance report and brought to Council. |
| 12.5 | The Council |
| | 1. endorsed the Annual Health and Safety Report for 2022/23 |

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| | 2. approved the revised Corporate Health and Safety Policy subject to minor amendments discussed |
| | 3. agreed that the three policies discussed today be recirculated to Members once the minor amendments have been included. |
| 13. | Equality, Diversity and Inclusion Policy |
| 13.1 | Laura Shepherd presented report 32/2023, The Equality, Diversity and Inclusion Policy to seek approval from the Council. She referred to the changes and updates to the policy made following consultations. She particularly mentioned the Community of Practice which met the previous day and was well attended and the inclusion of references to raising awareness of microaggressions. |
| 13.2 | Members asked for clarification of the role of the Council and how Members can be assured of the application of the principles. Anne Stewart advised that these matters are captured in the assurance mapping exercise. For transparency, wording to this effect will be included within the policy. There will also be a word change from 'responsible' to 'accountable' to better reflect the Council's role. |
| 13.3 | In general terms, the possibility of including a link to the Code of Corporate Governance RACI chart into each policy was proposed which would then show clearly how duties relating to policies are discharged. |
| 13.4 | The Council |
| | 1. approved the updated policy subject to changes to the wording around the role of the Council. |
| 14. | Council Action Record |
| 14.1 | Members reviewed the Council action record and agreed that actions C12, C23/1, C23/2, C23/3, C23/4, C23/6, C23/7, C23/8, C23/9, C23/10, C23/11, C23/12 and C23/13 be removed from the list but held in archive for future reference. |
| 15. | Date of next meeting – 23 November 2023 at 10.00 am |
| 15.1 | The next meeting scheduled for the Council is Tuesday 31 October 2023 to consider the Annual Report and accounts only. The next meeting for usual business is on Thursday 23 November 2023. Both meetings will be in hybrid format. |
| | <i>Items 9, 16, 17, 18, 19, 20 and AOB were considered in private and minuted separately.</i> |

Committee started: 10am
Committee finished: 2pm

Signed _____
Sandra Campbell
Convener

Date_____

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| Title of report | Convener's Report |
| Summary/purpose of report | Update on the Convener's activity since the Council meeting on 24 August 2023 |
| Recommendations | The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener. |
| Author | Sandra Campbell, Convener |
| Responsible Officer | Maree Allison, Acting Chief Executive |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to Risk Register | <p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and</p> |

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| | <p>skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources required to deliver the strategic plan.</p> <p>Risk 7: Closed</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: Closed</p> |
| Impact assessments | <ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |
| Documents attached | None |
| Background papers | None |

EXECUTIVE SUMMARY

1. This report covers the Convener's activities for the period from the last full Council meeting on 24 August 2023.

INTRODUCTION

2. The main activity during this period was the recruitment activity around two new Council Members. These were to replace long-standing and valued Members Linda Lennie and Lynne Huckerby. I'd like to thank them for their contributions over the last few years and to say that on a personal level they will be much missed.

MEETINGS WITH PARTNER AGENCIES

3. I have continued to attend meetings of the Care Inspectorate. During this period there was one Board Development event on 31 August. As mentioned in my last report, we have now agreed a joint Development Session to discuss the Independent Review of Inspection, Scrutiny and Regulation and this is arranged for 18 January 2024. The next Board meeting is scheduled for 5 November.

MEETINGS WITH THE SCOTTISH GOVERNMENT

4. Regular meetings have continued with Iona Colvin, the Chief Social Work Adviser, along with the planning for recruitment and interview activity for the new Council Members. The interviews took place on 5 and 6 October and I'm pleased to say that we had a very good field of applicants from which two have been put forward for consideration to the Minister for approval.
5. 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.

COUNCIL MEMBERS

6. On 26 September, we held a Development Session at which the key issue was a briefing on the financial challenges facing SSSC over the next financial year. We also received a presentation on the extensive workforce data held by the SSSC and discussed the likely longer-term impact of developing trends, both in relation to the wider workforce and also the impact on the SSSC. We also covered the latest developments around the National Care Service and the Independent Review of Inspection, Scrutiny and Regulation. There was also informative feedback from Council Members' visits to services. Most Members had been able to

visit two or three services over the summer and found it really useful in terms of understanding current issues for services. Although this was originally conceived as a one-off exercise it was agreed that more visits could take place next year if there are other services which would be happy to host a visit.

7. Looking ahead, at the end of August next year, Alan Baird and Theresa Allison will come to the end of their second terms as Council Members and they are respectively the Chair and Vice Chair of the Audit and Assurance Committee. This requires forward planning to enable a smooth transition and I have requested a report for today's meeting recommending that from that point the new Chair should be Peter Murray and the Vice Chair, Lindsay MacDonald. I thank them both for agreeing to take on the additional responsibility, given approval by the Council.
8. On 31 October, the meeting took place to approve the Annual Report and Accounts.

CONCLUSION

9. This is my final report for 2023 and reflecting back it has been a busy period for the SSSC. Whilst there are challenges, looking ahead I believe we are in a good position to meet these, and I value the briefings which the Council has received on the wider workforce which will help us to make informed decisions about the key issues for us in the next year.

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

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| | <p>skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources required to deliver the strategic plan.</p> <p>Risk 7: Closed.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: Closed.</p> |
| Impact assessments | <ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |
| Documents attached | None |
| Background papers | None |

INTRODUCTION

1. As set out in the Executive Framework Document agreed by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last full Council meeting on 24 August 2023, and looks forward to emerging issues.

KEY POINTS

2. The Independent Review of Inspection, Scrutiny and Regulation was published in September. The Review makes a number of recommendations relevant to the SSSC's functions. We expect a Ministerial response to the Review in the New Year.
3. There is an omission in the October Assurance Report. The management action for indicator 5.1 was not included in the report that went to Audit and Assurance Committee. The staff absence indicator is currently showing as red. Management have reviewed the reasons for the absences and there are no identifiable trends. Management is monitoring the impact in each department to understand number of days lost and potential impact on performance.
4. Our Future Proofing Programme continues to advance with consultations on the Code of Practice, Continuous Professional Learning and Return to Practice concluding. Scottish Government is progressing the legislative amendments to amend the structure of the Register and work is progressing on the scoping of registration of new groups.

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

5. We published our first annual SSSC Register report on 1 September 2023. This is a new report providing data from the SSSC Register and gives a unique insight into our workforce. It is available on our website <https://news.sssc.uk.com/news/new-report-provides-unique-workforce-insight>. We are currently working on a Fitness to Practise (FTP) Snapshot report giving similar insights into our FTP work. The first FTP report will be published in January 2024.

6. We have our next meeting with FTP representatives on 15 November 2023. Organisations who regularly represent workers within FTP are invited to this meeting, and we expect Union representatives and legal representatives to attend.
7. Work is nearing conclusion on the research project 'Witness to Harm, holding to account', led by the Open University (OU) with support from Manchester Metropolitan University and the Universities of Oxford, Glasgow and Edinburgh. It is looking at improving patient, family and colleague witnesses' experiences of FTP proceedings. The SSSC is one of the participants in the research project along with other health and social care regulators. The OU is holding a lunch event in Dundee on 17 January 2024 to present its finding and recommendations.
8. The final drafts of the revised Codes of Practice have been finalised and will be presented Council for approval in February 2024.
9. Our engagement work has continued with employers across the sector and with unions in relation to our work on proposed new register groups. We will report to Scottish Government in December 2023.

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

10. The consultation on our new model of Continuous Professional Learning requirements and Return to Practice requirements closed on 3 November 2023 and we are now analysing the responses.
11. We are co- delivering a webinar on trauma informed dementia support with Scottish Government on 15 November 2023. Over 600 attendees have signed up for the webinar.

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

12. We are formally consulting on the new SVQ in Integrated Health and Social Care at SCQF Level 7. This qualification will cover a range of transferable knowledge and skills, suitable for the professionalism and flexibility of workers who adapt to the diverse health and social care outcomes of people in integrated health and social care settings. It aims to strengthen movement between workplace roles and career pathways across the health care, social care and the children and young people workforce. Our intention is for this qualification to complement rather than replace current SVQs in social services or health care support, offering a

wider range of qualifications. We will accept this qualification for registration. The consultation closes on 31 January 2024

13. We are working in collaboration with Scottish Refugee Council and NHS Education Scotland to develop a recruitment / induction guide for refugees and asylum seekers that we will publish before the end of the year, and we are updating the existing guide for employers to ensure both reflect recent learning and guidance on modern slavery.

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.

14. We are actively supporting the national adult social care recruitment campaign that launched on 7 November. In partnership with Scottish Government, Scottish Care and the Coalition of Care Providers Scotland (CCPS), we co-hosted the campaign stand at the Skills Scotland events in Edinburgh, Aberdeen and Glasgow to promote the adult social care national recruitment campaign and we are contributing to development of resource and campaign website content.
15. We published our first six-monthly survey report analysing the landscape of Scotland's filled and vacant social worker and senior social worker posts in local authorities.
16. We produced the report to provide an accurate picture of social work vacancies at the request of Scottish Government. Twenty-nine local authorities completed the survey. This report compares data from the annual censuses of LASWS from December 2018 to December 2022 with data from June 2023 to provide background and context.
17. Key findings from the report:
 - Almost all local authorities that responded find it difficult to fill social worker vacancies.
 - The main reasons are there are too few applicants and too few applicants with experience or qualifications.
 - There is a 1.3% decrease in the whole time equivalent (WTE) of practising social worker filled posts compared to December 2022.
 - In June 2023 there was a practising social worker vacancy rate of 11.8%. This appears to reflect increasing demand for social workers.
 - Other challenges to filling social worker posts include remoteness of posts and competing salaries offered by neighbouring local authorities.
 - Our survey results also noted that high numbers of vacancies resulted in exhaustion and burnout for social workers currently in post.

STRONG SUSTAINABLE ORGANISATION

18. Scottish Government Digital Assurance team conducted an assurance review for the Digital Systems Future Proofing project. The feedback was overwhelmingly positive with the team commending the SSSC on the depth and clarity provided in the project documentation and the clearly defined benefits set out for the project. The formal report will go to the December Digital Programme Board.

HORIZON SCANNING

19. **National Care Service Bill:** In June 2023 the Stage 1 deadline was further extended to 31 January 2024. Regional co-design events took place throughout the summer and the parliamentary committees are continuing to take evidence on the Bill at Stage 1 following the summer recess.
20. **Independent Review of Scrutiny and Regulation of Adult Social Care (IRISR):** The IRISR published its final report in September 2023. The Council have received separate briefings on the review and what it means for the SSSC.
21. **Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law:** The Scottish Parliament passed a motion to reconsider the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill on 14 September 2023. The Equalities, Human Rights and Civil Justice Committee is currently considering the Bill at reconsideration stage.
22. **ELC and school age childcare:** The Scottish Government's Strategic Framework for Scotland's Early Learning and School Age Childcare Profession is due in 2024. The framework will consider regulatory issues, qualifications and professional development.
23. **Scottish Child Abuse Inquiry:** The Scottish Child Abuse Inquiry began public hearings for Phase 8 of its investigations (the abuse of children in residential accommodation for young offenders and children, and young persons in need of care and protection) on 19 September 2023. I gave evidence to the inquiry on 21 September 2023.
24. **Scottish Covid-19 Inquiry:** The Scottish Covid-19 Inquiry has begun its first impact hearings looking at health and social care, with the first hearing held on 24 October. So far hearings are scheduled through to mid-November. We are monitoring these for any potential implications for the SSSC.

CONSULTATION

25. 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

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

CONCLUSION

27. This report provides Council Members with updates of matters of strategic importance and demonstrates how we are working to fulfil our statutory obligations during this time.

| | |
|----------------------------------|--|
| Title of report | Audit and Assurance Committee report to Council |
| Public/Confidential | Public |
| Summary/purpose of report | To make recommendations from the Audit and Assurance Committee. |
| Recommendations | <p>The Committee recommends that the Council:</p> <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget c. operational delivery and financial expenditure are consistent 2. discusses the concerns over the time being taken for workers to meet the required qualifications (see para 7 below) 3. notes <ol style="list-style-type: none"> a. the Committee did not accept the proposed changes to the method of calculating SPI 2.1 for the assurance report b. the Committee approved a change to the status of Risk 6 of the Risk Register c. the internal audit reports on Debtors and Income and Intelligence Strategy both provided a good level of assurance d. the Committee approved a revised date for one of the recommendations from an earlier audit in Data Protection. The delay being due to resourcing challenges |

| | |
|-------------------------------|---|
| | <ul style="list-style-type: none"> e. the assurance map will in future become part of the quarterly assurance report submitted to Committee f. changes to the reporting of fraud, bribery and corruption work g. the SSSCs participation in the National Fraud initiative 2022/23 h. the Benefits Realisation report will be submitted to the February 2024 meeting cycle i. updates were provided by the Acting Chief Executive on National Care Service (NCS), the National Social Work Agency (NSWA) and the Independent Review of Inspection, Scrutiny and Regulation (IRISR). |
| Author | <p>Alan Baird</p> <p>Chair of the Audit and Assurance Committee</p> |
| Responsible Officer | Maree Allison, Acting Chief Executive |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to Risk Register | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. |
| Impact assessments | <ul style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |

| | |
|---------------------------|---|
| Documents attached | Appendix 1: Assurance report as of 30 September 2023 Appendix 1: Strategic Risk Register |
| Background papers | Link to draft minutes of the Audit and Assurance Committee meeting of 31 October 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 31 October 2023.

ASSURANCE REPORT

3. The Audit and Assurance Committee of 31 October 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 September 2023 which was considered. The unconfirmed minutes of the meeting are linked as a background paper. These documents should satisfy Council that the Committee has discharged its responsibilities. The Committee highlights the areas below.

Budget

4. The Committee discussed ongoing budget concerns including:
 - lack of certainty of the funding by Scottish Government to enable full implementation of the Strategic Plan and this resulted in a change to Risk 6 in the Risk Register, which now has a red RAG status
 - that we are slightly below the general reserves target of 2-2.5%, sitting at 1.9%
 - the main financial risk is the current tribunal case relating to holiday pay for Fitness to Practise Panel Members.

Risk Register

5. Risk number 6 regarding in ability to fund the Strategic Plan has been raised to red RAG status.

Other matters

6. Concerns were raised about the targets being missed for the length of time workers are taking to become registered after they secure a job in the sector.
7. Concerns were raised over the time workers are taking to obtain qualification and the low numbers of some categories of workers to become qualified. The variance in numbers of qualified workers across the sector is concerning and Committee's views were that this data should be used to influence wider discussion and action with partners. Committee

stressed that qualified workers lead to better outcomes for those who use services and result in fewer Fitness to Practise investigations.

8. Noted that the register numbers were falling and this could be due to high turnover or a change in eligibility for services.
9. Issues with high number of SSSC staff absences, with no apparent trend.

AUDIT REPORTS

10. The Committee considered three reports relating to the audit function.

Debtors and Income Audit Report

11. The Committee was advised that this report is a joint report with the Care Inspectorate as this is a shared service between the two bodies. The report provided a good level of assurance with one recommendation to document procedures around invoicing and credit notes.

Data Intelligence and Strategy

12. The Committee was advised that this report also gave a good level of assurance with no recommendations. It linked well with the Strategic Plan and other strategies.

Management audit progress report

13. Committee was asked to approve a revised extension date to one recommended action from the audit on Data Protection. This was due to a resource issue within the HR team and an extension to 31 March 2024 was approved by Committee. In other recommendations, three were noted as completed and three were in progress.

ASSURANCE MAP ANNUAL REVIEW

14. The Committee noted that officers had carried out the annual review of the assurance map, which was established in May 2022. Fourteen issues were included in the map, 12 of which had a RAG status of green and two are amber. Both of these, legislative compliance and business continuity planning, were progressing towards green status.
15. The Committee agreed that this would be reported upon quarterly through the assurance report in future.

FRAUD

Fraud, bribery and corruption assurance report

16. The Committee noted there were no cases of fraud, bribery or corruption detected in the quarter 1 July to 30 September 2023 along with updates to the Fraud Action Plan and plans for recognising International Fraud Awareness Week.

National Fraud Initiative

17. The Committee was content with the self-appraisal checklist that officers had completed on behalf of the SSSC.

BENEFITS REALISATION REPORT

18. The Committee noted that the benefits realisation report would be submitted to the February meeting due to timing of completion of projects.

HORIZON SCANNING

19. Maree Allison updated Members on the current position with the National Care Service (NCS), the National Social Work Agency (NSWA) and the Independent Review of Inspection, Scrutiny and Regulation (IRISR). She will bring reports to Council as necessary.

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 took assurances from the reports provided and the in-meeting discussions that it was presented with a fair view of the operational and financial performance and risk facing the SSSC.
27. The Committee requests that Council approves the recommendations and notes actions taken by the Committee. Council is also requested to discuss the concerns raised by Committee over workers' qualifications.

| | |
|--|---|
| Title of report | Assurance Report as of 30 September 2023 |
| Summary/purpose of report | <p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> assesses delivery of our strategy through the analysis of strategic performance indicators highlights areas of concern identifies corrective action required. <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p> |
| Recommendations | <p>Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> endorse the direction of travel for the strategic measures approve the risk register position. |
| Author | Laura Shepherd, Director of Strategy and Performance |
| Responsible Officer | Maree Allison, Acting Chief Executive |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted - People who use services are protected by a regulated workforce that is fit to practise.</p> <p>Outcome 2: Skilled - Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident - Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued - The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to the Strategic Risk Register | Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact. |
| Documents attached | Appendix 1 - Full 2023/24 Strategic Risk Register. |

ASSURANCE REPORT AS OF 30 SEPTEMBER 2023

AAC Meeting Version

October 2023

Agenda item: 05, Report no: 24/2023

Action: For Decision

EXECUTIVE SUMMARY

September 2023 SPI PERFORMANCE SUMMARY

| SPI | SPI Description | Outcome | Risk | Ambition | Current | V (+/-) | Movement | Proj. YE | Actions & Comments |
|----------|--|---------|------|----------|---------|---------|----------|----------|---|
| Finance | Available reserves (%) | 1-4 | | 2 to 2.5 | 1.9 | -3.4 | ↓ | Amber | |
| 2.1 Reg | Reduce the time taken to being registered (weeks) | 1 | 1 | <18 | 23.6 | +0.6 | ↓ | Green | There is a plan to support improving performance levels; 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 | 1821 | - | → | Green | |
| | 95% of our open cases will be less than three-years-old | 1 | 1 | 95.0 | 95.7 | -0.1 | ↑ | Green | |
| 2.3 WE&S | Increase the percentage of the registered workforce with the correct qualification (%) | 2 | 2 | 52.5 | 52.0 | +0.3 | ↑ | Amber | |
| 2.4 WE&S | Increase the percentage of the workforce using learning resources to achieve CPL (%) | 2 | 2 | 25 | 28.3% | -0.1 | ↓ | | 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 | 76.5 | -5.2 | ↓ | Green | |
| | Cumulative performance (%) | 2 | 2 | 80.0 | 82.1 | -1.0 | ↓ | Green | |

September 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 | 170.1k | -0.1k | - | 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 | 6.2 | -0.1 | ↑ | - | |
| 5.2 HR | The overall staff turnover percentage (%) | 1-4 | 6 | <16.2 | 12.9 | -0.8 | ↑ | - | |

| September 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 | Risk closed as of 31st July 2023 |

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

EMT recommend risk 5 likelihood is reduced from 4 to 3 giving a residual risk score of 12 moderate. We have seen good audit, good performance indicators in terms of turnover and staff survey responses were positive.

EMT recommend risk 6 likelihood is increased from 3 to 4 giving a residual risk score of 16 Red. There is uncertainty about the pay award settlement and future funding of the deficit in the budget.

Discussion ongoing with SG regarding timescales for FPP role out, there is a risk of delay to implementation.

By exception.

1. CORPORATE FINANCIAL POSITION

1.1 Overview

This report contains projections as at 30 September 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 £488k (1.9%) (unaudited). This is 0.1% below the 2% (£510k) to 2.5% (£637k) target.

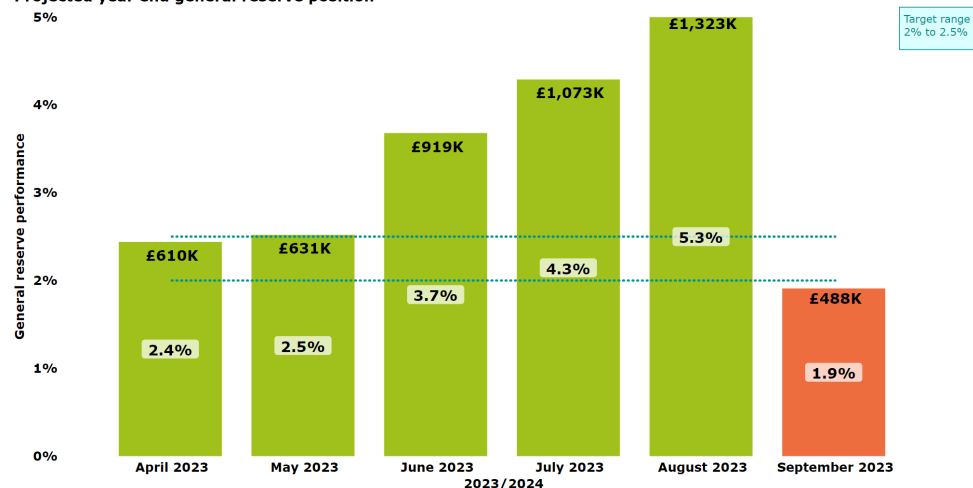
Financial risks are detailed in the tables at 1.5. Our expectation is that if the risks materialise, we will manage them through use of our general reserves without affecting our performance.

Overspends and underspends of more than £50k are detailed 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 our general reserve to fund the remainder.

1.2 General reserve (unaudited)

Projected year end general reserve position

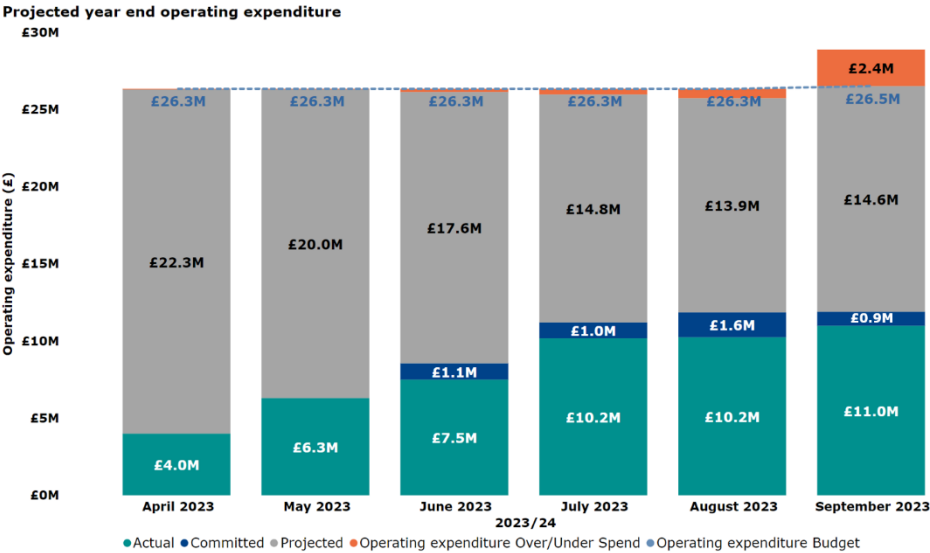


Our general reserve has reduced by £835k since August because we included £520k to fund an increased 2023/24 pay award. Our opening general reserve position reduced by £242k due to IFRS 16 changes in our annual accounts. Our net expenditure position reduced by £73k.

More detail on our general reserve is provided in appendix A, table 2.

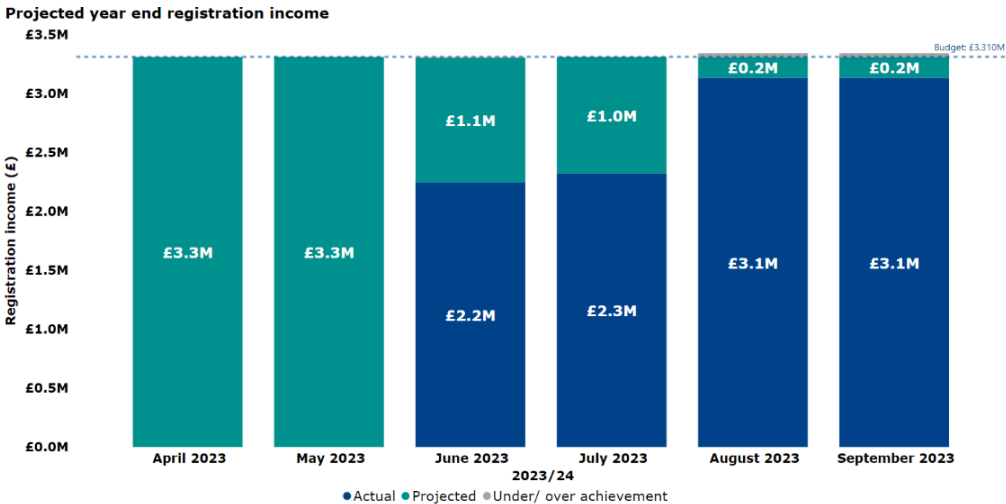
1.3 Operational expenditure

We expect an overspend of £2.366k on our operating expenditure. Movements in the projection are detailed in Appendix A, table 3.



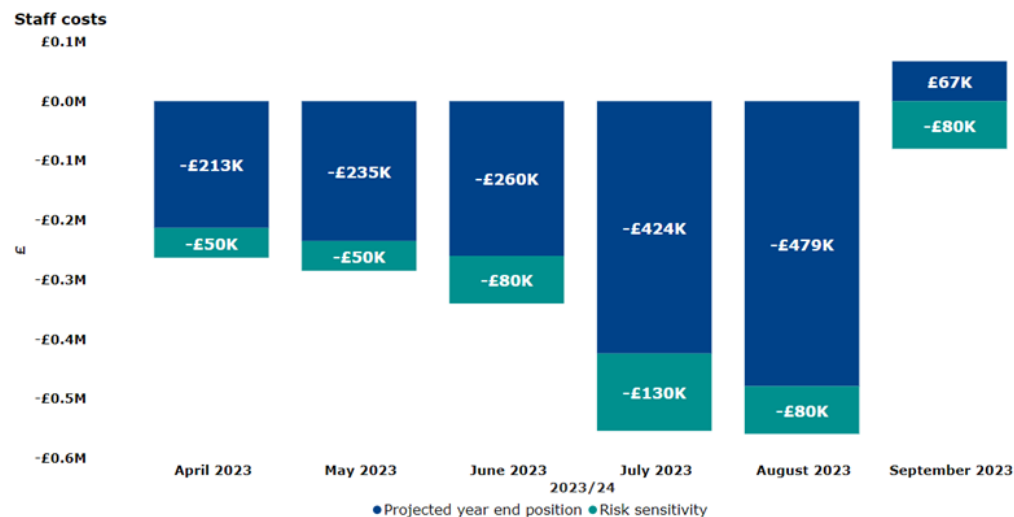
1.4 Registration fee income

We expect to receive £3.341m in registration fees during the year. We are currently expecting this to £31k more than budgeted.



1.5 Financial Risks

| Risk area | Expected impact |
|--|---|
| Panel Member and external assessor fees | <ul style="list-style-type: none"> • If the employment tribunal judgement requires us to pay increased holiday backpay it is estimated at up to £280k, likely payable over 23/24 and 24/25. The judgement is unlikely to be issued until December 2023. • We included a contingent liability in the 2022/23 annual accounts regarding the potential increased holiday backpay of £280k. • We have included £62k in our projections to fund backdated pension contributions. We hope to have confirmation of the amounts paid by December 2023. • We are still working on the expected costs relating to external assessors. |
| Staff costs | <ul style="list-style-type: none"> • We are now able to start negotiations on the 2023/24 pay remit. There is a risk around affordability of the 2023/24 pay award requested by Unions. |
| Registration fee income | <ul style="list-style-type: none"> • 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. We are currently expecting registration fee income to be £31k more than budgeted. |
| Postgraduate bursaries | <ul style="list-style-type: none"> • There is a risk that postgraduate bursaries could be underspent up to approximately £420k due to fewer nominations from universities. This is not included in the projections as we are investigating the underlying reasons for this and also looking at how we may re-distribute the quota to fill more places. Once firmer nomination figures are known we will update expenditure projections. |

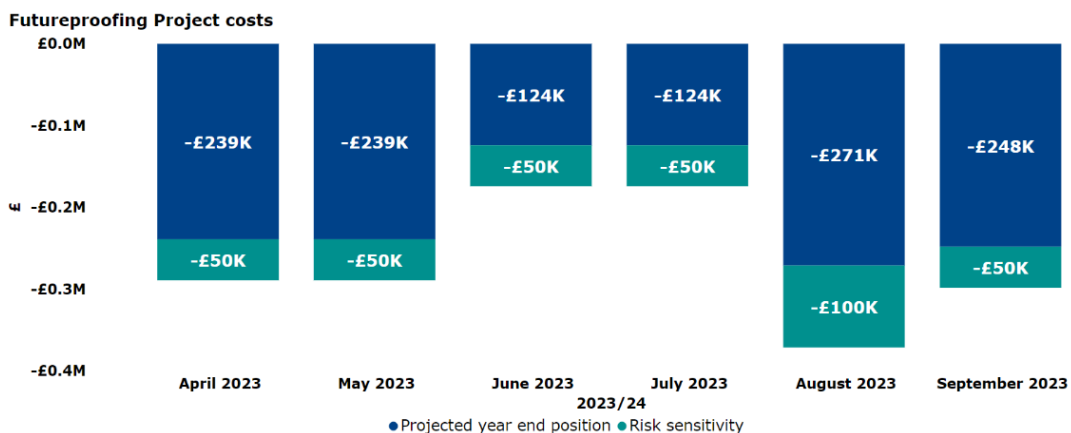


Staff costs are projected to be £67k overspent at 30 September 2023. There is an underlying underspend of £453k due to vacant posts in the early part of the financial year and some posts remaining vacant. We have increased the projection by £520k to fund additional pay award and other one off staff costs.

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 rolling staff turnover was 12.5% at September 2023. This is below the benchmark trends. Section 5.2 shows our overall threat level is 25.6% and planned management action. This is being closely monitored by EMT.

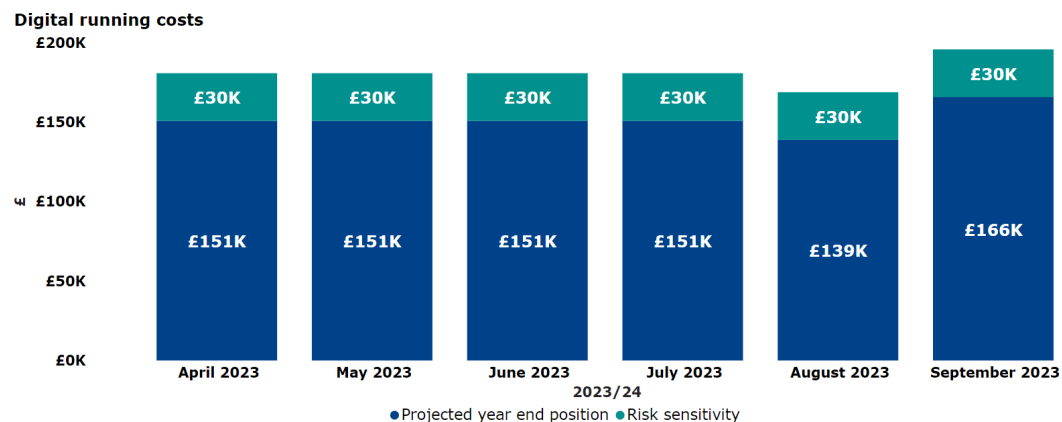


Future proofing project costs are projected to be £248k underspent at 30 September 2023. This is due to delays in filling posts and beginning digital work.

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. Timescales for legislative change are also out with our control but are on track.

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.

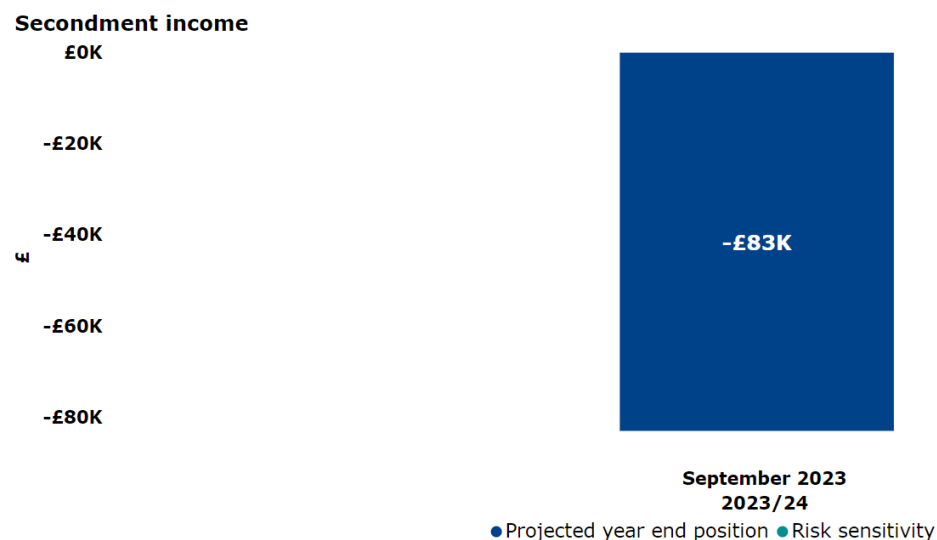


Digital running costs are projected to be £166k overspent at 30 September 2023. This is due to unbudgeted expenditure £88k, inflationary increases £51k and increased demand for licences £27k.

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.



Secondment income is expected to be £83k more than budget at 30 September 2023. This is due to one secondment being extended and one additional in-year secondment.

Risk sensitivity – This underspend is not expected to change.

Risk likelihood – n/a

Impact on performance – None

Practice Learning Fees



Practice learning fees are paid to universities for practice learning opportunities for students. This budget overspent in 2022/23 by £104k. Scottish Government increased our budget by £1.5m for 2023/24 and we expect to be able to recover the 2022/23 overspend from this budget.

Risk sensitivity – This projection is not expected to change.

Risk likelihood – n/a

Impact on performance – None

1.6 Funding and income

Scottish Government has approved funding totalling £24.148m in 2023/24. We expect to receive £3.726m in registration fees and other income and £19k from the UK Government.

| Funding and income | Budget £000 | Drawdown/ received £000 | Projection 31 Mar 24 £000 |
|--|----------------|-------------------------------|---------------------------------|
| Grant in aid | 11,028 | 6,244 | 11,028 |
| GIA - disbursements | 6,507 | 3,244 | 6,507 |
| GIA – pay uplift 22/23 | 300 | 0 | 300 |
| Specific grants | 1,611 | 72 | 1,611 |
| Local Authority fees | 2,593 | 0 | 2,593 |
| Futureproofing project | 343 | 0 | 343 |
| Spending pressure | 1,766 | 0 | 1,766 |
| Total Scottish Government funding | 24,148 | 9,560 | 24,148 |
| Recognition arrangements grant (Westminster) | 19 | 0 | 19 |
| Total Government funding | 24,167 | 9,560 | 24,167 |
| Income | | | |
| Registration fees | 3,310 | 3,134 | 3,341 |
| Other income | 385 | 75 | 385 |
| Total funding and income | 27,863 | 12,769 | 27,893 |

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 (including spending pressure) of £24.167m for the year. EMT will review regular budget monitoring information to closely monitor the financial position, with a view to reducing our 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.

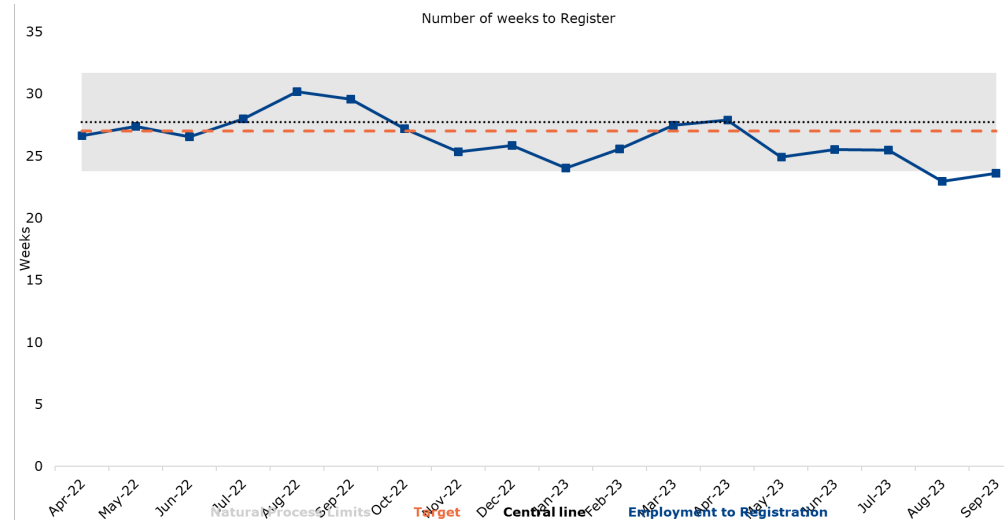
Assessment & Analysis

Time taken from employment to registration was 23.6 weeks in September 2023. Application to registration was 5.5 weeks.

| RAG | | |
|-----------------------|----------|--------|
| <27 | 27 to 31 | >31 |
| Target: 27 weeks | | |
| Actual and reforecast | | |
| Apr-23 | 27.9 | 3.4% |
| May-23 | 24.9 | -7.6% |
| Jun-23 | 25.5 | -5.5% |
| Jul-23 | 25.5 | -5.6% |
| Aug-23 | 23.0 | -14.9% |
| Sep-23 | 23.6 | -12.5% |
| Oct-23 | 23.3 | -13.7% |
| Nov-23 | 22.0 | -18.5% |
| Dec-23 | 23.3 | -13.7% |
| Jan-24 | 23.7 | -12.2% |
| Feb-24 | 22.3 | -17.4% |
| Mar-24 | 23.7 | -12.2% |

As part of our drive to provide improved and increasingly accurate information we have altered slightly the calculation for this measure. We now consider the date of employment provided by the endorser.

Business Intelligence has recalculated previous performance, reforecast future achievement and suggest a new target of 27 weeks. The target of 27 weeks is from the average time taken to register in 2022/23.



Management Action

The data around the measure of employment to application is vast and complex. We have carried out further analysis of the data and identified improvements to how the data is captured and how it is reported on. Analysis of the data has given us assurance that there are no concerns with employers.

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.

There has been a steady increase in renewal applications and we have been diverting some of our resources to processing renewals which has had an impact on our application processing times.

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 | | | RAG | | |
|---|-----------|------|---|------------|-------|
| <0% | 0% to 10% | >10% | >95% | 90% to 95% | <90% |
| Target: 2000 | | | Target: 95% | | |
| Number of open fitness to practise cases at an acceptable level actual and reforecast | | | % of open cases less than 3 years old actual and reforecast | | |
| Apr-23 | 1788 | -11% | Apr-23 | 95.7 | 0.8% |
| May-23 | 1787 | -11% | May-23 | 95.7 | 0.8% |
| Jun-23 | 1807 | -10% | Jun-23 | 96.0 | 1.0% |
| Jul-23 | 1780 | -11% | Jul-23 | 95.9 | 0.9% |
| Aug-23 | 1821 | -9% | Aug-23 | 95.8 | 0.8% |
| Sep-23 | 1821 | -9% | Sep-23 | 95.7 | 0.8% |
| Oct-23 | 1693 | -15% | Oct-23 | 95.1 | 0.1% |
| Nov-23 | 1689 | -16% | Nov-23 | 94.9 | -0.1% |
| Dec-23 | 1659 | -17% | Dec-23 | 94.9 | -0.1% |
| Jan-24 | 1570 | -22% | Jan-24 | 95.1 | 0.1% |
| Feb-24 | 1537 | -23% | Feb-24 | 95.4 | 0.4% |
| Mar-24 | 1542 | -23% | Mar-24 | 95.9 | 0.9% |

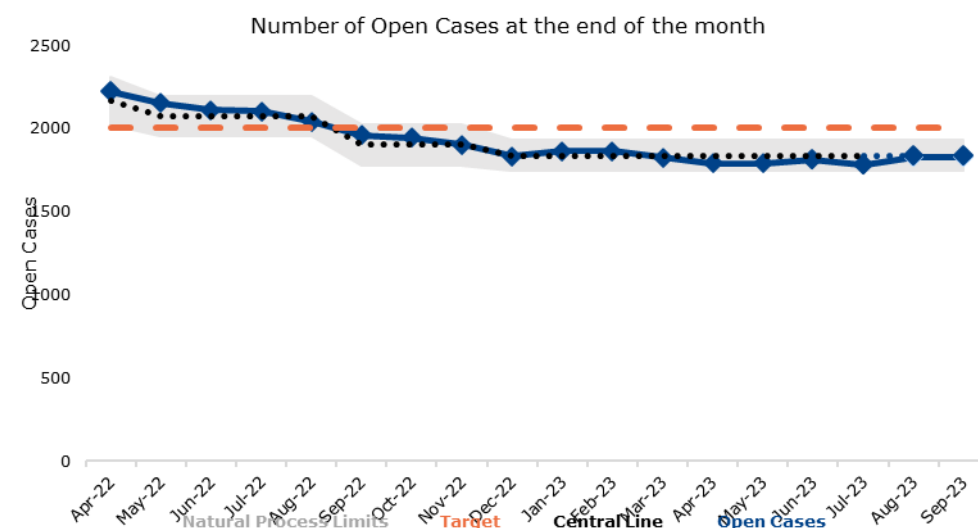
Over the past year FtP has experienced high turnover resulting in the recruitment of new staff. This has caused a reduction in tenure and experienced staff within the department.

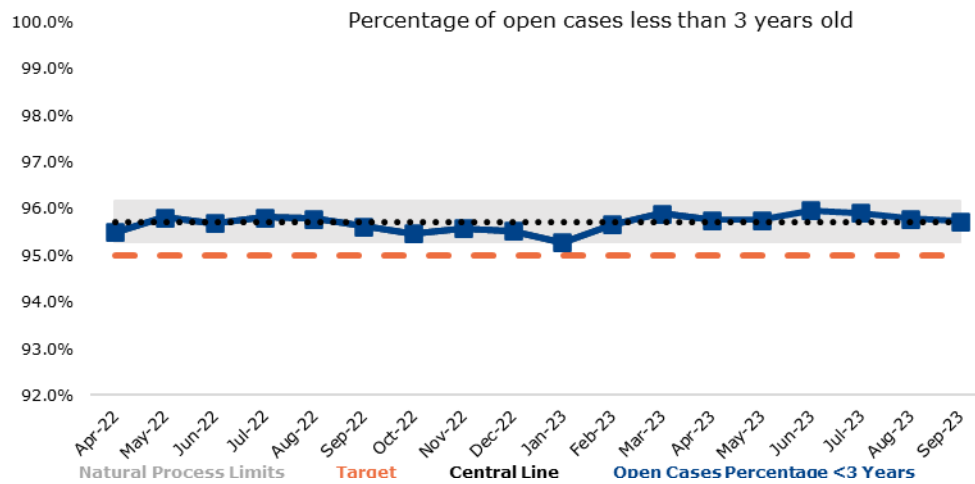
Several factors affect the number of cases open and their age profile. Some are external, such as complexity of cases, proportion of cases affected by third party proceedings, the quality of information relating to a case and the proportion of member of the public complaints. Others are internal such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

performance. Performance remains steady but is no longer improving at the rates predicted.

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

At the end of September 2023, the number of open cases was 1,821. No change from the previous month but an overall reduction of 138 from September 2022. 95.7% (1,743 of 1,821) of open cases are less than 3 years old.





Management Action

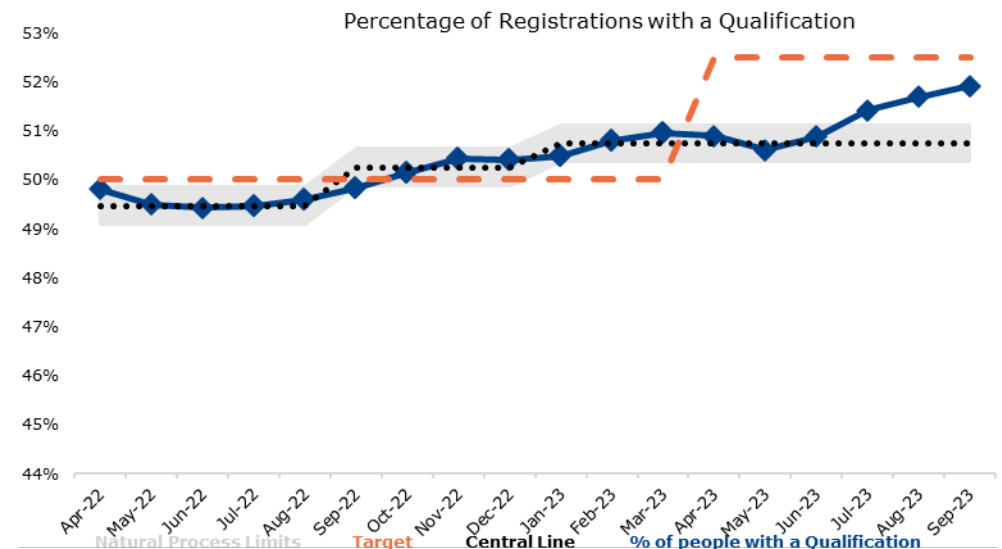
Business Intelligence will work with Regulation to explore if the current forecast will be achievable considering high staff turnover and the impact on how resources are deployed.

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

Assessment & Analysis

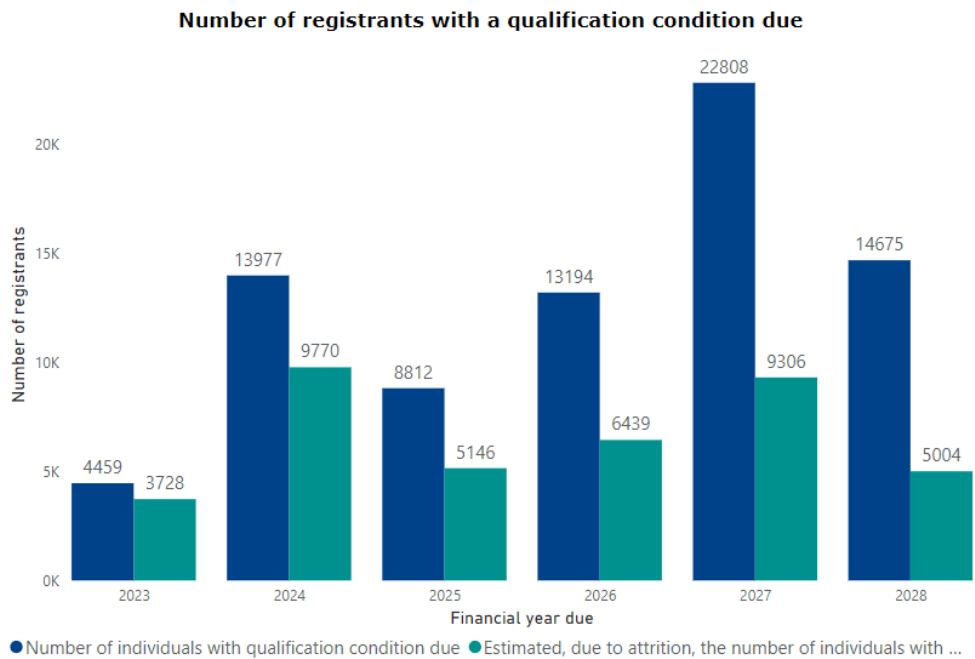
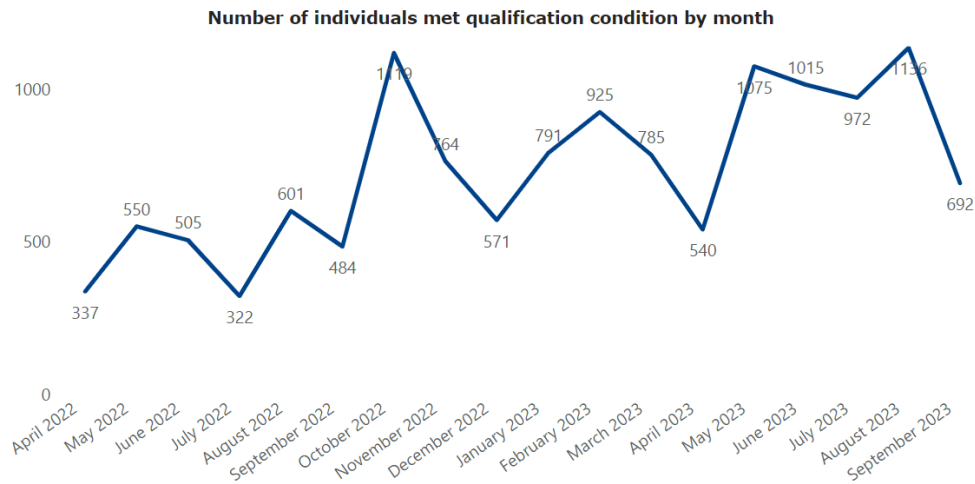
| RAG | | |
|-----------------------|--------------|-------|
| >52.5% | 50% to 52.5% | <50% |
| Target: 52.5% | | |
| Actual and Reforecast | | |
| Apr-23 | 50.9 | -3.1% |
| May-23 | 51.0 | -2.9% |
| Jun-23 | 51.3 | -2.3% |
| Jul-23 | 51.4 | -2.1% |
| Aug-23 | 51.7 | -1.6% |
| Sep-23 | 52.0 | -1.0% |
| 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% |

September 2023's performance was 52.0%. 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.



76,897 registrants have a qualification due in the next five years, we estimate that 41,618 will still be due after attrition. 4,459 of the 76,897 are in 2023/24.

In the month of September 2023 692 individuals met a qualification condition, this was down from 1,136 in August 2023 and it was up from 484 in September 2022. As shown in the graph below.



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.



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 they 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. Registrants working in Adult Social Care are currently the largest and least qualified registered groups however they are also the newest groups to join the Register.

Adult Social Care is experiencing particular fragility and consideration is being given to delaying the reduction in timescales to gain qualifications for those working in Care Home Services for Adults, Housing Support and Care at Home. A paper will go to Council in November 2023 setting out recommendations. Scottish Government have confirmed that £900K is available for this year’s VSDF. Priority will be given to 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 have now closed and the decision-making panel will take place in November 2023, following which grant payments will be made in March 2024.

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 each month. The calculation for monthly performance comes from:

- the number applications for badges in a month, minus the number which were returned and not resubmitted or revoked
- number of leadership capability 360 feedback tool accounts
- number of learner accounts minus the number identified as dormant accounts
- number of MyLearning App users in the prior 30 days.

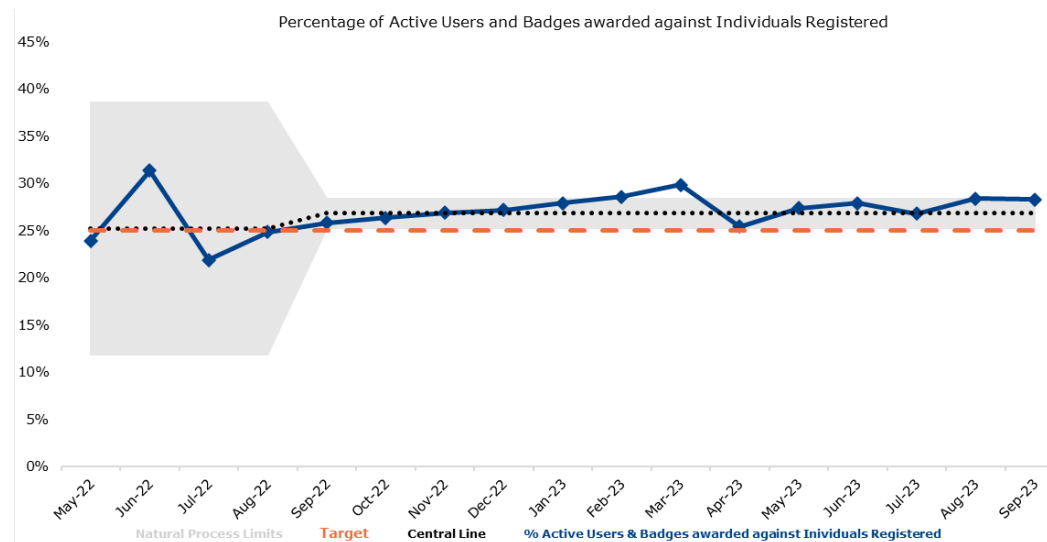
These are all combined and divided by the number of unique individuals on the register for that month.

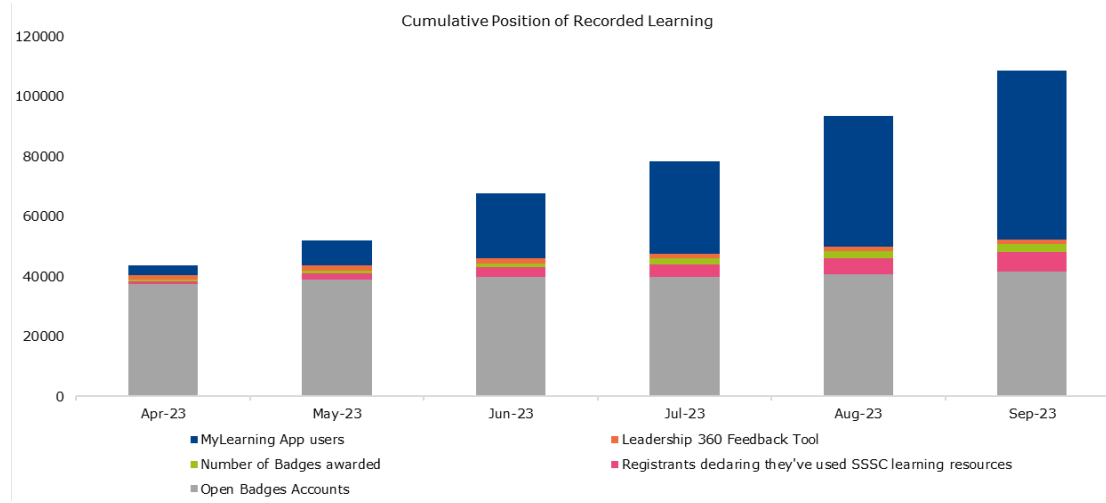
| RAG | | |
|-------------|------------|-------|
| >25% | 20% to 25% | <20% |
| Target: 25% | | |
| Apr-23 | 25.4% | 1.5% |
| May-23 | 27.4% | 9.5% |
| Jun-23 | 27.9% | 11.6% |
| Jul-23 | 26.8% | 7.0% |
| Aug-23 | 28.4% | 13.5% |
| Sep-23 | 28.3% | 13.1% |
| Oct-23 | | |
| Nov-23 | | |
| Dec-23 | | |
| Jan-24 | | |
| Feb-24 | | |
| Mar-24 | | |

Performance has decreased from 28.4% to 28.3%.

There were 2,550 badges logged in September 2023 compared to 2,179 August 2023. 1,195 individuals out of 2,733 (43.7%) who applied for renewal in September 2023 indicated they had used SSSC learning resources.

We currently have 41,479 active SSSC Open Badges user accounts and saw 4,870 users of the MyLearning app in the prior 30 days.





Management Action

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

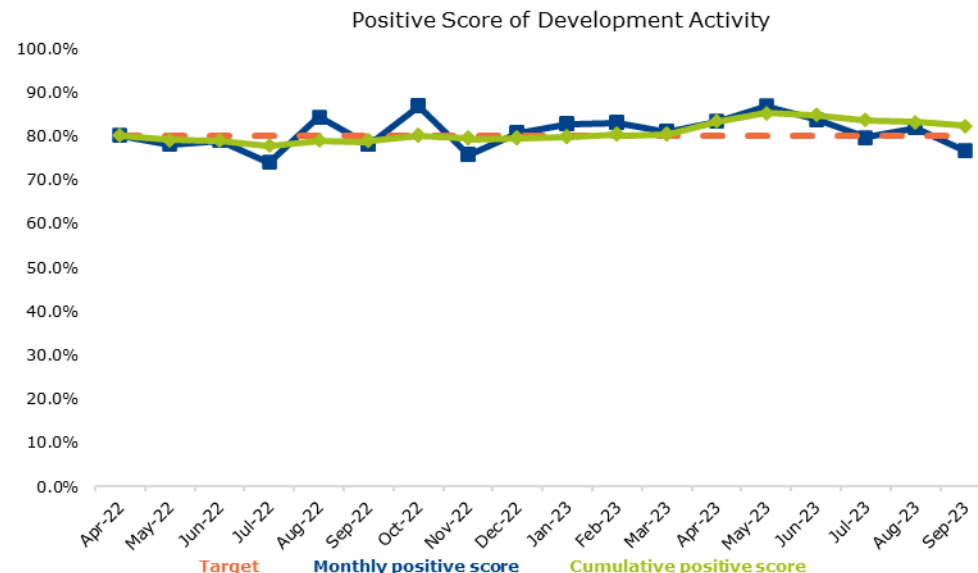
| RAG | | |
|-------------|------------|------|
| >80% | 70% to 80% | <70% |
| Target: 80% | | |

| Monthly Performance Actual and Reforecast | | |
|---|------|-------|
| Apr-23 | 83.3 | 4.1% |
| May-23 | 86.8 | 8.4% |
| Jun-23 | 83.7 | 4.7% |
| Jul-23 | 79.6 | -0.4% |
| Aug-23 | 81.7 | 2.1% |
| Sep-23 | 76.5 | -4.4% |
| 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 | 85.1% | 6.3% |
| Jun-23 | 84.6% | 5.8% |
| Jul-23 | 83.4% | 4.3% |
| Aug-23 | 83.1% | 3.9% |
| Sep-23 | 82.1% | 2.7% |
| 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 251 responses, compared to last month's 268.



The annual registrant survey asked, 'How much do you believe the work of the SSSC helps improve your practice' 68% of registrants gave a positive score (4 or 5 rating) in answer to this question. This was 5,555 out of 8,210. This is a 10% increase compared to 58% of registrants who gave a positive score in 2022. As this isn't a direct match to the data captured in this measure it hasn't been included in the overall figures.

Management Action

Further interrogation of the data from this month's measurement will be undertaken to determine if the slight decrease in performance is consistent across all register parts. This can be compared to data from the MyLearning app as relevant to support our understanding of this.

Learning from this will be used to inform the development of the next SSSC learning resources survey as appropriate. The survey will be run from the end of November or beginning of December

for four weeks and will provide further feedback and intelligence for this measure.

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. | | <p>All on track.</p> <p>Systems development work is now in wave 3 and progressing as planned.</p> <p>Formal consultation for CPL and RTP models began on 25 September 2023 and will close on 3 November 2023.</p> <p>Codes of Practice review held in late September 2023 with department representatives has resulted in draft final text which is currently at the proofing stage.</p> | <p>Developing implementation plan and associated communications plan.</p> <p>Digital assurance review scheduled for October 2023, report expected from review team by late November 2023.</p> <p>Continued discussions with SG sponsor to progress legislative changes and confirm timetable.</p> | Trusted |
| 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. | | <p>The review of the Codes sits within our Future Proofing Programme (see above). Consultation launched in April 2023 and closed on 7 July 2023. Codes of Practice review held in late September 2023 with department representatives has</p> | <p>Codes are now at final draft stage per update above. Will go to Council in February 2024.</p> | Skilled |

| | | | | | |
|--|--|--|--|--|---------|
| | | | resulted in draft final text which is currently at the proofing stage. | | |
| | Lead the refresh of the Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland | | <p>On track, the focus and content of the framework was approved by Sponsor.</p> <p>Confirmation received that future ownership and responsibility for implementation will sit with the Keeping the Promise team in Scottish Government.</p> | <p>Continued progression of key milestones via core groups over the next 6 weeks, and next reference group arranged for December 2023.</p> <p>Discussions to be held with CLG and Scottish Ministers about approval and sign off timescales and processes.</p> | 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. | | Publication of the framework has been postponed by Scottish Government. SSSC continues to progress agreed draft actions and all work on track | | Skilled |
| | Ensure flexibility of qualifications for registration and a new system of continuous professional | | Publication of the framework has been postponed by Scottish Government | Consultation on the new CPL model began on 25 September 2023 and will run until 3 November 2023. | Skilled |

| | | | | | |
|--|--|--|---|---|---------|
| | learning is fit for purpose and supports practitioners while protecting service users. | | CPL work is part of FPP workstreams and continues to progress and is on track. | | |
| | Undertake, with partners, a review of the National Occupational Standards (NOS) by 2025 | | Publication of the framework has been postponed by Scottish Government Workplan for scoping year 2023-24 was approved by Alliance Governance group on 13 September 2023. | Ongoing discussions with SDS to confirm ownership and plans for future procurement. Planning workshop with UK partners arranged for 11 December 2023. Funding to be agreed with NOS governance Group and UK panel. | Skilled |
| Adult Social Care Skills Response Plan | Actions TBC | | Research finalised. | Planning workshop with key partners scheduled for 14 December 2023 to develop plan | 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. | | On track - Digital Capability research complete. Cyber Resilience Coordinator post holder has handed in notice. Proposal submitted to funders with alternative plan to achieve agreed outcomes by March 2024. Plan accepted in principle by funders and to be confirmed. | Digital Capability research to be published in October Revised cyber resilience work plan to be finalised and actioned. | 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. | | Continued contribution to the development of the workforce action plan via national working groups | Actions TBC – 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 Implementation subgroup of SWEP established. | Skilled |

| | | | | | |
|--|---|--|---|--|-----------|
| | an effective transition from professional qualification to employment (Mandatory roll out Sept 2024). | | support within LAs sites complete. | | |
| | Work with partners to improve and enhance the quality and provision of workforce data. | | <p>Action plan commitments in progress and on track.</p> <p>The provision of data to support workforce planning and development being incorporated into specific national workforce action plans.</p> | <p>Continue to engage with national partners and Scottish Government to refine data provision and quality.</p> <p>Office for Statistics Regulation self-assessment to be carried out in respect of the SSSC's national statistics role.</p> <p>SSSC represented on new SG data and intelligence groups established at a national level to oversee collaborative work in this area.</p> | Confident |
| | Support the development of trauma responsive social work services | | <p>Action plan commitments in progress and on track.</p> <p>Work started with OCSWA to support reflective practice/supervision development for social workers, aligned to trauma learning.</p> | Next Partnership Delivery Group is on 23 October 2023. | Confident |
| | Work with partners to develop induction resources including | | The national induction framework for adult social care was published in 2022. Further to the | This strategic action is now complete. Further joint work with NES in this area is being | Confident |

| | | | | | |
|---|--|--|---|--|-----------|
| | infection prevention and control. | | <p>evaluation findings the content is being refreshed.</p> <p>The Preventing Infection in Social Care Settings app continues to be promoted.</p> <p>The re-established Careers in Care/Employability Group had a productive meeting in August and priorities for work are being agreed by the group. The next meeting is scheduled for October.</p> | incorporated into the SSSC/NES partnership work plan. | |
| | Support implementation of the Health and Care Staffing (Scotland) Act 2019 | | On track - We co-chair the learning and development group with the Care Inspectorate. We are working with partners to develop learning for the social services workforce to support implementation. | Currently testing the knowledge and skills framework. | Valued |
| | 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 | | Specific actions for social care and social work being agreed for 2023-24 and will be incorporated into the joint SSSC/NES partnership work plan. | Action plan for 2023-24 to be published in October 2023. | Confident |

| | | | | | |
|--|--|--|---|--|-----------|
| | development programme. | | | | |
| | Promoting and supporting development of wellbeing offers for the workforce | | <p>Continue to engage with the national Workforce Wellbeing Champions network, promote resources, and share good practice.</p> <p>Specific action for 2023-24 to be agreed and many being incorporated into other national workforce action plan.</p> | Action plan for 2023-24 to be published in October 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. | | <p>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.</p> <p>Continue to promote the SSSC QI learning resource available via TURAS.</p> <p>Engaging with the National Improvement Programme workstreams to support development of a National Improvement Framework – this work in progressing.</p> <p>Working closely with NES to support their review of QI learning and learning blueprint for the next three years.</p> | National Improvement Framework being developed, to be published late 2023. | Confident |

| | | | | | |
|---|---|--|--|---|-----------|
| 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 | | <p>Progressing and on track.</p> <p>Specific activity to date has included contributing to the design and content of a national platform which will host learning resources for this workforce. Supporting Scottish Government colleagues with procurement planning.</p> | Contribute to action plan being finalised 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. | | <p>Scoping work to commence in 2023 but most activity will not commence until April 2024 and will continue up to the plan’s conclusion.</p> | | Skilled |

3. KEY OPERATIONAL INDICATORS

3.1 Regulation: Registrant workforce numbers

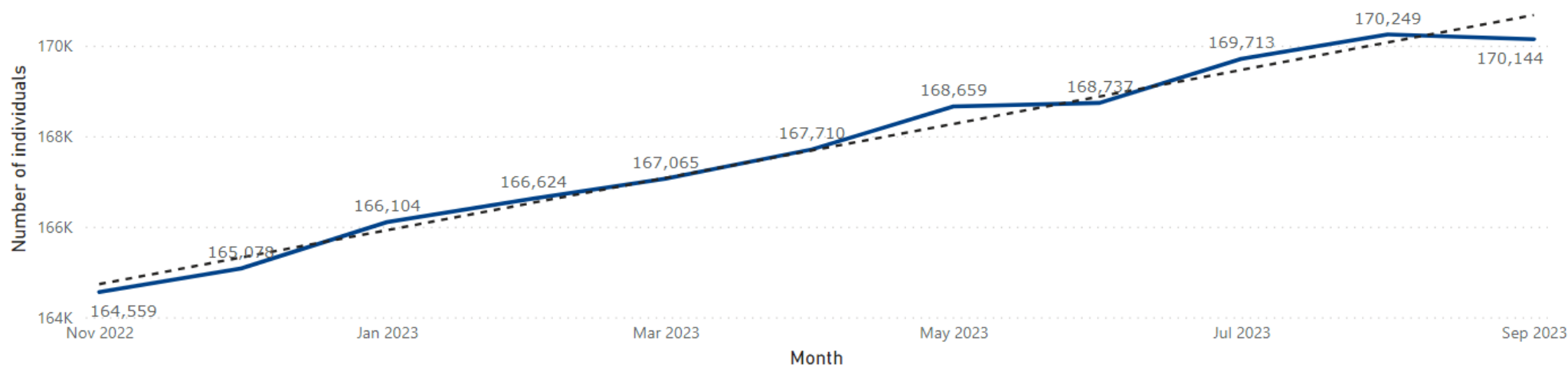
Key Operational Indicators (KOIs) are measures the SSSC aims to influence by its work but may have limited control over.

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, with a slight change for September 2023 in which we saw a slight fall in the figure. In May 2021 there were approximately 162,419 people on the register, that figure currently stands at over 170,000 although we are still working on the accuracy of the current figure due to the change to the way local authority workers' fees are paid and whether this is artificially inflating the register.

Number of individuals on register



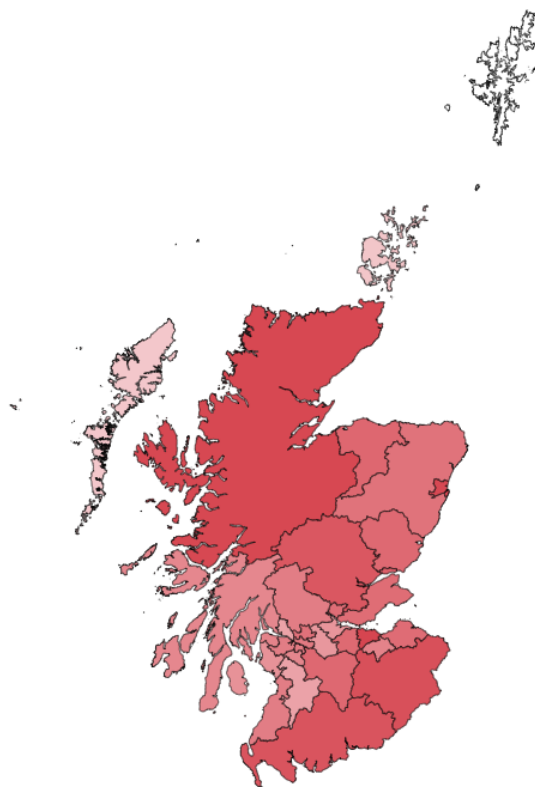
3.2 Strategy and Performance: The percentage of the workforce feeling valued for the work they do.

We will collate this information from a number of 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 – 17.0% - turnover in all sectors was 9.6% in 2021
- 2022/2023 – 15.4% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 8.7%

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 | 21.0% |
| Highland | 20.8% |
| Aberdeen City | 20.8% |
| Scottish Borders | 20.2% |
| Dumfries and Galloway | 20.0% |
| Perth and Kinross | 19.7% |
| Dundee City | 19.1% |
| Moray | 18.6% |
| South Lanarkshire | 18.5% |
| Angus | 18.4% |
| West Lothian | 18.4% |
| East Lothian | 18.2% |
| Fife | 18.2% |
| Clackmannanshire | 18.1% |
| East Dunbartonshire | 17.8% |
| Aberdeenshire | 17.7% |
| Glasgow City | 17.2% |
| Renfrewshire | 17.0% |
| South Ayrshire | 17.0% |
| Stirling | 17.0% |
| Inverclyde | 16.6% |
| Midlothian | 16.6% |
| East Renfrewshire | 16.4% |
| Argyll and Bute | 16.3% |
| North Ayrshire | 15.5% |
| Falkirk | 15.3% |
| North Lanarkshire | 15.1% |
| East Ayrshire | 14.3% |
| West Dunbartonshire | 14.3% |
| Orkney Islands | 11.8% |
| Eilean Siar | 11.7% |
| Shetland Islands | 7.7% |
| Total | 18.2% |

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 | Deployment | Green | Amber | Green | Green | Amber | All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO. | Mattersphere screening project closed. | |
| Future proofing digital changes | DoSP | Implement | Green | Green | Green | Green | Green | Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO. | Sprint 3 Wave 3 complete. | |
| Future-Proofing Programme | CE | Deployment | Green | Amber | Green | Green | Amber | Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO. | Scottish Government independent assurance review complete. | 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 | 4.4% | 22.2% |
| Jul-23 | 4.9% | 36.1% |
| Aug-23 | 6.3% | 75.0% |
| Sep-23 | 6.2% | 75.2% |
| 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.

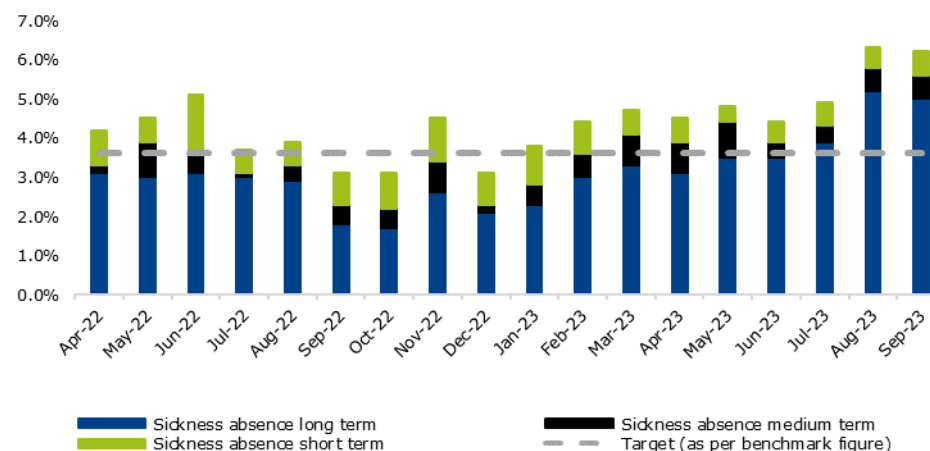
Eighteen employees were off on long term sick in September 2023 (19 in August) up from 14 in June.

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

In September 2023 SSSC lost 400 days to sickness (6.2% of capacity). We break this down in the table below:

| Directorate | Department | Days | Sick % |
|---------------|------------------|------|--------|
| EMT & Support | EMT & Support | 21 | 13.1% |
| Regulation | FtP | 106 | 5.3% |
| Regulation | RIH | 36 | 11.1% |
| Regulation | Registration | 170 | 11.0% |
| WE&S | E&S | 39 | 7.2% |
| WE&S | WP&P | 0 | 0.0% |
| S&P | Comms & Policy | 0 | 0.0% |
| S&P | P&I | 2 | 0.7% |
| S&P | Digital Services | 21 | 7.2% |
| F&R | LCG | 2 | 1.1% |
| F&R | HR | 0 | 0.0% |
| F&R | Finance | 3 | 1.2% |
| F&R | OD | 0 | 0.0% |

Sickness Absence by Length



Management Action

5.2 HR: The overall staff turnover percentage.

Assessment & Analysis

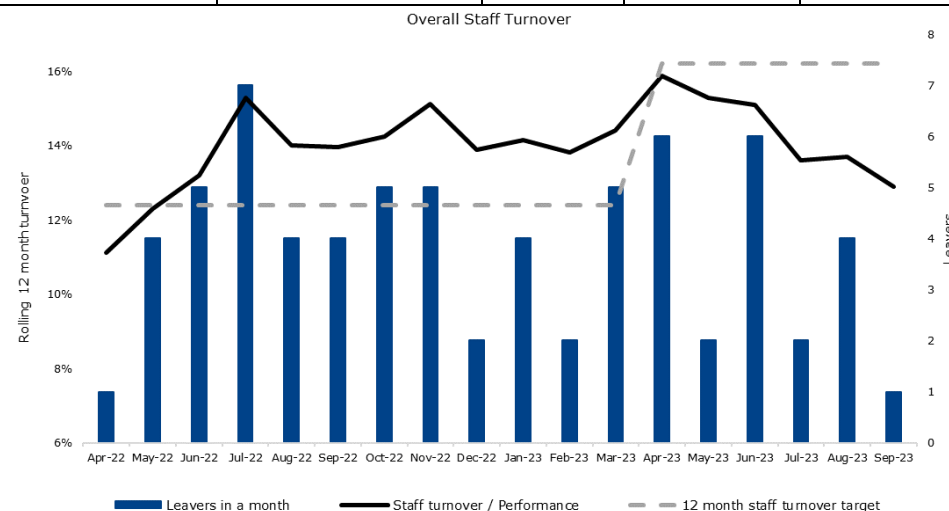
This metric looks at the average staff turnover for the SSSC. The assessment focuses on any areas of concern or risk by looking at staff turnover in certain directorates/team. We will identify any emerging reasons that could cause more staff turnover within an area.

| 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 | 13.6% | -16.0% |
| Aug-23 | 13.7% | -15.4% |
| Sep-23 | 12.9% | -20.4% |
| Oct-23 | | |
| Nov-23 | | |
| Dec-23 | | |
| Jan-24 | | |
| Feb-24 | | |
| Mar-24 | | |

In September we had one leaver in WP&P, the overall rolling turnover was approximately 12.9% and has reduced since last month. Except for August we have seen a reducing trend in turnover since the start of the year.

In September we had four new starts.

| Directorate | Department | Leavers | Headcount | 12-month turnover % |
|-----------------|------------------|----------|-----------|---------------------|
| EMT & Support | EMT & Support | 0 | 8 | 24.0% |
| Regulation | FtP | 0 | 102 | 19.5% |
| Regulation | RIH | 0 | 17 | 5.4% |
| Regulation | Registration | 0 | 81 | 7.3% |
| WE&S | E&S | 0 | 29 | 7.3% |
| WE&S | WP&P | 1 | 19 | 14.5% |
| S&P | Comms & Policy | 0 | 14 | 7.2% |
| S&P | P&I | 0 | 15 | 11.8% |
| S&P | Digital Services | 0 | 14 | 0.0% |
| F&R | LCG | 0 | 10 | 22.0% |
| F&R | HR | 0 | 6 | 31.2% |
| F&R | Finance | 0 | 13 | 22.9% |
| F&R | OD | 0 | 2 | 44.4% |



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 takes into account how these empty posts are affecting the overall impact of a department's work.

| Directorate | Leavers Next Three Months % | Turnover | Empty Posts % | Empty Post threat | Seconded % | Current Headcount | Current FTE | Threat % |
|---|--------------------------------|--------------|------------------|----------------------|--------------|----------------------|----------------|--------------|
| EMT and Support | | 24.0% | 11.5% | 0.0% | | 8 | 7.7 | 24.0% |
| EMT and Support | | 24.0% | 11.5% | 0.0% | | 8 | 7.7 | 24.0% |
| Finance and Resources | | 25.1% | 6.4% | 12.7% | 3.1% | 32 | 29.5 | 39.4% |
| Estates, Health and Safety | | | 0.0% | 0.0% | | 1 | 0.8 | 0.0% |
| Finance | | 22.9% | 7.5% | 15.0% | | 13 | 12.3 | 38.0% |
| Human Resources | | 31.2% | 0.0% | 0.0% | | 6 | 4.8 | 31.2% |
| Legal and Corporate Governance | | 22.0% | 0.0% | 0.0% | 10.0% | 10 | 9.5 | 27.0% |
| Organisational Development | | 44.4% | 33.3% | 66.7% | | 2 | 2.0 | 111.1% |
| Regulation | 2.5% | 13.3% | 6.3% | 9.5% | 7.5% | 200 | 183.9 | 29.1% |
| Fitness to Practise | 2.0% | 19.5% | 4.0% | 8.1% | 2.0% | 101 | 94.8 | 30.6% |
| Registration | 3.7% | 7.3% | 6.7% | 6.7% | 12.2% | 82 | 73.9 | 23.8% |
| Regulatory Improvement and Hearings | | 5.4% | 16.5% | 29.7% | 17.6% | 17 | 15.2 | 43.9% |
| Strategy and Performance | | 6.8% | 6.7% | 4.5% | 18.6% | 43 | 41.8 | 20.5% |
| Communications and Policy | | 7.2% | 0.0% | 0.0% | 14.3% | 14 | 13.0 | 14.4% |
| Digital Services | | | 6.7% | 6.7% | 21.4% | 14 | 14.0 | 17.4% |
| Performance and Improvement | | 11.8% | 11.9% | 6.0% | 20.0% | 15 | 14.8 | 27.7% |
| Workforce, Education and Standards | | 8.3% | 0.0% | 0.0% | 8.3% | 48 | 43.3 | 12.4% |
| Education and Standards | | 7.3% | 0.0% | 0.0% | 3.4% | 29 | 25.7 | 9.0% |
| Workforce Policy and Planning | | 14.5% | 0.0% | 0.0% | 15.8% | 19 | 17.6 | 30.5% |
| Total | 1.5% | 12.9% | 5.6% | 7.6% | 7.9% | 331 | 306.2 | 35.5% |

| Department | Commentary |
|------------|--|
| OD | <p>We have one vacant post in a team of three. First round of recruitment was unsuccessful and we are readvertising in November, highlighting a secondment opportunity to make the temporary status more attractive. The post is currently temporary (until March 2025) which is potentially making it difficult to recruit and retain against permanent competition and in a niche/skilled market. The impact of this gap is on our pace of delivery of planned work and general workload management. This is continually reviewed: some work has been delayed and covering leave periods has a big impact. It also means there is limited contingency in the team for any unplanned absence. If second attempt at recruitment is unsuccessful, we will reconsider the post and look at alternatives.</p> |

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 | Revised budget for monitoring purposes £000 |
|--|---|--|--|
| Staff costs | 15,003 | | 15,003 |
| Other operating costs | 4,379 | | 4,379 |
| Operating expenditure | 19,382 | 0 | 19,382 |
| Disbursements | 5,007 | | 5,007 |
| Voluntary Sector Development Fund | | | 0 |
| Futureproofing project (FPP) | | 1,092 | 1,092 |
| Specific grants from Scottish Government | | 1,011 | 1,011 |
| Recognition arrangements grant (Westminster) | | 19 | 19 |
| Total expenditure | 24,390 | 2,122 | 26,511 |
| Operating income | | | |
| Registration fee income | (3,310) | | (3,310) |
| Other income | (385) | | (385) |
| Total operating income | (3,696) | 0 | (3,696) |
| Net expenditure | 20,694 | 2,122 | 22,816 |
| 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 | (16,035) |
| Additional grant in aid | | | |
| Local Authority fee rebate | (2,593) | | (2,593) |
| Futureproofing project | | (343) | (343) |
| Total grant in aid 2023/24 | (18,628) | (343) | (18,971) |
| Voluntary Sector Development Fund | | | 0 |
| Specific grant income | | (1,011) | (1,011) |
| Total Scottish Government funding | (18,628) | (1,354) | (19,982) |
| Recognition arrangements grant (Westminster) | | (19) | (19) |
| Total funding | (18,628) | (1,373) | (20,001) |
| Deficit - to be funded from spending pressure/general reserve | 2,066 | 749 | 2,815 |

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, Voluntary Sector Development funding (VSDF) of £600k and additional Practice Learning Fee income of £1.500m. Specific grants agreed during the year are detailed in table 2 below.

| Table 2 Specific grants projection | Budget £000 | (Underspend)/overspend £000 | Movement £000 |
|---|------------------------|---|--------------------------|
| Workforce Development Grant | 771 | 1,128 | 357 |
| WDG - Scottish Care & CCPS | 138 | 138 | 0 |
| Early Learning and Childcare Grant | 64 | 64 | 0 |
| Cyber Resilience Grant | 38 | 35 | (3) |
| Recognition Arrangements Grant - Westminster | 19 | 19 | 0 |
| | 1,030 | 1,384 | 354 |
| Grant carried forward in reserve from 2022/23 | | (354) | (354) |
| | 1,030 | 1,030 | 0 |


General Reserve

At 30 September 2023 expect our available general reserve balance to be £488k.

| Table 3 General reserve position | £000 | £000 |
|---|-------------|----------------|
| Projected general reserve at 31 March 2023 (unaudited) | | (1,989) |
| Reserves earmarked for specific use during the year: | | |
| Workforce Development Grant | 357 | |
| Cyber Resilience Grant | (3) | |
| VSDF income returned by training providers in 2022/23 | 339 | |
| Reserves to be used in year: | | 693 |
| Futureproofing underspend - carry forward to 2024/25 | | 248 |
| In year use of general reserves | | 560 |
| Remaining available general reserve | | (488) |

Movements to projection up to 30 September 2023

| Table 4 | Underspend | Overspend | Movement |
|--|-------------------|------------------|-----------------|
| Movements to our projection | £000 | £000 | £000 |
| Practice learning fees - additional income | (1,500) | | (1,500) |
| Practice learning fees | | 1,396 | 1,396 |
| VSDF expenditure | | 943 | 943 |
| Voluntary Sector Development Fund (VSDF) income | (604) | | (604) |
| Additional grant in aid - 2022/23 pay award | (300) | | (300) |
| Panel member allowances and training | | (30) | (30) |
| Futureproofing project | (248) | | (248) |
| Digital running costs | | 166 | 166 |
| Secondment income | (83) | | (83) |
| Staff costs | | 67 | 67 |
| Office refurbishment | | 48 | 48 |
| Fitness to practise & HR legal fees | | 33 | 33 |
| Additional registration fee income | (31) | | (31) |
| Registration of modern apprenticeship costs | | 16 | 16 |
| Travel and subsistence | (14) | | (14) |
| Communications internal & external engagement | (10) | | (10) |
| Other administration, supplies & services | | 2 | 2 |
| Overspend including disbursements (excluding specific grants) | (2,789) | 2,639 | (150) |

| xID | Risk heading | Risk appetite | Risk description | Owner | Gross risk | | | Mitigation/controls | Residual risk | | | Movement since last review | Residual exceeds appetite? Y/N | If Y, how long has it exceeded? |
|-----|--------------------------|------------------------|--|------------------------|------------|-------------|-----------|--|---------------|-------------|---------------|---|--------------------------------|---------------------------------|
| | | | | | Impact | Probability | Score | | Impact | Probability | Score | | | |
| 1 | Regulatory or compliance | Averse (risk score 25) | <p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Cause:</p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none">Insufficient staff as a result of external factors we cannot controls such as the Scottish Abuse Inquiry, resourcing issues in the sector affecting service provision, difficulty recruiting or errors in our resource model assumptionsIneffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third partiesLegislation or third party policies preventing us from obtaining necessary information. <p>We do not share/receive information and intelligence with/from other organisations.</p> <p>Our processes and approach are bureaucratic and our legislative framework is a structural barrier to flexible working across care.</p> <p>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law.</p> <p>Failure to fund implementation of Future Proofing.</p> | Director of Regulation | 5 | 4 | 20 (High) | <p>Existing Mitigation and Controls</p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, and hold hearings, with ongoing development of those systems.</p> <p>Resource modelling for calculating our staff base.</p> <p>Training and quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve.</p> <p>Relationships and where necessary data-sharing agreements with other</p> | 4 | 3 | 12 (Moderate) |  | N | |


| xID | 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? |
|-----|--------------------------|---------------|--|--|------------|---|-----------|--|---------------|---|---------------|----------------------------|--------------------------------|---------------------------------|
| | | | <p>Scottish Government payment of registration fees dilutes the importance of registration for local authority workers.</p> <p>Consequence:</p> <p>A worker’s fitness to practise is not assessed as they do not comply with registration requirements, or our registration process is too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p> | | | | | <p>agencies to share intelligence for public protection.</p> <p>Planned Mitigation and Controls</p> <p>Implement and embed fitness to practise help and support lines for witnesses and members of the public making a referral – Summer 2023 – Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by 2024. – Owner – Director of Regulation</p> <p>Implement customer voice software to enable improved understanding of customer experience of regulation to enable us to improve (subject to budget) – March 2024</p> <p>Implementation of the data and intelligence strategy to share intelligence with partner bodies, (linked to action in risk 4)</p> <p>Work with Police Scotland, Scottish Government, Disclosure Scotland and GTCS mapping information sharing processes – (Director of Regulation March 2024)</p> | | | | | | |
| 2 | Regulatory or compliance | Averse (25) | <p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p>Cause:</p> <p>Failure to fund implementation of Future Proofing</p> <p>Our contribution to developing resources does not meet the needs of registrants and employers.</p> <p>Our standards don’t meet the needs of employers.</p> | Director of Workforce, Education and Standards | 4 | 4 | 16 (High) | <p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and</p> | 4 | 3 | 12 (Moderate) | ↔ | N | |

| xID | 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? |
|-----|--------------|---------------|--|-------|------------|--|--|---------------|--|----------------------------|--------------------------------|---------------------------------|
| | | | <p>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. Extension to qualification condition timescale due to COVID-19. Failure to respond timeously to requests for data due to lack of correct skills/capacity</p> <p>Consequence:</p> <p>Workers are not registered or removed from the register, leading to gaps in service delivery which affects the delivery of care to people using services. Reduced confidence of public protection. Existing qualifications and standards do not support new models of care. Workers are unable to adhere to the SSSC Codes of Practice. Risk to our reputation with external partners when we cannot provide the information or data requested</p> | | | | <p>allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p>In partnership with NES and Scottish Government we developed a national induction framework for adult social care to support sector and meet the Scottish Government commitment in Programme For GovernmentThe first iteration was published in February 2022 in response to winter pressures and is currently being reviewed</p> <p>We arehave committed to supporting the development a new Graduate Apprenticeship Route into Social Work. This will commence summer 2023</p> <p>We are developing a new integrated health and social care SVQ qualification. The content is currently out for consultation</p> <p>We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups.</p> <p>Developing new model of CPL, flexibility of qualifications we accept for registration and return to practice standards for social workers for implementation will by April 2024</p> <p>Working in partnership with Skills Development Scotland, SG and NES to develop a Skills Response Plan for Adult Social Care. The research</p> | | | | | |

| xID | 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? |
|-----|--------------------------|---------------|--|-------------------------|------------|---|-----------|--|---------------|---|---------|----------------------------|--------------------------------|---------------------------------|
| | | | | | | | | and-scoping-to-inform-the plan-will-be-completed-by-end of-May-2023 Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025 Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement. | | | | | | |
| 3 | Regulatory or compliance | Averse (25) | 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 | 3 | 3 | 9 (Low) | ↔ | N | |

| xID | 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? |
|-----|---|------------------|---|--------------------------------------|------------|---|---------------|---|---------------|---|---------------------|----------------------------|--------------------------------|---------------------------------|
| | | | | | | | | have recommended review and amendments to how we operate shared services, reduced documentation and new service specification (Director of S&P and CEO) | | | | | | |
| 4 | Communication and profile: Proportionate regulation | Cautious (12-15) | <p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p>Cause:</p> <p>NCS and Independent Review recommendations and impact on the organisation People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage. . Limited ability/resource to market the role of SSSC. Unable to respond timeously to requests for internal data due to lack of resource</p> <p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in delivery of strategic outcomes not achieved. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees</p> | Director of Strategy and Performance | 3 | 4 | 12 (Moderate) | <p>Existing mitigation and controls</p> <p>Regular review of business plan objectives In line with budget monitoring (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p>New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy & Performance)</p> <p>Planned actions</p> <p>Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)</p> | 3 | 3 | 9 (Low) | ↔ | N | |
| 5 | People and culture: Organisational development | Averse (25) | <p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce</p> <p>Cause:</p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level. Lack of effective monitoring of workload and capacity. Managers are unaware of their duties in relation to supporting staff.</p> | Director of WES) | 5 | 4 | 20 (High) | <p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every</p> | 4 | 4 | 1612 (HighModerate) | ↓ | N | |

| xID | 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? |
|-----|--------------|---------------|--|-------|------------|--|--|---|---------------|--|--|----------------------------|--------------------------------|---------------------------------|
| | | | <p>No consistent approach to leadership and management development. Insufficient 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</p> <p>Consequence:</p> <p>High turnover of staff - staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences. 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.</p> | | | | | <p>employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback eg Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on particular issues, annual staff event.</p> <p><u>Internal Audit completed- no recommendations</u></p> <p>Planned actions</p> <p>Delivery of People Strategy action plan (Director of WES -deadline- September 2024)</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan. (Chief Executive – March 2024)</p> <p>Discussion with Scottish Government and negotiation with UNISON re pay claim <u>2023/4</u> (Chief Executive– <u>commenced</u> March 2023)</p> <p>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)</p> <p><u>Internal Audit of OD in progress</u> <u>Interim IIP and IIYP assessments scheduled - November 2023</u></p> | | | | | | |


| xID | 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? |
|-----|---|------------------|---|-------------|------------|---|-----------|---|---------------|---------------|---|---|--------------------------------|---------------------------------|
| | | | | | | | | Internal Audit of SSSC workforce planning – Commences October 2023 Equal Pay Audit planned November 2023 | | | | | | |
| 6 | Finance and value for money: Financial management | Cautious (12-15) | <p>The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Cause:</p> <ul style="list-style-type: none">Scottish Government do not increase perpermanent fundingGIA or consent to adequate fee levels, or they reduce our Workforce Development Grant -increases preventing us from to enable us to recruit sufficient staff or resources to resourcing delivery deliver of our core statutory functions and strategic priorities.Single year funding settlements to support a three-year strategic plan. <p>Inability to increase fees in line with inflation</p> <ul style="list-style-type: none">Fee income is not in line with projections.Late notification of Scottish Government budget allocations.Removal of ability to hold reserves.Ineffective financial planning, not aligned to strategic and business plans.Already really efficient, no slack to make further savingsAny agreed increase in fees is offset by a reduction in grant in aid.No compulsory redundancy policy affects ability to realise savings from staffing efficienciesScottish Government struggle to fund spend-to-save initiatives <p>Staff expectation of grading review and pay awards exceeds budget.</p> <p>Scottish Government has significant financial challenges which is highly likely to impact on funding for SSSC and other public bodies</p> | Acting CEO) | 4 | 5 | 20 (High) | <p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March 2023) and audit of financial sustainability.</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</p> <p>Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation).</p> <p>Close communication with Scottish Government about budget and fee levels.</p> <p>EMT reviewing all recruitment decisions</p> <p>PMO monitoring of benefits realisation</p> <p>Planned actions</p> | 4 | 34 | 12(Moderate) 16 (High) |  | N | |

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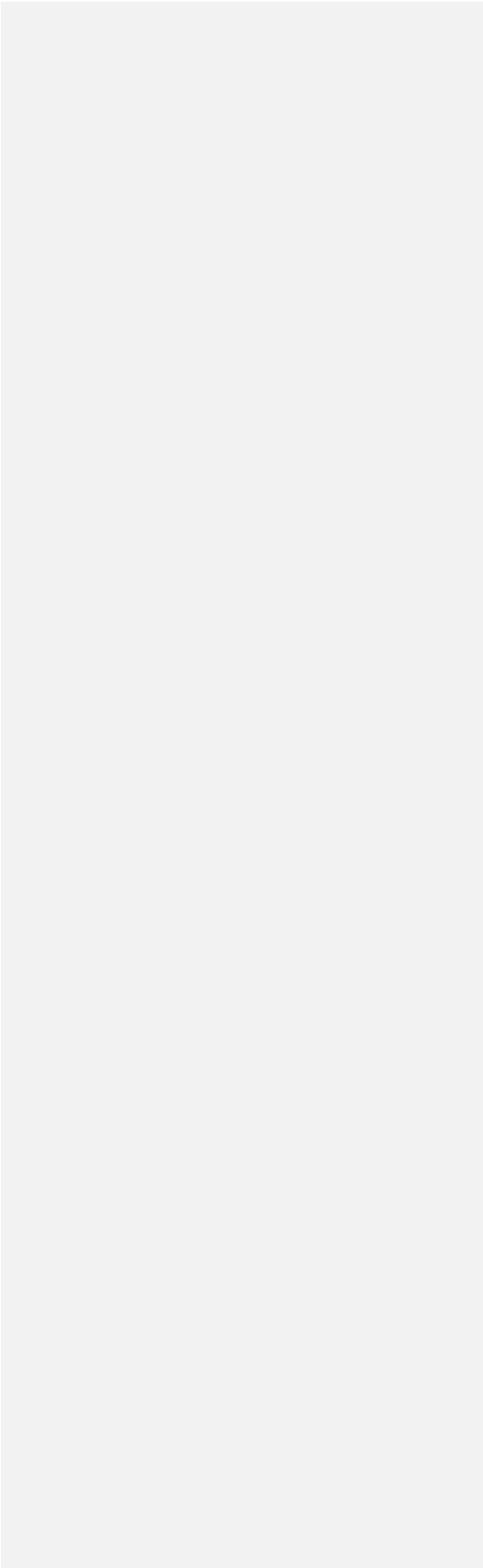
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| xID | Risk heading | Risk appetite | Risk description | Owner | Gross risk | | Mitigation/controls | Residual risk | | | Movement since last review | Residual exceeds appetite? Y/N | If Y, how long has it exceeded? | |
|-----|--|------------------|--|--------------------------------------|------------|---|--|---|---|---|----------------------------|---|---------------------------------|--|
| | | | <p>Consequence:</p> <p>Unable to:</p> <ul style="list-style-type: none">-recruit sufficient staffmaintain and develop our digital and systems infrastructurehold fitness to practise panelsmake a reasonable pay award to staff, risking industrial action <p>Compromising our ability to deliver our statutory functions / strategic plan, increasing other strategic risks</p> <p>Unable to deliver strategic plan</p> <p>Unable to fund implementation of FPP</p> <p>Reduced confidence in our protection arrangements.</p> <p>Reduced ability to influence change and policy development.</p> <p>Reliant on a number of temporary posts to deliver <u>parts of</u> the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</p> <p>Requirement to reduce head count to stay within budget which will result in reduced performance</p> | | | | Scottish Government (SG) has agreed to fund the deficit budget for 2023/24 and that we can carry forward reserves to 2023/24. Indicative budgets for future years identify significant budget shortfalls. Increased pay award exacerbates this position and SG has partially funded the increased pay bill. We will continue to work with our SG Sponsor with the aim of putting in place sustainable funding. (Chief Executive- March 2024) | | | | | | | |
| 8 | Operational and policy delivery: Business continuity and adaptation of service | Cautious (12-15) | <p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p>Cause:</p> <p>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.</p> <p>Consequence:</p> <p>Complete loss of use of core business systems.</p> | Director of Strategy and Performance | 4 | 5 | 20 (Very High) | <p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place</p> <p>Planned actions</p> <p>Planned Digital Development Programme for 2023/2024</p> | 3 | 4 | 12 (Moderate) |  | N | |

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| xID | 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? |
|-----|--------------|---------------|---|-------|------------|--|--|---------------------|---------------|--|--|----------------------------|--------------------------------|---------------------------------|
| | | | Loss of data and sensitive information. Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties. | | | | | | | | | | | |



RISK SCORING MATRIX

Table 1 Impact scores

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

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

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

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

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

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

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

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

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

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

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

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
3. Calculate the risk rating by multiplying the consequence score by the likelihood score:
C (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 | Appointment of Chair and Vice Chair of Audit and Assurance Committee |
| Summary/purpose of report | For approval |
| Recommendations | The Council is asked to approve the appointment of Peter Murray as Chair and Lindsay MacDonald as Vice Chair of the Audit and Assurance Committee from 1 September 2024 |
| Author | Anne Stewart Head of Legal and Corporate Governance |
| Responsible Officer | Maree Allison, Acting Chief Executive |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to Risk Register | <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources required to deliver the strategic plan.</p> |

| | |
|---------------------------|--|
| Impact assessments | <ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |
| Documents attached | None |
| Background papers | None |

EXECUTIVE SUMMARY

1. The Executive Framework between the Scottish Government and the SSSC requires us to have an Audit Committee chaired by a non-executive Member to provide independent advice and assurance on the effectiveness of our internal control and risk management systems.
2. The SSSC Code of Corporate Governance dated 27 February 2023 provides for our Audit and Assurance Committee.
3. Section 71 of the Code of Corporate Governance Standing Orders states:

"The Council appoints the Committee chairs".
4. This report asks Council to approve the appointment of a new Chair and Vice Chair to the Audit and Assurance Committee.

APPOINTMENT OF CHAIR AND VICE CHAIR

5. The Chair and Vice Chair of the Audit and Assurance Committee, Alan Baird and Theresa Allison, will be leaving the SSSC at the end of August 2024. This will result in a significant disruption to this Committee as they have been in their roles since 2019. The Chair has suggested that a new Chair and Vice Chair should be appointed now to allow an opportunity for a period of shadowing and a proper handover to take place.
6. The Convener is proposing that the following people are appointed:
 - Peter Murray as Chair
 - Lindsay MacDonald as Vice Chair
7. Peter Murray is Vice Chair of NHS Lothian, Chair of NHS Lothian Remuneration Committee, Chair of East Lothian Integrated Joint Board, Chair of Integrated Joint Board Chairs and Vice Chairs Executive and Chair of Bon Accord Care. He has been a member of the SSSC and Audit and Assurance Committee since 2019.
8. Lindsay MacDonald is a non-executive director of the Clyde Valley Housing Group and sits on its Audit and Risk Committee. He has been a member of the SSSC and Audit and Assurance Committee since his appointment earlier this year.
9. Alan Baird and Theresa Allison will continue in their roles with their replacements shadowing them until 31 August 2024 when they retire from the SSSC.

CONSULTATION

10. This is an internal governance matter and no consultation was carried out.

RISKS

11. We have an averse risk appetite towards governance matters. There are no direct risks arising from this report.

IMPLICATIONS

Resourcing

12. There are no financial, staffing, sustainability or legal resourcing issues arising from this report.

Compliance

13. This report complies with governance requirements.

IMPACT ASSESSMENTS

Equalities

14. An EIA is not necessary as this report concerns internal governance matters and has no impact on the protected characteristics of individuals.

CONCLUSION

15. This report asks Council to approve the appointment of Peter Murray as Chair and Lindsay MacDonald as Vice Chair of the Audit and Assurance Committee.

| | |
|---------------------------------------|--|
| Title of report | Authorised Officer – Registration Requirements |
| Public/Confidential | Public |
| Summary/purpose of report | This report sets out proposed changes to the registration requirements of authorised officers. |
| Recommendations | <p>The Council is asked to approve</p> <ol style="list-style-type: none"> 1. primary and secondary level registration for authorised officers 2. the proposed qualification requirements for primary and secondary authorised officers. |
| Author and responsible officer | <p>Laura Lamb</p> <p>Acting Director of Workforce, Education and Standards</p> |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> |
| Link to Risk Register | <p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> |

| | |
|---------------------------|---|
| Impact assessments | <ol style="list-style-type: none"> 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 | None |
| Background papers | None |

EXECUTIVE SUMMARY

1. All Care Inspectorate authorised officers carrying out inspection of care services or social work services must be registered with the SSSC, unless they are registered with another professional body, such as the NMC, GTCS or HCPC.
2. The SSSC as regulator sets the qualification requirements for authorised officers.
3. Responsibility for exercising the Care Inspectorate's inspection powers varies significantly by role, both in terms of the specific nature of responsibilities and the frequency of application of these powers. Currently there are three Care Inspectorate roles that are recognised as requiring authorised officer status and therefore must register as such with this SSSC. These roles are regulated service inspector, strategic inspector and team manager.
4. It is proposed that the current authorised officer registration category be further defined into two levels - primary and secondary authorised officers with defined qualification requirements for each level.
5. Council is asked to approve the new primary and secondary authorised officer levels and proposed qualification requirements for each level.

INFORMATION

Authorised Officer Role

6. As required by the Public Services Reform (Scotland) Act 2010 ('the Act'), the Care Inspectorate authorises staff across a number of roles to exercise the organisation's inspection powers through a broad range of regulatory, scrutiny and improvement activities, as defined by the Act. Section 56 of the Act makes provision in relation to inspections.
7. Authorised Officers are required to be registered with the SSSC or with another professional regulator in order to lawfully carry out inspections of care services as defined in Section 47 of, and Schedule 12 to, the Act.
8. All Care Inspectorate authorised officers carrying out inspection of care services or social work services must be registered with the SSSC, unless they are registered with another professional body, such as the NMC, GTC or HCPC. 'Inspection' covers both strategic inspection and the regulation of registered services, with registration, complaints and enforcement interventions all based on the Care Inspectorate's inspection powers under the legislation.
9. In response to the Register for the Future formal consultation the SSSC was asked by the Care Inspectorate to consider the possibility of defining different levels of authorised officer registration in line with other register parts. The rationale being that responsibility for exercising the Care

Inspectorate's inspection powers varies significantly by role, both in terms of the specific nature of responsibilities and the frequency of application of these powers. Currently there are three Care Inspectorate roles that are recognised as requiring authorised officer status. These roles are regulated service inspector, strategic inspector and team manager.

Proposed definition of Primary and Secondary Authorised Officers

10. The SSSC and Care Inspectorate have worked in partnership to undertake a review of the current roles that fall within the remit of authorised officer registration with the SSSC in order to identify the core role and function of the roles, how they differ from one another and to undertake a skills matrix mapping exercise to understand the skills requirements of each role.
11. The review identified that there was a significant difference between the roles and the frequency in exercising the authorised officer powers.
12. It is proposed that the current authorised officer registration be further defined into two levels - primary and secondary authorised officers. This would bring the registration of authorised officers in line with the approved changes to the Register structure as part of the Future Proofing Programme as give recognition to the different role and function of those in the Care Inspectorate who carry out authorised officer duties.
13. Primary authorised officers would be defined as authorised officers who lead on regulatory scrutiny activity on behalf of the Care Inspectorate. Their core role purpose is to exercise the organisation's inspection powers through a broad range of regulatory and scrutiny activities. The main responsibilities of the role align directly to the activities defined in the Public Services Reform (Scotland) Act 2010 in services defined under section 47. Regulation Service Inspectors would be considered primary authorised officers.
14. Secondary authorised officers would be defined as authorised officers who undertake a range of roles that support or carry out regulatory or strategic scrutiny activity on behalf of the Care Inspectorate. While the roles align to the Public Services Reform (Scotland) Act 2010, secondary authorised officers undertake a broader range of activities than primary authorised officers. The core role purpose for secondary authorised officers is aligned to one of the following areas:
 - a) Regulatory scrutiny activities in services defined under sec 47 of the act:
 - Leading and managing primary authorised officers
 - Leading and managing regulatory scrutiny activities
 - Quality assurance of scrutiny/regulatory activities

- Providing specialist advice and support for primary authorised officers to undertake regulatory activities
- Direct advice and support for scrutiny/regulatory activity, including observation of staff practice
- Support/ undertake regulatory scrutiny activity as required.

b) Strategic inspection of social work services as defined under section 48 of the Act:

- Leading and managing strategic scrutiny activities
- Undertake strategic inspection of social work services
- Direct advice and support for strategic scrutiny activity
- Quality assurance of strategic scrutiny activities.

15. The main responsibilities of secondary authorised officer roles are distinct from, and do not align directly to, the activities defined in the Public Services Reform (Scotland) Act 2010.
16. Team managers and strategic inspectors would be considered secondary authorised officers.

Qualification requirements

17. The SSSC currently set two qualification requirements for authorised officers. They must have a practice qualification plus a regulator award. The main qualifications accepted are listed below:

Practice

- PDA Childhood Practice SCQF level 9
- BA Childhood Practice
- Postgraduate Diploma Childhood Practice
- BA (Hons) Social Work
- SVQ Social Services (Children and Young People) SCQF Level 9
- SVQ Social Services and Healthcare SCQF Level 9
- BA Social Pedagogy

Regulator's award

- Regulation of Care Award
- PDA Scrutiny and Improvement Practice (Social Services) SCQF level 10

18. Prior to the development of the PDA in 2015 (which was developed to replace the Regulation of Care Award) Council agreed in January 2012 that, in the interim, the European Foundation for Quality Management (EFQM) or the Public Service Improvement Framework (PSIF) should

become the required regulatory qualification for authorised officers while the PDA was being developed.

19. There is no proposed change to the qualification requirements for primary authorised officers.
20. It is proposed that for secondary authorised officers that the practice qualification requirement remain the same but that for the regulatory requirement the accepted list of qualifications should be broadened out to include the EFQM and PSIF awards previously accepted as these awards reflective the broader skills set required of strategic inspectors and team managers. The SSSC and Care Inspectorate have mapped the core purpose of secondary authorised officer roles against the EFQM and PSIF criterion/models and they closely align, and EFQM/PSIF represents a single qualification that is of relevance to both distinct roles within the secondary authorised officer level.
21. Currently, Care Inspectorate Inspectors are the only inspectors who have an additional regulatory qualification requirement. Inspectors within Healthcare Improvement Scotland and Education Scotland require to be registered with their professional regulator ie NMC, HCPC, GTSC but do not have additional registration as an inspector or have additional qualification requirements. The Independent Review of Inspection, Scrutiny and Regulation concluded that there is a need, for instance, for inspectors and regulators to have the necessary skills, training, qualifications, and expertise, to be supportive in improvement and improvement methodology.

CONSULTATION

22. Consultation has taken place with the Care Inspectorate, Health Care Improvement Scotland and Education Scotland. There has been extensive consultation with the Care Inspectorate to inform the proposed changes. Health Care Improvement Scotland and Education did not identify any concern or challenges that the proposed changes would have for their organisations and did not believe the changes would impact on joint inspection with the Care Inspectorate.

RISKS

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

24. The proposed changes are low risk and a proportionate response to bring the registration of authorised officers into line with other register groups and gives recognition to the different roles and responsibilities of those exercising the authorised officer powers while still ensuring they meet an acceptable regulatory qualification requirement to maintain standards of practice.

IMPLICATIONS

Resourcing

25. There are no resource implications for the SSSC.

Compliance

26. Section 56 of the Public Services Reform (Scotland) Act 2010 sets out that an inspection must be carried out by an authorised officer. Whilst this Act does not expressly define what the registration requirements of said officers are, the Regulation of Care (Scotland) Act 2001 s44(1)(b) makes clear that the SSSC shall maintain a register of social service workers of any other description prescribed. Article 2(a) of the Regulation of Care (Social Service Workers) (Scotland) Order 2005 further states that an employee of the Care Inspectorate who is an authorised officer is a social service worker. In practice, this means that an authorised officer of the Care Inspectorate requires to be registered with SSSC.
27. The Care Inspectorate is also responsible for carrying joint inspections under Part 8 of the 2010 Act. There is no obligation to register authorised persons with the SSSC for scrutiny activities carried out under Part 8 of the 2010 Act.

IMPACT ASSESSMENTS

Equalities

28. The EQIA did not identify any negative impacts on any protected characteristics. Given the age profile of the Care Inspectorate workforce there may be a positive impact from broadening the accepted qualifications for secondary authorised officers as this will reduce the number of workers who will be required to gain the current PDA qualification as the majority of strategic inspections and team managers already hold an EFQM/PSIF qualification however those who joined the register after these qualifications were no longer accepted as the regulatory requirement currently have to gain an additional qualification whereas those who joined in the interim period when these qualifications were accepted do not.

CONCLUSION

29. Council is asked to approve the new primary and secondary authorised officer registration levels and the proposed qualification requirements for each level.

| | |
|----------------------------------|--|
| Title of report | People Management Policies |
| Public/Confidential | Public |
| Summary/purpose of report | The report sets out provides an overview of the new Workforce Performance Policy and introduction of a Performance Improvement Plan which will replace the current Capability Policy and the proposed changes to the Maximising Attendance Policy |
| Recommendations | Council is asked to approve 1. the Work Performance Policy. 2. the revised Maximising Attendance Policy. |
| Author | Lucy Finn, Head of Human Resources |
| Responsible Officer | Laura Lamb, Acting Director of 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 3: We fail to meet corporate governance, external scrutiny and legal obligations. 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 | <ol style="list-style-type: none"> 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 | <p>Item 10.1 Work Performance Policy</p> <p>Appendix 1 Reasonable Adjustments</p> <p>Appendix 2 Appeals Procedure</p> <p>Appendix 3 Performance Improvement Plan</p> <p>Item 10.2 Maximising Attendance Policy</p> <p>Appendix 1 Reasonable Adjustments</p> <p>Appendix 2 Appeals Procedure</p> |
| Background papers | None |

EXECUTIVE SUMMARY

1. We have developed a new Work Performance Policy to replace the existing Capability Policy.
2. The Maximising Attendance Policy has been significantly updated to strengthen our approach to absence management.
3. Council is asked to approve the new Work Performance Policy and the revised Maximising Attendance Policy.

WORK PERFORMANCE POLICY

4. This policy, which replaces our Capability Policy, sets out the arrangements we have for managing employees who are not performing to the required standard.
5. The key differences from the previous Capability policy include:
 - Recognition that normal day to day management is the informal process (which has previously been disputed).
 - The involvement of senior management at key stages to provide greater governance to the process.
 - The introduction of a second manager being involved at the escalated performance meeting.
 - Specification of the hearing and appeals process.
6. Those employees that are currently in a formal work performance process will migrate to the equivalent position in the new policy. Communications have been prepared to help all staff understand the changes and line managers will be supported to implement the requirements of the revised policy through planned HR training on managing absence and performance.

MAXIMISING ATTENDANCE POLICY

7. This updated policy sets out the arrangements we have for managing employees who are absent. This policy has been updated to consider the impact of agile working, provide greater clarification on reporting processes and records our practice for administering sick pay that is reported late.
8. We have maintained the existing triggers and modified terminology to be more supportive. The appendix within the policy includes a detailed range of reasonable adjustments to assist managers and employees in considering options.

9. The Absence Hearing process now includes much greater detail on information we will share prior to the Absence Hearing and what the format of the hearing will include. We have introduced an appeals process.
10. Those employees that are currently in a formal attendance process will migrate to the equivalent position in the new policy. Communications have been prepared to help all staff understand the changes and line managers will be supported to implement the requirements of the revised policy through planned HR training on managing absence and performance.

CONSULTATION

11. We conducted internal consultation with UNISON and agreed the wording of the Work Performance Policy and Maximising Attendance Policy.
12. We benchmarked externally using XPERTHR and ACAS on each of these policies.
13. We consulted with Operational Management Team, the Partnership Forum and Executive Management Team and have maintained a record of comments and changes. The majority of the changes proposed related to clarifying language and we have implemented them. Those changes we did not maintain have been recorded.
14. The policies have been shared with the Council Short Life Working Group.

RISKS

15. We have an averse risk appetite for risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
16. We have an averse appetite for risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.
17. The policies informs managers and employees of their rights and obligations. There are legal, cultural and reputational risks to the SSSC if we do not operate processes appropriately. The policy mitigates these risks by establishing clear principles, processes and guidance.

IMPLICATIONS

Resourcing

18. There are no resourcing implications.

Compliance

19. These policies comply with our legal obligations and ACAS guidance.

IMPACT ASSESSMENTS

Equalities

20. We have prepared Equality Impact Assessments for each policy. They do not discriminate against our employees and we did not find any major implications after carrying out the assessments. The assessment identifies that these policies support our commitments to promoting inclusion and diversity.

CONCLUSION

21. Council is asked to approve the revised Maximising Attendance Policy.
22. Council is asked to approve the new Work Performance Policy.

Performance improvement plan

Council
23 November 2023
Agenda item: 10.1
Report no: 43/2023
Appendix 3

| | | | |
|-------------------------|--|-------------------|--|
| Employee name: | | Job title: | |
| Manager name: | | Job title: | |
| Date of meeting: | | | |

Where applicable

| | | | |
|--------------------------------|--|-------------------|--|
| Companion name: | | Job title: | |
| HR representative name: | | Job title: | |

| |
|--|
| Managers area of concern [Describe the area of concern and reference supporting evidence] |
| |
| Detail training previously provided |
| |
| Employees position [Detail the employee's position of whether they accept/reject. Circumstances that they think are relevant.] |
| |
| Specific areas requiring improvement [What are the specifics of what needs to be 'better'] |
| |
| Support offered [list the type of support offered and whether accepted or not] |
| |
| Success criteria [How do we or the individual know whether they have met the standard] |
| |

| |
|--|
| Timescale [When do the different elements need to be achieved by] |
| |
| Achieved Yes/ No [On review – has this been achieved] |
| |
| Evidence [What evidence exists to support this view. List documents where appropriate.] |
| |

| |
|--|
| Key points discussed during the meeting not otherwise recorded above. |
| |
| Home life / Health matters |
| |
| Redeployment |
| |
| Summary of meeting (note date, attendees and summary of key points) |
| |
| |
| Summary of meeting (note date, attendees and summary of key points) |
| |

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| |
| Summary of meeting (note date, attendees and summary of key points) |
| |
| |
| Summary of meeting (note date, attendees and summary of key points) |
| |

Work Performance Policy

October 2023

Document governance and management

| | |
|---|--|
| Document owner/author/lead | Acting Director of Workforce Education and Standards |
| Version number | 1.0 (replaces previous Capability policy) |
| Current version referred for approval to | EMT |
| Date of next review | October 2026 |
| Date of equality impact assessment (mandatory) | October 2023 |
| Date of data protection impact assessment (if required) | Not required. |
| Date of environmental impact assessment (if required) | Not required. |

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1. Introduction

Purpose

We have a highly skilled, knowledgeable, and experienced workforce. We support employees to meet their performance and development goals through our development discussion process.

Most of our employees perform well at work. Where we identify performance concerns and these cannot be resolved through routine supervision and development discussions, this policy provides a way of supporting employees to make the required improvements.

Scope

This policy applies to all permanent and temporary employees.

Where we consider another policy or procedure (eg Disciplinary, Grievance, Attendance etc) may apply we will decide which of these is the most appropriate to use.

Legislation, codes of practice and guidance

This policy has also considered the following:

- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Code of practice on disciplinary and grievance procedures

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 SSSC recognises that a work performance process can be stressful for all concerned so this policy is based on the following principles:

- We offer you support and guidance to help you achieve and maintain the standards of performance expected of you.
- We make you aware of acceptable standards of performance and give regular feedback.
- We make you aware of any concerns about your performance as and when issues arise and manage these.
- We provide appropriate, additional support where underlying personal or work-related factors contribute to your underperformance.
- You have the right to be accompanied to formal meetings by a trade union representative or workplace colleague.
- The SSSC will meet all relevant legal requirements regarding any performance related decisions.
- We provide guidance and support to help manage performance issues fairly and effectively.
- We give due respect for the privacy of everyone involved and all information will be shared on a confidential, need to know basis and in accordance with data protection and UK GDPR

When applying this policy and procedure, we expect you and our managers to treat each other with dignity and respect by acting in accordance with our organisational values.

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 make sure you have access to advice, support and guidance to help you understand this policy.
- We help one another to improve our individual and collective performance.
- We recognise the value of positive and constructive involvement and participation from our 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 raise performance concerns with you in a timely manner and recognise our responsibility to help you.
- We respect confidentiality and only share information with those who have good reason to know.

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 take a positive approach to helping you improve and seek to support you in a way that works best for you.
- We make sure that you understand your entitlements under this policy and that you feel able to exercise your rights.

4. Roles and responsibilities

4.1 Council and committee

People management policies which include any of the following are reserved for Council:

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

Council is responsible for:

- approving this policy
- 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 of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to 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 the SSSC
- setting a positive example to employees by following this policy
- treating complaints seriously and dealing with them promptly.

4.3 Operational Management Team

The heads of department are responsible for:

- making sure their managers and employees are aware of the required behaviours and the details of this policy
- signposting employees to relevant information
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- setting a positive example to employees by following this policy
- setting consistent performance standards and applying these consistently.

4.4 Employees

Employees are responsible for:

- identifying their own learning and development needs
- participating in learning and development opportunities

- being open and honest about any issues that might be having a negative impact on your performance at work
- fully engaging with this process, which includes working to meet expected standards in performance, achieving the performance improvement plan and attending review meetings
- asking your manager for clarity if you are unsure about what has been agreed/what is expected
- looking at the process as a positive opportunity to develop and improve through an enhanced level of support and regular and supportive dialogue with your manager
- understanding that discussions around performance will continue, even if you have recently returned from sickness absence
- giving consent to an occupational health (OH) referral where appropriate
- raising any issue you have where you recognise you need more support.
- complying with our [Code of Conduct for Employees](#). We expect the highest standards of integrity and conduct from all employees
- co-operating fully with this policy
- acting appropriately and always keeping to our values of treating one another with dignity and respect
- completing and following mandatory training.

4.5 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 policy and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance if required
- offering advice on how to apply the policy and procedure
- making sure employees follow the process in line with the policy
- reminding employees and managers of their responsibilities under the policy, if required
- monitoring use of the policy and processes and reporting any non-compliance to heads of department / directors.

5. Policy

We expect high standards of performance from you and provide support to make sure that you have the resources to achieve this. Where you do not meet these standards we take timely action to make sure that you are aware of the gap and provide support to you to attain the required standard. We recognise that there can be many reasons for underperformance and take a holistic approach to supporting you.

6. Procedure

6.1 Informal process

It is important that your manager discusses your performance with you on a regular basis – this will help you to know how well you are doing. These discussions are a normal part of our day to day activities and take place frequently and informally. Discussions cover both adjusting and affirming feedback as well as future development.

You must listen carefully to any feedback and discuss this with your manager to make sure that you understand what you are doing well and what you need to work on. We do not require every discussion to be documented but either of you can record your successes and the areas to work on.

There is no requirement for a manager to wait until a one-to-one discussion to provide feedback. Equally, where you require help you do not need to wait for a one-to-one to request it. Where we have a specific concern we will work with you to help improve it and where you have a talent we will support your efforts to further develop it.

There are a range of steps that both you and your manager can take on an informal basis to improve performance (this can include progressing from below standard to acceptable as well as from acceptable to high performance). We have grouped these for ease of reading not to limit who can take which action.

• **Manager options**

- Give positive and adjusting feedback
- Seek advice from occupational health
- Amend duties on a temporary basis
- Closer or more regular supervision for a limited time period
- Additional quality assurance
- Take time to recognise and celebrate your achievements
- Conduct a skills audit
- Identify additional training
- Consider whether tasks can and should be delegated.
- Raising issues during a development discussion.

• **Your options**

- Focus on specific tasks (ie avoid multi-tasking)
- Identifying and make a list of your priorities
- Limit distractions eg use 'do not disturb' for set periods to allow you to focus on specific areas of work
- Consider asking for a mentor
- Consider whether you have the right software or equipment
- Consider whether your diet / lifestyle is impacting on your performance
- Discuss with a knowledgeable or more experienced colleague
- Complete a time recording exercise
- Complete or refresh training
- Ask a colleague for feedback

- **Manager options**
- **Your options**
 - Reflect on your own practice
 - Schedule regular breaks
 - Set yourself clear goals
 - Tidy your work station / digital workspace
 - Use Outlook to schedule time for specific activities.

The informal process describes normal day to day management activity. Concerns with performance must be raised in specific terms and detailed written feedback provided to you.

We expect to resolve the majority of performance issues through normal day-to-day management (ie the informal process). The informal process is part of normal day-to-day management and is not an additional step or process to be completed. You and your manager must make and be able to evidence that both any shortfall in performance has been discussed and that reasonable efforts have been taken to address it. Your manager must give you a fair opportunity to improve before seeking to escalate to a formal process taking into account the nature and significance of the shortfall.

6.2 Formal process

Your manager can start the formal process where one or more of the following apply:

- They have a persistent and serious concern regarding your performance
- They have a concern that is part of a range of less serious and longstanding concerns regarding your performance
- Where the shortfall is sufficiently significant and serious that an informal approach is not appropriate. The invite letter will explain why the shortfall is considered significant and serious.

Your manager will demonstrate in writing that these concerns have been raised with you previously in clear and detailed terms and that reasonable efforts to address them have been attempted. **Where your manager is unable to do so, the concerns cannot be escalated to a formal process.**

While you may feel concerned at this process starting it is essential that you remember that the purpose and focus of this process is to help you improve to an acceptable standard for your role.

Prior to initiating the formal process your manager will:

- Identify the specific areas that they think require improvement
- Consider the evidence to support their position (ie that there is a lack of performance)
- Identify the actions that have been taken to date (including training provided)
- Discuss with an appropriate colleague (eg a peer in the same role but another team or a more senior manager) whether they consider initiating the formal process as appropriate
- Seek advice from HR.

We recognise that a formal process can be stressful despite our intention being to help you. We always adopt a sensitive and constructive approach in any discussions. We provide access to the Employee Assistance Programme to offer you further support and we allow you to be accompanied at formal meetings.

Your manager will discuss and explain to you why they consider it appropriate to move to a formal process **prior** to inviting you to the first meeting.

6.3 Arranging a performance improvement meeting

Your manager will invite you to attend a formal performance improvement meeting in writing. The letter will include details of the following:

- Where and when the meeting will be held
- Who will attend the meeting
- A description of the specific areas of concern regarding your performance and supporting evidence
- Details of reasonable efforts they have taken to give you a fair opportunity to improve (eg provided training, seeking OH advice)
- Copies of the written performance feedback and specific concerns being raised to you
- Your right to be accompanied at the meeting by a co-worker or union representative from a trade union
- A copy of any relevant documents or refer to them specifically
- A copy of the most recent job description for your role (where this is not current a list of amended duties will be included)
- A copy of this policy.

This gives you an opportunity to understand the concerns and to prepare for the meeting with a view to contributing to the development of an action plan. We always provide at least 7 days' notice of the meeting.

Where you consider there are relevant documents that should be a feature of the discussion you must identify this to your manager (and provide a copy where you have one) prior to the meeting where possible. Equally where there are specific points that you wish to raise you must raise these prior to the meeting so that your manager can prepare.

The intention of sharing key points for discussion prior to the meeting is not to have the meeting by email prior to the meeting occurring. It is to signal the key points for discussion so that both parties can better prepare prior to the meeting. This means you both will have a more effective and focussed discussion.

6.4 Conducting a performance improvement meeting

At the meeting your manager will discuss and explore with you the following:

- The purpose of the performance improvement meeting
- The areas of concern, seeking your response to each of these
- What training has been provided
- The factors you or your manager think are impacting on your performance (eg health)
- What would help you to improve
- Draft performance improvement plan
- Set actions and timescales for completion
- Set an end of review date
- Redeployment Policy (where relevant).

It is **essential** that your voice is heard during this meeting. You must actively participate in the discussion including, but not limited to, making suggestions that you think will help

you, identifying points that you agree / disagree with and commenting on proposals put forward.

Working together will result in a better understanding of the issues at hand and to achieve better outcomes for all.

6.5 Outcome of a performance improvement meeting

Your manager will issue a letter to you within one week of the meeting occurring (unless notified otherwise). The letter will include details of the following:

- Summary of the meeting
- Describe the areas of your performance that you need to improve
- Targets and timescales for improvement
- The support arrangements that we will put in place (where appropriate)
- The date when we will review your performance
- The possible consequence where you do not satisfactorily improve
- Completed performance improvement plan (which may encapsulate the above).

Where you disagree with the summary or performance improvement plan you must confirm this in writing within a week of receipt of the letter and detail the specific areas that you disagree on and what you think is the correct position. Your manager will note your comments and try to reach agreement on them but where agreement cannot be reached the disagreement will be recorded and the performance improvement plan will be implemented.

Where an outcome of the performance improvement meeting is to obtain an occupational health report, interim support, adjustments and actions are put in place. Depending on the seriousness of the health condition and the impact on your ability to work, you may request that the formal process and any performance improvement plan is paused until the OH report is received. This will be judged reasonably on a case by case basis. Once the OH report is received the PIP is reviewed and adjusted where appropriate.

6.6 Performance improvement plan

It is expected that a performance improvement plan will cover a range of short, medium and long term tasks depending on the nature of your role and the area of improvement that is required.

We recognise that a performance improvement plan cannot identify every area that requires improvement at the outset as this could be demotivating for you and every area may not be known. Your performance improvement plan will identify the priorities and timescales to help you improve. Where these are interim steps to help you rather than an end goal they will be clearly identified as such.

Where a new performance concern is identified that is not already addressed by the performance improvement plan, we presume this has been or will be addressed informally. Only performance concerns that are sufficiently serious and significant in nature can be added to your performance improvement plan in agreement with you without the need for a review meeting. Where agreement cannot be agreed then a review meeting will be arranged.

Your performance improvement plan is a live document. As you progress through each aspect your manager will update the performance improvement plan to record your achievement.

We do not prescribe how long an improvement plan lasts as this varies depending on the nature of the improvement required. As a guide, we expect a performance improvement plan to last between a minimum of two months and a maximum of four months. You must be given a reasonable and fair opportunity to improve taking into account the circumstances. These guidelines can be adjusted by your manager.

Relevant circumstances may include:

- Your leave (eg family leave, annual leave, jury duty)
- The hours you work per week
- Absences of key personnel that impact on your performance
- Any directly relevant health issue or personal circumstances
- Availability of training provision
- Organisational change or other organisational events
- The nature and extent of any shortfall in performance
- The impact of any shortfall in performance.

Where there is a circumstance that you consider relevant that is not listed above you must raise this with your manager and discuss whether they agree that it is appropriate to take into account.

6.7 Review meetings

Your manager will conduct review meetings with you on a regular basis, typically monthly (but timescales can be shorter if appropriate), to discuss the progress that has been made, to address any issues that have arisen and to update the performance improvement plan. A summary of this will be recorded on the performance improvement plan.

Where you disagree with the summary or performance improvement plan you must do so in writing and detail the specific areas that you disagree on and what you think is the correct position. Your manager will note your comments and try to reach agreement on them but where agreement cannot be reached the disagreement will be recorded.

6.8 Senior management review

We recognise that no-one chooses to underperform and we take action to help and support you where we can. We cannot support underperformance indefinitely. To make sure that progress is achieved within a reasonable timeframe and to provide oversight of the process we require your manager to report on progress to their Head of Department (or where they are your manager, a member of the Executive Management Team) where they want to end, extend or progress to a different stage. Your manager will notify you of their request.

Your manager must share the performance improvement plan, relevant letters and any other documentation and request one of the following:

- That the formal process ceases as you have reached an acceptable standard
- An extension to the work performance process
- Move to enhanced performance improvement
- Move to a Performance Hearing.

The Head of Department (or a member of the Executive Management Team) will approve or reject the request or can instruct an alternative, usually within two weeks of receipt. Where they instruct an extension or progression to the next level they will specify the maximum time periods for improvement to be achieved (typically between two and four months).

Where they decide that progression to a Performance Hearing is required the procedure detailed below is followed. We expect you to complete both a performance improvement and an enhanced performance improvement cycle prior to a Performance Hearing occurring. Where there are exceptional circumstances (eg severe underperformance) we do not require both parts to be completed.

The Head of Department (or a member of the Executive Management Team) is responsible for communicating their decision to your manager who in turn is responsible for sharing this with you.

Ending formal process

Your manager will advise you of this decision and confirm it to you by letter.

Extension

Your manager will advise you of this decision and write to you to arrange a review meeting. Where your performance does not improve to an acceptable level within the time period your manager will repeat the process described under Senior management review.

Progression to next level

Your manager will advise you of this decision and invite you to an enhanced performance improvement meeting following the same process identified for arranging a performance improvement meeting (6.3 Arranging a performance improvement meeting). This invitation will include copies of previous letters and the most recent performance improvement plan.

The enhanced performance improvement meeting is arranged and conducted in the same manner as a performance improvement meeting except that an additional manager attends as nominated by the Head of Department (or a member of the Executive Management Team). The purpose of the enhanced performance improvement meeting is to provide you with additional support. The additional manager attends on the same basis as your manager and has the same goal of supporting your improvement.

Where your performance does not improve to an acceptable level within the time period your manager and the additional manager will repeat the process described under Senior management review.

6.9 Performance Hearing

We will arrange a Performance Hearing where we consider that the performance improvement process is unlikely to result in sufficiently improved performance within an acceptable timeframe.

The purpose of a Performance Hearing is to review your performance and to determine whether your employment can continue and if so on what terms. To make sure you are well prepared the Chair will set out the following in writing to you:

- Date, time and location of the meeting
- A summary of your employment history with us
- A copy of your performance improvement plan

- A copy of your training record (where relevant)
- Copies of Occupational Health reports (where relevant)
- Copies of letters relating to your performance improvement meetings
- A narrative statement of your role and its key duties or job description
- Description of the impact of your performance
- List of vacancies
- Details of reasonable adjustments that have been considered (where relevant)
- Details of reasonable adjustments that were implemented and their efficacy (where relevant)
- A clear statement that we are considering ending your employment
- That you have the right to be accompanied by a Companion (please see below for details).

You will be given written notice of the date and time of the Performance Hearing at least 14 calendar days in advance unless otherwise mutually agreed.

The meeting will be chaired by a member of the Executive Management Team with support from HR and will discuss the following (at a minimum):

- Identity and role of those present
- Purpose and structure of the meeting
- Remind you of the role of the companion
- Check that you have received the documentation provided
- The nature and causes of the performance and any progress achieved
- The impact this has had on the business
- The interventions that have been made and their effectiveness
- The adjustments that have been considered and the impact of these (where relevant)
- Redeployment opportunities that are available
- Your view of the impact your health has had (where relevant)
- The Occupational Health advice that has been provided (where relevant)
- The view of your Companion
- When a decision will be made and details of any appeals process.

It is essential that your voice is heard during the Performance Hearing. You must actively participate in the discussion including, but not limited to, making suggestions that you think will help you, identifying points that you agree / disagree with and commenting on proposals put forward.

Where you consider there are relevant documents that should be a feature of the discussion you must identify this to the Chair (and provide a copy where you have one) prior to the Performance Hearing where possible. Equally where there are specific points that you wish to raise please raise these prior to the Performance Hearing so that the Chair can prepare.

The intention of sharing key points for discussion prior to the Performance Hearing is not to have the Performance Hearing by email prior to the Performance Hearing occurring. It is to signal the key points for discussion so that both parties can better prepare. This means you both will have a more effective and focussed discussion.

At the Performance Hearing a range of decisions are open to the EMT member to consider. These include but are not limited to:

- No action
- Adjustment of role, hours, times or place of work

- Redeployment to another role
- Ending employment (with notice)
- Any other action that is reasonable in the circumstances.

A representative from HR will attend this Performance Hearing. You may be accompanied by a Companion or a representative from a trade union.

A record of the hearing and any decision will be communicated to you usually within 14 calendar days of the hearing.

Where we issue notice you will be paid at your normal 'at work' rate of pay throughout your notice. You will be required to take any accrued annual leave during this period. Where you are paid in lieu of notice you will receive a payment in lieu of notice and a separate payment in lieu of accrued but untaken annual leave.

Where you do not confirm that you will attend the Performance Hearing we will make reasonable attempts to contact you by telephone and email. Having made these attempts the Chair will rearrange the Performance Hearing and invite you to attend. Where you do not attend this subsequent Performance Hearing without adequate reason, we will conduct it in your absence.

6.10 Appeal

If you wish to appeal a decision made at a Performance Hearing you must submit your written grounds of appeal and your desired outcome to the Head of Human Resources within 14 calendar days of receipt of the written record of the decision. A member of the Executive Management Team will write to the Chief Executive.

Grounds of appeal could include but are not limited to those listed below:

- New evidence has come to light since the hearing which may have an impact on the decision.
- An issue with the process and procedure followed.
- The decision was too severe or inappropriate in the circumstances.
- The employee's situation in relation to the underlying reason for their performance has materially changed since the hearing and this may have an impact on the decision.

Your appeal cannot take place without clear relevant grounds of appeal being set out and a clear desired outcome. The Head of Human Resources will clarify these with you where they are insufficient for an Appeal Chair to consider.

Where an appeal is lodged this will not delay the implementation of any action although these may be amended or revoked as a result of the appeal process.

A manager who has not been previously involved in the case will hear the appeal. This will normally be a senior manager. The Chair for the original decision will attend the appeal hearing to present the reasons for their decision. Where your appeal is against a decision to dismiss the appeal will be conducted by an Employment Appeals Panel comprising of three Council Members.

You will be given written notice of the date and time of the appeal hearing at least 14 calendar days in advance unless otherwise mutually agreed. The appeals procedure is detailed in the appendix.

Where you do not confirm that you will attend the appeal hearing we will make reasonable attempts to contact you by telephone and email. Having made these attempts and where we do not receive a satisfactory reason for your lack of confirmation the Appeal Chair will dismiss the appeal. Where satisfactory reasons are provided the appeal will continue.

An Appeal Hearing may be adjourned if we need to gather further information or consider matters discussed at the hearing. You will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened (this may include during the hearing where the new information or its impact is slight).

The potential outcomes of the Appeal Hearing are:

- the appeal is fully or partially upheld and the previous decision is overturned
- the appeal is fully or partially upheld and a new Performance Hearing is instructed to be arranged
- the appeal is fully or partially upheld and a different outcome is substituted
- the appeal is not upheld and the original decision remains
- in the case of an Employment Appeals Panel, any action the panel considers appropriate.

A representative from HR will attend this hearing. You may be accompanied by a Companion or representative from a trade union.

A record of the hearing and any decision will be communicated to you, in writing, usually within 10 working days of the hearing.

In all events, the decision of the Appeal Chair or Panel is final.

6.11 Arrangements for meetings

The sooner you let us know if you think you may need additional time or support, the more likely it is that we can make any necessary arrangements or adjustments. During any meeting (or hearing) you may request a break or another adjustment and we will happily consider these as and when they occur.

We work in an agile manner and many of the meetings and discussions that we have will be conducted using Teams or similar video technology. It is essential for meaningful discussion to take place that when meeting on Teams that all parties have their cameras and audio turned on throughout the discussion. Where this is not possible then meetings must take place in person.

Your manager may consider it useful to hold meetings in the office or at another location. Where this is the case, they will specify this in their letter to you.

A minute taker may attend meetings or hearings to produce a minute.

6.12 Companions

You can be accompanied by a trade union representative or a co-worker (known as a Companion) at any meetings under this policy. Please confirm to your manager prior to any meeting who your companion is and make sure that you have briefed them.

Your Companion can, at your request, explain your key points and can respond on your behalf. You can also confer with them during the meetings. They must not answer questions put directly to you or try to prevent us asking questions or outlining our points.

6.13 Special circumstances

Health or disability

We want to support you as fully as possible and will consider reasonable adjustments for you. Where you have a disability under the Equality Act we have a legal obligation to make reasonable adjustments. Examples of reasonable adjustments are described in the appendix. Where you know of a reasonable adjustment that would help please suggest this at the earliest opportunity to your manager.

Where you or your manager consider that your health may be a contributing factor to your performance we will seek medical advice from our Occupational Health provider. We prepare the plan on the information we have at the time and update it when new information is received, such as their advice.

Past trauma

We recognise that you may have had a previous negative experience regarding work performance either with us or another organisation. We adopt a supportive and collaborative approach when managing performance and treat everyone with dignity and respect.

Multiple procedures

Where different procedures could be involved eg overlapping grievance, dignity at work, disciplinary, retirement, flexible working request and absence; Human Resources will identify whether to address these concurrently, consecutively (and if so, the sequence) or to combine some or all of these into a single process.

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 employees and make sure that they 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
- Estates, 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.

- [Code of conduct for employees](#)

- [Development discussion information](#)
- [Dignity at work policy](#)
- [Equality, diversity and inclusion policy](#)
- [Flexible working policy and procedure](#)
- [Health and wellbeing policy](#)
- [People strategy](#)
- [Redeployment policy](#)



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

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

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Appendix 1 - Reasonable Adjustments

Policy changes

We operate this policy to achieve a consistent approach in how we support you and others. We can adjust certain aspects of this policy where it is appropriate and necessary to do so to support you. We will only do this following careful consideration of the impact on you and our business activities.

Stress

We know that you will experience different levels of stress in work and we recognise the positive consequences that stress can have. We also recognise that excess levels of stress can become negative and harmful.

Where you identify experiencing stress as having an adverse impact on your health we will discuss with you the causes of stress, what you and what we can do to reduce the stressor and agree key actions. Where 'work' is causing the stress we will have this discussion during your absence as we cannot remove or address the stressor without doing so.

We have details of how to develop your personal resilience and how your manager can support you when stressed in our **Health and Wellbeing Policy**.

Wellness Action Plans

A **Wellness Action Plan** is a plan that details what you need to do to keep yourself well at work and what your manager can do to support you. It is a plan that you develop with your manager on the specific steps, early warning signs, and other actions to take as a positive preventative measure. There are details of how to prepare an action plan for line managers.

Phased return

You will continue to receive your normal pay while on a reduced working arrangement during a phased return. A phased return must not last longer than 4 weeks. Where a longer phased return is required you will either be paid for the hours worked or you can use annual leave to cover the unworked hours. Ideally the plan for a phased return will be based on advice given by a GP / medical professional.

Short-term reduction in hours

Where you are unable to work your full hours due to a health issue but can work in part we will consider whether we are able to support you. We offer flexitime arrangements for all employees which allow you to vary your times of work and the number of hours that you work in each week. Where you require more flexibility than this, your manager can support a reduction in hours without a reduction in pay where this lasts for less than 4 weeks (per financial year).

Long-term reduction in hours

We will consider a reduction in hours, whether temporary or permanent, to support you. This can help you to achieve the best work/life balance for you. This may become a permanent arrangement in some circumstances. If you decide to formally reduce your contracted hours of work then your salary will be adjusted accordingly.

Change in times or days of work

Where working at different times or on different days will benefit and support you we will consider the extent of the benefit to you and the impact on business activities. We operate in a very flexible manner and will seek to find a mutually agreeable solution wherever possible.

Change or restriction of duties

Where there are specific duties that are difficult or impossible for you to perform we will discuss whether these can be achieved in a different manner with support. We can remove certain duties from you on a temporary or permanent basis as an adjustment but will discuss doing so with you before we implement this change. Where this significantly changes the nature of your role this may become a redeployment circumstance and your terms and conditions will need to change.

Additional training

We provide all employees with training on how to do their job. Where you would benefit from refresher training, whether formal or informal, to make sure you have the necessary skills and / or confidence to perform your role we will make this available to you where possible. This training may not be immediately available or within our budgetary constraints. Where this occurs, we will seek an equivalent alternative.

Temporary reassignment

Where you are unfit to perform your substantive role then we will consider temporarily reassigning you to another role. The possibility of a temporary role will depend on the availability of work elsewhere in the SSSC. Your existing rate of pay will be protected during a temporary reassignment unless you reduce your hours in which case you will be paid the hours worked in line with your current salary point. Temporary placements to help you will normally last no longer than 6 months. We do consider reassignment on a supernumerary basis but due to financial constraints these are necessarily very limited in scope and can only be agreed with the approval of the relevant budget holder.

Redeployment

We will consider redeployment where it appears that you will be unable to return to your substantive role. Any offer of redeployment will be subject to there being a suitable vacancy, that your skills and experience are suitable for the alternative role and that we are confident you will be able to perform in the alternative role. If you accept an offer of redeployment on medical grounds then you will receive the salary and terms and conditions associated with that role.

Place of work, meeting venue

Where your place of work or a meeting venue is not suitable for you please raise this with us. We are committed to finding a workable solution wherever possible. This can include changing your place of work, changing the venue or the workstation 'setup.' The bigger the change the more time we might need so early discussion is encouraged.

Equipment and software

We provide all employees with suitable equipment and software for their role. Where you require specialist equipment or software we will consider whether we are able to provide this to you. We will work with you and appropriate specialists (eg Occupational Health, Posture Rite) to identify the best option available. Where the cost of this is prohibitive we will explore any funding opportunities that are available with you (eg Access to Work).

Breaks

When meeting under this policy or when working we recognise that you may benefit from additional breaks or more time. We are flexible in our approach and will happily consider this where they will help you. Please let us know where this will be beneficial for you. Please note that we do not pay for breaks.

Peer support

Where you would benefit from additional peer support or from support from someone outwith the team we will consider this on a temporary basis. This support may take the form of a 'buddy,' mentor or technical specialist.

Additional supervision

We know that having protected time to discuss concerns with your manager is a good source of support. Where you would benefit from additional time with them as supervision we will consider this taking into account the benefit received and the availability of your manager to provide this support.

Companions

We permit trade union representatives and co-workers to support you. Where you would benefit from another person attending (eg as a signing interpreter) in addition due to a disability that you have we will consider this as a reasonable adjustment.

Secondment

We offer secondment opportunities to all employees. Where you wish to explore the option of a secondment please discuss this with your manager and check the details of our [Secondment Policy and Procedure](#).

Appendix 2 – Appeals Procedure

The chair will:

- carry out introductions – confirm members of the panel and explain their roles
- advise on logistics – toilets, fire alarm, breaks, and adjournments
- confirm representation with the employee. If the employee does not have a companion then confirm with them that they are happy to continue without one
- confirm if any witnesses are being called from either side
- confirm why the meeting has been convened – formal appeal hearing against dismissal
- confirm the grounds of appeal as contained in the employee's letter of appeal.

Process

- The employee will present their case first.
- The panel can then ask any questions of the employee.
- The panel will then ask questions of the management representative and any witnesses.
- Witnesses may be recalled by either party or by the panel if clarification is required on any point of the case.

Presentation of appeals

- The appellant will present their case first followed by the management representative.
- The management representative, the appellant and his/her representative will then withdraw. The panel will then deliberate in private in the presence of officer/s appointed to assist them.
- If the panel can reach a decision on the day, both parties will be called back in and advised of the outcome.
- If the panel is unable to make a decision on the day, they will advise the hearing that the outcome will be delivered in writing within 14 calendar days of the date of the hearing.

Under the Code of Corporate Governance, the panel is authorised to hear and decide on the merits of appeal which includes but is not limited to:

- uphold the appeal in full and reinstate the employee from the date of their dismissal
- uphold the appeal in part reinstating the employee but specifying certain conditions to their decision
- uphold the previous decision of dismissal.

Note

Where an appeal against dismissal is substantiated and the panel vary the dismissal issued at the Performance Hearing, the employee is deemed to have been reinstated to the SSSC with effect from the date of the dismissal.

Maximising Attendance Policy

October 2023

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|---|--|
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1. Introduction

Purpose

We are committed to helping you to maintain good health, supporting you fairly and sympathetically when you experience ill-health and assisting with any rehabilitation and return to work. We encourage you to maximise your attendance at work when fit to do so and recognise that from time to time you are unable to come to work. By implementing this policy, we strike a reasonable balance between the pursuit of meeting our operational needs and your health needs.

Scope

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

Legislation, codes of practice and guidance

This policy has also considered the following:

- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work etc Act 1974
- 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

You are entitled to work in an environment that is safe and supportive of your health. In operating this policy we apply the following principles.

- We take a person centred approach to support and assist you
- We adopt a supportive approach through providing regular communication with you
- We treat you in a sensitive, fair and consistent manner

- We create an environment where you can and do share personal or sensitive information with us
- We assess risks and seek to mitigate these as far as possible and make the best decision we can with the information we have
- We maintain confidentiality to the maximum extent possible and will limit disclosure of personal or sensitive information to those with a need to know
- We take a trauma informed approach and actively consider whether past or current trauma is a factor in your wellbeing
- We actively consider reasonable adjustments with you including any that you propose.

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 make sure you have access to advice, support and guidance to help you
- We seek specialist advice to assist you and to inform our decision making
- We provide you with access to information and support from our Employee Assistance Programme
- We consider and explore with you reasonable adjustments that may support you to remain healthy or that will help you to return to work
- We recognise the value of positive and constructive involvement and participation from our 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 respect confidentiality about your health and only share sensitive information with those who have good reason to know.
- We accept responsibility for your welfare at work and provide assistance for you outside of work.
- We make difficult decisions in a timely manner and involve you in the decision-making
- We take proactive steps to create and maintain a safe environment for you.

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 understand and recognise that discussing your health can be difficult for you and give you space and time to express yourself
- We treat you with dignity and respect at all times and explain our decisions to you
- We make sure that you understand your entitlements under this policy and that you feel able to exercise your rights.

4. Roles and responsibilities

4.1 Executive Management Team

The EMT is responsible for:

- approving this policy
- overall responsibility for the implementation of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to 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 the SSSC
- setting a positive example to employees by following this policy
- treating complaints seriously and dealing with them promptly.

4.2 Operational Management Team

The heads of service are responsible for:

- making sure their managers and employees are aware of the required behaviours and the details of this policy
- signposting employees to relevant information
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- setting a positive example to employees by following this policy.

4.3 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
- following the guidance in this policy
- acting appropriately and always keeping to our values treating one another with dignity and respect
- completing and following any mandatory training
- following the reporting requirements in a timely and accurate manner
- discussing any health concerns with your manager
- being open with your manager about any health concerns, the reasons for any absence, to give your manager the opportunity to provide support where possible
- to attend referrals to our Occupational Health provider and any relevant appointments.
- are encouraged to give consent for the Occupational Health consultation to take place and to consent to the release of the outcome report to your manager and HR. Without consent we make decisions based on the information available to us
- being contactable and available for meetings during your normal times and days of work.

- fully participating in meetings to help us to understand the reasons for your ill-health, the impact this has and what we can do to support you
- complying with safe working practices and procedures
- cooperating with the implementation of any adjustments, particularly those suggested by a medical professional.

4.4 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 policy and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance if required
- offering advice on how to apply the policy and procedure
- making sure employees follow the process in line with the policy
- reminding employees and managers of their responsibilities under the policy, if required
- monitoring use of the policy and processes and reporting any non-compliance to heads of department / directors.

5. Policy

We are committed to maintaining the health, safety and wellbeing of our workforce and seek to adopt policies and practices which establish a positive attendance culture and promote employee wellbeing.

We encourage you to work in a safe manner, to take good care of your health and to maximise your attendance at work. We recognise that you will from time to time be unable to come to work because of ill health and we have arrangements in place to support you.

To help us achieve this we are active in the following areas:

- promoting health and wellbeing to prevent illness arising in the first place
- early, regular and sensitive contact with employees during sickness absence
- helping you with health conditions to stay at work (where appropriate)
- focussing on what you can do rather than what you cannot
- helping employees who have been absent to return to work.

6. Procedure

6.1 Proactive health measures

We create a safe working environment for you and have a range of policies that help us to do so. Our [Health and Wellbeing Policy](#) and [Health and Safety Policy](#) detail these arrangements. We all have an obligation to implement and follow these.

We recognise that a consequence of agile working is that we do not 'see' you as frequently and it is more difficult to see changes in your health. Equally, you may start to work longer hours without realising it. We have a joint responsibility to be alert to the consequences of agile working as well as to the benefits and to take action to mitigate the consequence and embrace the benefits.

We make available to you a range of resources and tools that can help you and your manager to maintain good health. Details of these resources and possible adjustments are in the appendix.

6.2 Notification of absence

It is important that you notify your line manager as soon as possible on your first day of absence. You must contact them by telephone or Teams call in the first instance wherever possible. Where this is not possible a text or email is acceptable but you must still call in and speak to your manager as soon as possible.

You must inform your manager of the following:

- That you will be absent
- The nature of your illness
- The likely duration of absence
- Any upcoming medical appointments.

- Whether the cause of your absence was work related
- Whether we can share your reason for absence with other colleagues who may be concerned for you (whether you give consent or not will not change our normal absence reporting practices to others who have a need to know eg HR).

Where your manager is not available you must leave a message and attempt to contact them later or contact the next most appropriate person within the team or department. Where you leave a message you must leave a contact number for the manager to return your call. Your manager will record your absence using MyView and specify the reason for absence and the first date of absence. We will assume each absence is open ended until notified otherwise. Where the notification occurs after the payroll cut-off date then your record will be updated where practicable. Where this is not possible HR will notify you where your pay may be impacted.

During the first week of absence unless agreed otherwise with your manager you must maintain daily contact. In exceptional circumstances if you are unable to make contact (for example hospitalisation) then another person can contact the SSSC on your behalf until you are able to do so yourself.

6.3 Certification of absence

When you return to work you must complete a self-certification form in respect of your sickness absence. This form is available on MyView.

Where your absence continues beyond seven calendar days (**including weekends and non-working days**) you must provide a Statement of Fitness for Work from an authorised healthcare professional (ie general practitioner, nurse, occupational therapist, pharmacist, physiotherapist). All statements must be sent without delay to your manager who will inform Human Resources by reporting your absence on MyView.

Your Statement of Fitness for Work may state that you:

- are “not fit for work” in which case you must remain off work unless otherwise agreed with your line manager
- “may be fit for work,” if the doctor’s recommendations are followed (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations).

While there is no legal obligation on us to follow the recommendations made by a healthcare professional we will seriously consider their recommendation. We will always consult you when doing so and consider whether advice from HR or Occupational Health is required. We can seek a second opinion on your fitness to work by making a referral to Occupational Health. We can choose to prefer the advice of our Occupational Health provider or another clinician over that of your GP.

Where you come to work and need to leave due to ill health you must notify your manager or another appropriate person before leaving. This will be recorded as an absence on that day. Where you have worked part of that day this time will be added to your flexitime to be taken at another time.

6.4 Payment of sick pay

Your eligibility for sick pay is detailed in your contract of employment and is dependent on your length of service and appropriate certification. We can only pay sick pay where we are satisfied that you are too ill to work. To make sure you are paid accurately it is important that you notify us of your absence, provide the relevant certification in a timely manner (making sure that there are no gaps) and follow this policy. Where your sick line does not cover your period of absence you will not be paid for that time until appropriate certification is provided.

It is your responsibility to monitor your sick pay – we do not have the functionality to notify you ahead of time. Where you are paid half pay or no pay we continue to pay our full pension contributions to you.

6.5 Return to work discussion (RTW)

Following each absence from work due to ill-health (short and long term) you must meet with your line manager for a return to work discussion. A return to work discussion is informal, straightforward and in most cases brief. Your manager will explore with you why you were absent, whether you are fit to return and discuss any ongoing adjustments. The length and timing of the discussion will be proportionate to the nature of the absence and its expected impact.

When you return to work your line manager will notify HR through MyView that you have returned, arrange to reintroduce you back into the workplace and make sure that arrangements are made to support you on your return. These arrangements include any agreed adjustments and where necessary a relevant risk assessment which will be reviewed by Health and Safety.

Return to work discussions usually take place on the day of the return to work or as soon as reasonably practical. On your first day back you will update your absence record on MyView to make sure the correct details have been captured and are processed.

Where your absence was longer or otherwise more complicated the following will be discussed with you in advance of your return:

- To offer any support or assistance that you may need.
- To update you on any work developments that have occurred during the period of absence.
- To discuss any adjustments that need to be put in place.
- To discuss arrangements for a phased return to work, if appropriate. A planned phased return should be agreed prior to the return to work.
- To inform you of a pattern of absence that is cause for concern.
- To inform you of any further action that may be taken because of this absence (for example if you have hit a trigger point).

6.6 Short term frequent absences

Where you reach one or more of the following trigger levels we will conduct an absence support meeting to discuss any underlying issues.

- Three or more spells of absence within a rolling 26 week period.
- Five or more spells of absence within a rolling 52 week period.

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- A pattern or trend of absence that is causing your manager concern for example Mondays & Fridays, absence before or following annual leave, during school holidays.

Where your frequency of absence reaches a trigger we will meet with you to discuss the absence, the causes of the absence and what support we can put in place to help you reach satisfactory levels of attendance. At these meetings your manager may request support from a member of HR and you may request support from a Companion (detailed below).

We consider any period of absence lasting four weeks or more as a long term absence and is covered below.

Where you reach a trigger level your manager will invite you to attend an absence support meeting. Where your manager identifies mitigating circumstances they will discuss this with Human Resources before applying any discretion not to hold a meeting. This makes sure we are consistent in apply discretion.

First absence support meeting

The purpose of the meeting is to:

- Discuss if there is an underlying health condition that is causing you to be frequently absent from work.
- Discuss advice your clinicians have given you.
- Discuss the steps you are taking to support your own health.
- Discuss whether there is a non-health related circumstance causing you to be frequently absent and which other policies may also be relevant.
- Discuss and put in place appropriate supports that will help you improve your attendance. A list of reasonable adjustments that will be considered is in the appendix.
- Discuss which aspects of your role you can do.
- Consider whether a referral to Occupational Health is appropriate.
- Agree to closely monitor your attendance for an agreed period, usually four months and agree objectives for improvement.

A representative from HR will not normally attend this meeting. You may be accompanied by a Companion.

A written summary note of the agreed actions, expectations and any supports the SSSC will provide will be provided to you by your manager usually within 10 working days of the meeting.

At the end of the review period, if your attendance improves and the objectives are met your line manager will review the circumstances and decide whether further action is required or not. Where they conclude no further action is required they will notify you of this in writing. If you have improved the additional level of monitoring will cease.

If your attendance has not improved to a satisfactory level you will be invited to attend a second absence support meeting.

Second absence support meeting

The purpose of the meeting is to:

- Review progress since the first absence support meeting
- Find out if anything has changed regarding your health and circumstances
- Discuss any updated advice your clinicians have given you.

- Discuss the steps you have taken to support your own health and the impact these have had.
- Discuss the effectiveness of any support that we have put in place.
- Discuss and put in place appropriate supports that will help you improve your attendance. A list of reasonable adjustments that will be considered is in the appendix.
- Discuss which aspects of your role you can do.
- Consider whether a referral to Occupational Health is appropriate.
- Place you on close monitoring for a further four months.
- Consider the list of reasonable adjustments in the appendix.
- Advise you that if the required improvement in attendance is not achieved and sustained during the period up to the next review date then consideration will be given at that time about whether employment can be continued. One outcome of that process may be dismissal on the grounds of capability.

A representative from HR will normally attend this meeting. You may be accompanied by a Companion.

A written summary note of the agreed actions, expectations and any supports the SSSC will provide will be provided to you by your manager usually within 10 working days of the meeting.

At the end of the review period, if your attendance improves and the objectives are met your line manager will review the circumstances and decide whether further action is required or not. Where they conclude no further action is required they will notify you of this in writing. If you have improved the additional level of monitoring will cease.

If there is no or insufficient improvement in attendance or no likely improvement soon a meeting will be held with the relevant Director to consider whether we can sustain your employment. Details on this process are found in section 6.8.

6.7 Long term absence

Long term absence is a continuous absence for health reasons which lasts or is likely to last more than four weeks. It is important that you and your manager maintain regular meaningful contact when you are off to:

- Monitor your progress in terms of your return to health
- Support you and actively maintain your engagement with us
- Share information so that you both can make informed decisions
- Encourage you to return to work
- Make sure you remain informed about events in the workplace.

It is a joint responsibility for both you and your manager to make and maintain meaningful contact. Once you are on long term absence you and your manager must agree the method and frequency of contact. Contact must be meaningful and occur on at least a monthly basis but will often be more frequent (eg weekly contact). You are required to be contactable and to attend meetings during your normal working hours and days.

For certain illnesses it is appropriate or necessary to manage the absence as soon as we receive the first medical certificate for example, stress, mental health or a musculoskeletal condition. Details regarding specific circumstances are noted in section 6.11. You are required to co-operate in these discussions.

Where you are on off sick on a long basis your manager will ask you to attend an absence support meeting to discuss the reason(s) for absence, explore ways in which we can support a return to work and identify any barriers preventing a return to work. The meeting will also provide your manager with an opportunity to update on any ongoing developments at work during the period of absence.

First absence support meeting

Your manager will invite you to an absence review meeting where you are absent for more than four weeks. The purpose of the meeting is to:

- Determine your state of health and likely duration of absence.
- Discuss your expectations about your future fitness to return to work.
- Discuss advice your clinicians have given you.
- Discuss the steps you are taking to support your own health.
- Discuss whether there is a non-health related circumstance causing you to be frequently absent and which other policies may also be relevant.
- Discuss and put in place appropriate supports that will help you improve your attendance. A list of reasonable adjustments that will be considered is in the appendix.
- Discuss which aspects of your role you can do.
- Consider whether a referral to Occupational Health is appropriate. We normally refer you to Occupational Health once you reach 4 weeks of absence in order that we can obtain advice on the impact of your health is on your ability / fitness for work, likely length of absence and any arrangements which need to be put in place to support a return to work.
- Discuss regular contact arrangements to keep in touch regarding changes in your health and work matters (eg employee news).

A representative from HR will not normally attend this meeting. You may be accompanied by a Companion.

A written summary note of the agreed actions, expectations and any supports the SSSC will provide will be provided to you by your manager usually within 10 working days of the meeting.

Second absence support meeting (after four months absent)

Where you are still absent after four months then a second absence support meeting will take place.

The purpose of the meeting is to:

- Review progress since the first absence support meeting
- Find out if anything has changed regarding your health and circumstances
- Discuss any updated advice your clinicians have given you.
- Discuss the steps you have taken to support your own health and the impact these have had.
- Discuss the effectiveness of any support that we have put in place.
- Discuss and put in place appropriate supports that will help you improve your attendance. A list of reasonable adjustments that will be considered is in the appendix.
- Discuss which aspects of your role you can do.
- Consider whether a referral to Occupational Health is appropriate.
- Consider the list of reasonable adjustments in the appendix.
- Discuss your health prognosis and the degree that we can continue to support your level of attendance.
- Discuss whether an ill-health application is appropriate to your circumstances.

- Discuss regular contact arrangements to keep in touch regarding changes in your health and work matters (eg news of other employees).

A representative from HR will normally attend this meeting. You may be accompanied by a Companion.

A written summary note of the agreed actions, expectations and any supports the SSSC will provide will be provided to you usually within 10 working days of the meeting.

A review meeting will take place every two months until you return to work. These meetings will follow the format of the **Second absence support** meeting.

Where you have not satisfactorily returned to work after 10 months a final support meeting will take place. At this meeting the manager will notify you that they will recommend an Absence Hearing take place.

We reserve the right to move to a final support meeting or an Absence Hearing before 10 months absence has been reached where we consider it appropriate to do so (such as where there is no expectation of return). Details of an Absence Hearing are covered in section 6.8.

6.8 Absence Hearing

We will arrange an Absence Hearing once we consider we have made all reasonable and practical attempts to support a return to work including any reasonable adjustments. An Absence Hearing will be held once you have had 10 months absence or where one of the following applies:

- A report from Occupational Health makes it clear that there is no prospect of a return to work within a reasonable timescale and there is no recommendation for ill health retirement.
- Where you are permanently unfit to return to your substantive post and a suitable alternative position cannot be identified.
- Your level of attendance can no longer be supported.

The purpose of an Absence Hearing is to review your attendance and to determine whether your employment can continue and if so on what terms. To make sure you are well prepared the Chair will set out the following in writing to you:

- Date, time and location of the meeting
- A summary of your employment history with us
- A copy of your attendance record
- A copy of your training record (where relevant to your absence)
- Copies of Occupational Health reports (or a statement that none were conducted)
- Copies of written summary notes of meetings
- A narrative statement of your role and its key duties
- Description of the impact of the absence(s)
- List of vacancies
- Details of reasonable adjustments that have been considered
- Details of reasonable adjustments that were implemented and their efficacy
- A clear statement that we are considering ending your employment
- That you have the right to be accompanied by a Companion.

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You will be given written notice of the date and time of the Absence Hearing at least 14 calendar days in advance unless otherwise mutually agreed.

The meeting will be chaired by a Director with support from HR and will discuss the following (at a minimum):

- Identity and role of those present
- Purpose and structure of the meeting
- Remind you of the role of the companion
- Check that you have received the documentation provided
- The nature and causes of the absence(s) and your prognosis
- The impact this has had on the business
- The adjustments that have been considered and the impact of these
- Redeployment opportunities that are available
- Your view of the impact your health has
- The Occupational Health advice that has been provided
- The view of your Companion
- When a decision will be made and details of any appeals process.

At the Absence Hearing a range of decisions are open to the Director to consider. These include but are not limited to:

- No action
- Adjustment of role, hours, times or place of work
- Redeployment to another role
- Ending employment (with notice)
- Any other action that is reasonable in the circumstances.

A representative from HR will attend this Absence Hearing. You may be accompanied by a Companion.

A record of the hearing and any decision will be communicated to you usually within 10 working days of the hearing.

Where we issue notice you will be paid at your normal 'at work' rate of pay throughout your notice. You will be required to take any accrued annual leave during this period. Where you are paid in lieu of notice you will receive a payment in lieu of notice and a separate payment in lieu of accrued but untaken annual leave.

Appeal

If you wish to appeal a decision made at an Absence Hearing you must submit your written grounds of appeal and your desired outcome to the Head of Human Resources within 14 calendar days of receipt of the written record of the decision. A member of the Executive Team would write to the Chief Executive. Grounds of appeal could include but are not limited to those listed below:

- New evidence has come to light since the hearing which may have an impact on the decision.
- An issue with the process and procedure followed.
- The decision was too severe or inappropriate in the circumstances.
- The employee's situation in relation to the underlying reason for their absence has materially changed since the hearing and this may have an impact on the decision.

Your appeal cannot take place without clear relevant grounds of appeal being set out or a clear desired outcome. The Head of Human Resources will clarify these with you where they are insufficient for an Appeal Chair to consider.

Where an appeal is lodged this will not delay the implementation of any action although these may be amended or revoked as a result of the appeal process.

A manager who has not been previously involved in the case will hear the appeal. This will normally be a senior manager. The Chair for the original decision will attend the appeal hearing to present the reasons for their decision. Where your appeal is against a decision to dismiss the appeal will be conducted by an Employment Appeals Panel comprising of three Council Members.

You will be given written notice of the date and time of the appeal hearing at least 14 calendar days in advance unless otherwise mutually agreed. The appeals procedure is detailed in the appendix.

Where you do not confirm that you will attend the appeal we will make reasonable attempts to contact you by telephone and email. Having made these attempts and where we do not receive a satisfactory reason for your lack of confirmation the Appeal Chair will dismiss the appeal. Where satisfactory reasons are provided the appeal will continue.

An Appeal Hearing may be adjourned if we need to gather further information or consider matters discussed at the hearing. You will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened (this may include during the hearing where the new information or its impact is slight).

The potential outcomes of the Appeal Hearing are:

- the appeal is fully or partially upheld and the previous decision is overturned
- the appeal is fully or partially upheld and a new Absence Hearing is instructed to be arranged
- the appeal is fully or partially upheld and a different outcome is substituted
- the appeal is not upheld and the original decision remains
- in the case of an Employment Appeals Panel, any action the panel considers appropriate.

A representative from HR will attend this hearing. You may be accompanied by a Companion.

A record of the hearing and any decision will be communicated to you usually within 10 working days of the hearing.

In all events, the decision of the Appeal Chair is final.

6.9 Meetings

The sooner you let us know if you think you may need additional time or support, the more likely it is that we can make any necessary arrangements or adjustments. During any meeting (or hearing) you may request a break or another adjustment and we will happily consider these as and when they occur.

We work in an agile manner and many of the meetings and discussions that we have will be conducted using Teams or similar video technology. It is essential for meaningful discussion to take place that when meeting on Teams that all parties have their cameras

and audio turned on throughout the discussion. Where this is not possible then meetings must take place in person.

6.10 Companions

At each meeting (or hearing) under this policy we permit and encourage you to be accompanied by a SSSC or Shared Service co-worker or trade union representative. It is important to us that you receive support both from your manager and have the opportunity of support from an independent person.

Their role is to support you and they may contribute to the meeting by asking questions, conferring with you, putting forward your case, summing up that case or responding to any view expressed at the meeting. They cannot answer questions on your behalf and cannot prevent anyone else from contributing to the meeting.

6.11 Special circumstances

Disability related absences

We want to support you as fully as possible and will consider reasonable adjustments for you. Where you have a disability under the Equality Act we have a legal obligation to make reasonable adjustments. Examples of reasonable adjustments are described in the appendix. Where you know of a reasonable adjustment that would help please suggest this at the earliest opportunity to your manager.

Elective surgery or cosmetic

Details of authorised time off that you can take are detailed in our [Special Leave Policy](#). Where you take an unplanned absence for elective surgery or cosmetic purposes we treat these in the same manner as other ill-health absences.

Past trauma

We are trauma informed and recognise that you may have experienced trauma and adversity in your life. We understand that such experience can manifest itself in different ways and will take this into account when trying to support you. We adopt a collaborative approach and treat everyone with dignity and respect.

Pregnancy related absence

Sickness during pregnancy is discounted for the purpose of absence triggers but you (the employee) must still follow the absence reporting procedure and attend return to work discussions. You must make it clear at notification stage or as soon as possible afterwards that your absence was related to your pregnancy. Depending on timescales your sickness absence may result in your maternity leave starting earlier than planned. See the [Family Friendly Policy](#). Pregnancy related absences are not considered regarding any decisions to end employment.

Sickness during annual leave

If you are on annual leave and you become unwell you must notify your manager as soon as possible where you want to claim the time back. As you are unwell, we will treat you as if you have been absent irrespective of whether you take the time as annual leave. The [Annual Leave Policy](#) describes how we handle annual leave and sick leave in sections 6.4 and 6.8.

Sickness of others

Sick pay can only be claimed when it is you that is unfit for work. If you need to look after a dependent or attend to a domestic emergency then discuss this with your manager. We have extensive provision for other types of leave under our [Special Leave Policy](#).

Terminal illness

Where you have a terminal illness we will endeavour as far as possible to accommodate your wishes and to provide the most financially advantageous arrangements including the discussion of the possibility of ill health retirement in line with the Local Government Pension Scheme. Details of this are available in our [Retirement and Severance Policy](#).

Multiple procedures

Where different procedures could be involved eg overlapping grievance, dignity at work, disciplinary, performance, retirement, flexible working request and absence; Human Resources will identify whether to address these concurrently, consecutively (and if so, the sequence) or to combine some or all of these into a single process.

6.12 Occupational Health

Occupational Health (OH) referrals play a critical role in maximising attendance. A referral is a supportive tool that is beneficial for both the manager and to you.

The purpose of OH is to:

- Provide impartial advice to help both the employee and the manager to address any issues affecting your health.
- Advise on the prognosis of the condition and the likely timescale for recovery / anticipated return to work date.
- Provide recommendations on how to improve the employee's attendance and any reasonable adjustments.
- Discuss with you your views on what support and assistance may facilitate a return to work and continue to support you in your employment with the SSSC.
- To advise on rehabilitation and adjustments to your working environment to help you continue at work or have an assisted return to work.
- Request reports / opinions or make referrals to other expert / specialist medical where relevant.

Where a referral to our Occupational Health service is considered appropriate your line manager will discuss this with HR to provide full details for a thorough assessment. Once a report is received your manager will provide a copy to you and will discuss with you its findings.

OH require your consent to proceed with a consultation and to release the outcome report to your manager and Human Resources. Our OH provider have an electronic process to obtain signed consent forms from you when further medical evidence is required from your GP or specialists. This is a faster and more secure method of seeking and obtaining your consent. You can request to receive the forms by post where that is your preferred choice. If you do not provide consent we will make any decisions relating to your absence and employment on the information available.

6.13 Confidentiality

We recognise that your health is sensitive data and we treat such information carefully and with respect. Your manager, their manager and HR colleagues can have access to your

health data for the purposes of performing their duties. We may share information with others such as an EMT member where it is necessary for them to have that information.

We record your absence data within the HR team and share this information with our Occupational Health provider and may share it our legal advisers. Where appropriate, we may share limited health information with a specialist provider (such as Posture Rite) with a view to their providing advice – we will only do so with your consent.

We routinely share limited health data with our Health and Safety colleagues where it is necessary for them to be notified (eg accident at work, work-related stress absence).

We routinely provide summary absence data to more senior employees on an anonymous basis. This data is also reported externally but no individual will be identifiable from this data.

We also know that your colleagues and others will be concerned about you when you are absent. We will discuss and agree with you what if anything regarding your absence can be shared with them. This helps to strike the balance of respecting your privacy and keeping the team appropriately informed.

Where you have a specific reason to restrict access to your health data we will consider this on a case by case basis. We have legal reporting obligations for certain conditions that can restrict what we can do but we aim to achieve a balance between your need for privacy and meeting our legal obligations.

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 employees and make sure that they 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.

- [Code of Conduct](#)

- [Disciplinary Policy](#)
- [Equality, Diversity and Inclusion Policy](#)
- [Family Friendly Policy](#)
- [Health and Safety Policy](#)
- [Health and Wellbeing Policy](#)
- [Redeployment Policy](#)
- [Retirement and Severance Policy](#)
- [Secondment Policy and Procedure](#).
- [Special Leave Policy](#).



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

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

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Appendix 1 - Reasonable Adjustments

Policy changes

We operate this policy to achieve a consistent approach in how we support you and others. We can adjust certain aspects of this policy where it is appropriate and necessary to do so to support you (for example different trigger levels where a disability is known to cause a higher level of absence). We will only do this following careful consideration of the impact on you and our business activities.

Stress

We know that you will experience different levels of stress in work and we recognise the positive consequences that stress can have. We also recognise that excess levels of stress can become negative and harmful.

Where you identify as experiencing stress as having an adverse impact on your health we will discuss with you the causes of stress, what you and what we can do to reduce stressor and agree key actions. Where 'work' is causing the stress we will have this discussion during your absence as we cannot remove or address the stressor without doing so.

We have details of how to develop your personal resilience and how your manager can support you when stressed in our [Health and Wellbeing Policy](#).

Wellness Action Plans

A [Wellness Action Plan](#) is a plan that details what you need to do to keep yourself well at work and what your manager can do to support you. It is a plan that you develop with your manager on the specific steps, early warning signs, and other actions to take as a positive preventative measure. Here are details of how to prepare an action plan [for line managers](#).

Phased return

You will continue to receive your normal pay while on a reduced working arrangement during a phased return. A phased return must not last longer than 4 weeks. Where a longer phased return is required you will either be paid for the hours worked or you can use annual leave to cover the unworked hours. Ideally the plan for a phased return will be based on advice given by a GP / medical professional.

Short-term reduction in hours

Where you are unable to work your full hours due to a health issue but can work in part we will consider whether we are able to support you. We offer flexitime arrangements for all employees which allow you to vary your times of work and the number of hours that you work in each week. Where you require more flexibility than this, your manager can support a reduction in hours without a reduction in pay where this lasts for less than 4 weeks (per financial year).

Long-term reduction in hours

We will consider a reduction in hours, whether temporary or permanent, to support you. This can help you to achieve the best work/life balance for you. This may become a permanent arrangement in some circumstances. If you decide to formally reduce your contracted hours of work then your salary will be adjusted accordingly.

Change in times or days of work

Where working at different times or on different days will benefit and support you we will consider the extent of the benefit to you and the impact on business activities. We operate in a very flexible manner and will seek to find a mutually agreeable solution wherever possible.

Change or restriction of duties

Where there are specific duties that are difficult or impossible for you to perform we will discuss whether these can be achieved in a different manner with support. We can remove certain duties from you on a temporary or permanent basis as an adjustment but will discuss doing so with you before we implement this change. Where this significantly changes the nature of your role this may become a redeployment circumstance and your terms and conditions will need to change.

Additional training

We provide all employees with training on how to do their job. Where you would benefit from refresher training, whether formal or informal, to make sure you have the necessary skills and / or confidence to perform your role we will make this available to you where possible. This training may not be immediately available or within our budgetary constraints. Where this occurs, we will seek an equivalent alternative.

Temporary reassignment

Where you are unfit to perform your substantive role then we will consider temporarily reassigning you to another role. The possibility of a temporary role will depend on the availability of work elsewhere in the SSSC. Your existing rate of pay will be protected during a temporary reassignment unless you reduce your hours in which case you will be paid the hours worked in line with your current salary point. Temporary placements to help you will normally last no longer than 6 months. We do consider reassignment on a supernumerary basis but due to financial constraints these are necessarily very limited in scope and can only be agreed with the approval of the relevant budget holder.

Redeployment

We will consider redeployment where it appears that you will be able to return to your substantive role. Any offer of redeployment will be subject to there being a suitable vacancy, that your skills and experience are suitable for the alternative role and that we are confident you will be able to perform in the alternative role. If you accept an offer of redeployment on medical grounds then you will receive the salary and terms and conditions associated with that role.

Place of work, meeting venue

Where your place of work or a meeting venue is not suitable for you please raise this with us. We are committed to finding a workable solution wherever possible. This can include changing your place of work, changing the venue or the workstation 'setup.' The bigger the change the more time we might need so early discussion is encouraged.

Equipment and software

We provide all employees with suitable equipment and software for their role. Where you require specialist equipment or software we will consider whether we are able to provide this to you. We will work with you and appropriate specialists (eg Occupational Health, Posture Rite) to identify the best option available. Where the cost of this is prohibitive we will explore any funding opportunities that are available with you (eg Access to Work).

Breaks

When meeting under this policy or when working we recognise that you may benefit from additional breaks or more time. We are flexible in our approach and will happily consider this where they will help you. Please let us know where this will be beneficial for you. Please note that we do not pay for breaks.

Peer support

Where you would benefit from additional peer support or from support from someone outwith of the team we will consider this on a temporary basis. This support may take the form of a 'buddy,' mentor or technical specialist.

Additional supervision

We know that having protected time to discuss concerns with your manager is a good source of support. Where you would benefit from additional time with them as supervision we will consider this taking into account the benefit received and the availability of your manager to provide this support.

Companions

We permit trade union representatives and co-workers to support you. Where you would benefit from another person attending (eg as a signing interpreter) in addition due to a disability that you have we will consider this as a reasonable adjustment.

Secondment

We offer secondment opportunities to all employees. Where you wish to explore the option of a secondment please discuss this with your manager and check the details of our [Secondment Policy and Procedure](#).

Sources of extra support and information

[NHS inform](#)

Cancer

[Macmillan Cancer Support](#)

[Cancer Research UK](#)

[Marie Curie](#) 0800 090 2309

[Maggie's centres](#)

Cardiovascular conditions

[British Heart Foundation](#)

[Stroke Association](#)

[Different Strokes](#)

[NHS: Your COVID Recovery](#)

ME/CFS (Chronic fatigue)

[The ME Association](#)

Mental health conditions

[Mind](#)

[Samaritans](#)

[Mental Health at Work](#)

[Good Thinking](#)

[Every Mind Matters](#)

[HSE guidance for work stress](#)

[Rethink](#)

[Employee Assistance Programme](#) 0800 032 9849

Musculoskeletal conditions (muscle and joint pain)

[Arthritis and Musculoskeletal Alliance](#)

[Versus Arthritis](#)

[BackCare](#)

Neurological conditions

[The Neurological Alliance](#)

[FND Hope UK](#)
[MS Society](#)
[MS Trust](#)

Respiratory conditions

[Asthma UK](#)
[British Lung Foundation](#)

Appendix 2 – Appeals Procedure

The chair will:

- carry out introductions – confirm members of the panel and explain their roles
- advise on logistics – toilets, fire alarm, breaks, and adjournments
- confirm representation with the employee. If the employee does not have a companion then confirm with them that they are happy to continue without one
- confirm if any witnesses are being called from either side
- confirm why the meeting has been convened – formal appeal hearing against dismissal
- confirm the grounds of appeal as contained in the employee's letter of appeal.

Process

- The employee will present their case first.
- The panel can then ask any questions of the employee.
- The panel will then ask questions of the management representative and any witnesses.
- Witnesses may be recalled by either party or by the panel if clarification is required on any point of the case.

Presentation of appeals

- The appellant will present their case first followed by the management representative.
- The management representative, the appellant and his/her representative will then withdraw. The panel will then deliberate in private in the presence of officer/s appointed to assist them.
- If the panel can reach a decision on the day, both parties will be called back in and advised of the outcome.
- If the panel is unable to make a decision on the day, they should advise the hearing that the outcome will be delivered in writing within 14 calendar days of the date of the hearing.

Under the Code of Corporate Governance, the panel is authorised to hear and decide on the merits of appeal which includes but is not limited to:

- uphold the appeal in full and reinstate the employee from the date of their dismissal
- uphold the appeal in part reinstating the employee but specifying certain conditions to their decision
- uphold the previous decision of dismissal.

Note

Where an appeal against dismissal is substantiated and the panel vary the dismissal issued at the Absence Hearing, the employee is deemed to have been reinstated to the SSSC with effect from the date of the dismissal.

| | |
|---------------------------------------|--|
| Title of report | Qualification timescales for registered workers in Adult Social Care |
| Public/Confidential | Public |
| Summary/purpose of report | The report provides an overview of the current fragility of the adult social care sector and supporting evidence. It details concerns and challenges faced by stakeholders regarding the impact of the planned implementation of the reduced timescales for gaining qualifications. The paper sets out the rationale for delaying implementation of the reduced timescales until June 2025 and provides a summary of actions the SSSC is undertaking to help mitigate the current challenges faced by adult social care. |
| Recommendations | Council is asked to approve the delay of the reduced timescale for registered workers in housing support, care at home and care homes for adults to gain the required qualification for registration until June 2025. |
| Author and responsible officer | Laura Lamb Acting Director of Workforce, Education and Standards |
| Link to Strategic Plan | The information in this report links to: 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. |
| Link to Risk Register | 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. |

| | |
|---------------------------|---|
| Impact assessments | <ol style="list-style-type: none"> 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 | None |
| Background papers | <p>Council Future Proofing Report 42/2022 24 November 2022.</p> <p>Staff Vacancies in Care services Report 2022- data.sssc.uk.com</p> |

EXECUTIVE SUMMARY

1. On 24 November 2022 Council approved that from April 2024, the timescale for new registrants on any function-based register part to achieve a required qualification will be reduced from five years to three years.

There are some exceptions to this, these are as follows:

| Group | Current requirement | New requirement |
|---|---------------------|---------------------|
| Any new registrant who is registered as a: <ul style="list-style-type: none">• Supervisor• Manager• Residential childcare worker with no recognised qualification | 5 years | 5 years (no change) |
| Residential childcare worker with one of two required qualifications | 5 years | 3 years |
| All other function-based register parts | 5 years | 3 years |

2. Adult Social Care (ASC) employers, providers and representative bodies have continued to express concerns about the impact these changes will have if implemented as planned in April 2024 due to the current fragility within this part of the sector.
3. We held two ASC stakeholder events in Glasgow on the 26 June 2023 to gain a better understanding of the concerns and potential impact. We held events with representatives from CCPS, Scottish Care, SQA, NES, Scottish Government (adult social care policy team), employers and training providers. Key concerns raised included:
 - equity and access to funding
 - staff recruitment and retention- impact of service delivery, no time to support/release staff for training/learning in work time
 - movement of staff to public sector posts
 - impact on workforce planning
 - lack of external assessors
 - lack of flexibility/ quality of assessment centres
 - services struggling to stay viable.

4. SSSC registration data and the data we produce in our role as a national official statistics provider provides evidence to support the concerns and particular fragility of the adult social care sector at present.
5. The Future Proofing Sponsor group has agreed a revised go live date of 3 June 2024 for the changes to allow for adequate communication to the sector once the required legislative changes have been agreed.
6. Council is asked to approve the delay to implementation of reduction of timescale for gaining qualifications for workers in care homes for adults, care at home and housing support until June 2025.

INFORMATION

7. Care at home, housing support and care home services for adults are currently the largest and least qualified groups on our register, particularly at support workers level (as at 31 August 2023 - care home services for adults 37.9% qualified, care at home 39% qualified, housing support 42.2% qualified). They are also the newest groups to join the register. Currently there are 61,727 individuals across these register parts that currently registered with a qualification condition. Any change to qualification timescales will therefore have the biggest impact on this part of the sector.
8. Our registration data shows that while these register groups continue to grow in size, retention is low. On average workers in these groups stay on the register for Care at Home (23 months), Housing Support (24 months) and Care Homes for Adults (30.8 months). This is lower than other register groups. Our data shows that care homes for adults, housing support and care at home have the highest turnover and lowest retention rate of all register groups.
9. Our recently published Staff Vacancies in Care Services 2022 national and official statistics report highlights the severe challenges that adult social care services are facing with 76% of care homes for adults reporting vacancies, the highest since our reports began in 2017 and significantly higher than the average rate of 49% across all care services.
10. The percentage of services reporting vacancies across ASC are as follows- Care homes for older people (79% of services), housing support services (70% of services), care at home services (70% of services), care homes for adults (67% of services)
11. At 31 December 2022, the rate of Whole Time Equivalent (WTE) vacancies for all services in Scotland was 8.7%, up from 8.1% in 2021. This was higher than the overall vacancy rate across all establishments in Scotland of 1.9% reported in the Scottish Government's Employer Skills Survey

2020. This 2020 figure was reported during the peak of the pandemic and is likely to be higher now. Care at home services (12.2%) and housing support services (11.0%) had a significantly higher rate of WTE vacancies than the national average.

12. Scottish care home closures are at an all-time high. The current rate of closure is reported to be one care home each week and escalating.
13. Our registration data shows that in 2024 there will be significant demand for workers in ASC to gain their qualifications.
14. It is proposed that given the current fragility of the ASC sector in particular, the SSSC should delay the reduction of timescale for qualifications for those workers registered in care at home, housing support and care home services for adults.
15. To help support the ASC sector and mitigate some of the challenges currently being experienced as a result of attrition, we are:
 - working with a number of partners to develop an Adult Social Care Skills Response Plan
 - sharing workforce and vacancy data with Scottish Government and key agencies
 - we have shared data and intelligence with Scottish Funding Council and Scottish Government Policy colleagues in respect of funding challenges- in particular the limited funding options to gain an SCQF level 6 qualification (which is the qualification requirement for a significant part of the ASC workforce) and challenges with the eligibility criteria for funding which hasn't changed to reflect changes in the living wage
 - we are contributing to and supporting the Scottish Government fair work agenda workstreams and the national recruitment campaigns.
 - we are working with NHS Education for Scotland and the Scottish Refugee Council to support international recruitment
 - we are working with NHS Education for Scotland and the NHS Youth Academy to explore opportunities for social care pathways for senior phase pupils
 - we are in the process of developing a new integrated award which is currently out for formal consultation
 - we will implement of future proofing flexibility of qualification changes in April 2024 to support flexibility and career progression of the workforce
 - Voluntary Sector Development Fund (VSDF) funding has been ringfenced for ASC
 - working with SQA to enhance our data and intelligence regarding supply/demand for qualifications and availability of assessors.

CONSULTATION

16. During consultation we asked respondents how much easier or more difficult will this change make to ensuring individuals complete the required qualification on time? 50.3% of respondents indicated that this would make it much more difficult or a little more difficult.
17. We held ASC stakeholder events with representatives from CCPS, Scottish Care, SQA, NES, Scottish Government (adult social care policy team), employers and training providers. Key concerns raised included:
 - equity and access to funding
 - staff recruitment and retention- impact of service delivery, no time to support/release staff for training/learning in work time
 - movement of staff to public sector posts
 - impact on workforce planning
 - lack of external assessors
 - lack of flexibility/ quality of assessment centres
 - services struggling to stay viable.
18. We used data and intelligence from analysis of registration data and our national official statistics on workforce and vacancies as part of our consultation.

RISKS

19. Our risk appetite allows us to take decisions that have the potential to expose the SSSC to additional scrutiny but only where appropriate steps have been taken to minimise any adverse exposure and where such decisions could result in enabling sustainable change. We have a cautious risk appetite for this area of our activity.
20. Developing an understanding of stakeholders' opinions, concerns and views helps us to shape the delivery of our work. For this to be effective we need to use different ways of engagement to reach all our stakeholder groups. We have an open approach to ensuring the mechanisms are in place to hear the views and voices of our stakeholders. In order to maintain a high standard of reputation and ensure we continue to be visible and are recognised for the value we bring to the sector we need to respond appropriately to the views, concerns and opinions of our stakeholders.
21. Failure to listen and do the right thing and take action to delay implementation of the proposed changes to the timescales for qualifications for ASC when we have clear evidence of the current fragility of the sector and their inability to implement that changes without further destabilisation of services would be irresponsible of the SSSC, against our organisational values and extremely damaging to our reputation.

IMPLICATIONS

Resourcing

22. There are no additional resourcing requirements however we will require to incorporate additional requirements to our planned system changes and future proofing communication plan to accommodate these changes.

Compliance

23. The timescale for registrants to gain the required qualifications is a decision for Council. On 21 September 2023 the Future Proofing Sponsor Group endorsed the proposed delay.

IMPACT ASSESSMENTS

Equalities

24. Equality impact as likely to impact more women than men, and may also impact on those with disabilities, working part-time, in rural/remote areas and those with multiple qualification conditions. To mitigate the potential impact we have discretion and appropriate processes in place to provide extensions on a case-by-case basis where required.

CONCLUSION

25. Council is asked to approve the delay to implementation of the reduction of timescale for gaining qualifications for workers in care homes services for adults, care at home and housing support until June 2025.

| | |
|---------------------------------------|---|
| Title of report | Review of registration fees |
| Summary/purpose of report | To provide an overview of registration fee levels and to propose that members approve conducting a consultation on reviewing registration fees. |
| Recommendations | The Council is asked to approve consulting on reviewing registration fees |
| Responsible Officer and Author | Maree Allison, Acting Chief Executive |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to Risk Register | Risk 6: The SSSC fails to secure sufficient budget resources required to deliver the strategic plan. |
| Impact assessments | <ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |
| Documents attached | None |
| Background papers | None |

INTRODUCTION

1. Since registration started in 2003, we have only reviewed registration fees once, in 2017, following a consultation in 2016.
2. In 2016 the then Minister for Early Years asked that we consider a longer-term plan for increasing fees incrementally. Work progressed on this in 2019/20 and was delayed due to COVID-19 and subsequent pressures on the registered workforce. This paper provides an overview of current fee levels, that of other regulators and proposes that we now proceed with a consultation on fee levels.

CURRENT FEE LEVELS

3. Our fees and that of the other social work regulators, who are all Non Departmental Public Bodies (NDPB) and part funded by Government:

| | SSSC | NISCC Northern Ireland Social Care Council | SCW Social Care Wales (have a return to practice fee) | SWE Social Work England |
|--------------------------|-------------|--|--|--------------------------------------|
| Social Worker/ Manager | £80 | £65 | £80 | £90 |
| Supervisor/ Practitioner | £35 | - | - | - |
| Support Worker | £25 | £30 | £30 | - |
| Student | £15 | £20 | £15 | - |

4. The majority of people on the register pay the support worker fee.
5. The health regulators' fees, who are independent of government and fully self-funded:

| HEALTH CARE REGULATOR | FEE Highest Fee for different registrant types |
|--|---|
| GMC General Medical Council | £433 |
| NMC Nursing And Midwifery Council | £120 |
| GDC General Dental Council | £690 |
| HCPC Health Care Professions Council | £117.74 |

6. The HCPC increased their fees by £19.62 this year. The GDC increased their fees by £10 for 2023. The GMC increased their fees by £13 for 2023.

FEE STRATEGY

7. Fee levels are set out in our Registration Rules and any change to the Rules requires us to conduct a public consultation and then obtain ministerial consent.
8. Council Papers from when the SSSC was established in 2001 indicate that the original intention was for registration fees to cover the cost of the regulation function. The direct cost of registration is £2.3m and fitness to practise is £7.1m. The funding we receive from fees is currently £5.66m. Registration fees currently cover 63% of regulation direct costs. To achieve full funding of the direct costs for these functions would require all people on the Register to pay approximately £55.
9. Our grant in aid and fee income is currently insufficient to meet the cost of delivering our statutory functions and strategic plan and we have a £2m spending pressure in 2023/24. Fee income is an important part of our financial sustainability.
10. Our priorities in reviewing fees are:
 - Sustainable, secure funding to enable long-term planning, including the ability to invest in the development of the workforce, along with efficiencies and improvements.
 - Development of small, annual increases in fee levels.
 - Retention of tapering across the different register parts, so the lowest paid parts of the workforce pay less.

PROPOSALS TO INCREASE FEES

11. Following discussions with Scottish Government different options for annual increases were considered and the recommended proposal for consultation is suggested as:
 - 2024/25 - increase fees for social workers and managers from £80 to £90 in line with Social Work England and increase other fees by the same 12% (rounded to the nearest £).
 - 2025/26 onward – apply an increase of 5% (rounded to the nearest £) every year to give certainty to registrants and remove the need to consult regularly, although there would still be the option to review in the future.

12. If implemented the fee levels for the next five years would be:

| | Current | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Social Worker/ Manager | £80 | £90 | £95 | £99 | £104 | £109 |
| Supervisor/ Practitioner | £35 | £39 | £41 | £43 | £45 | £48 |
| Support Worker | £25 | £28 | £29 | £31 | £32 | £34 |
| Student | £15 | £17 | £18 | £18 | £19 | £20 |

IMPACT ON INCOME

13. The increase in income for a full year is set out below:

| | Current Fee income | Year 1 | Year 2 | Year 3 | Year 4 |
|------------------------------|---------------------------|---------------|---------------|---------------|---------------|
| Additional fee income | | £ 676,000 | £ 311,000 | £ 326,000 | £ 343,000 |
| Total fee income | £ 5,660,000 | £ 6,336,000 | £ 6,647,000 | £ 6,973,000 | £ 7,316,000 |

CONSULTATION

14. If Council approve proceeding with a consultation, we will likely start the consultation in January 2024. It would run for the recommended 12-week period with a likely report back to Council in May 2024.

RISKS

15. We have a cautious risk appetite for financial management. We have a cautious risk appetite for decisions affecting how we will be perceived by our stakeholders.
16. There is a risk to the sector that any increase in fee levels leads to an increase in people leaving the sector or a barrier to people joining the sector. There is no evidence of such an impact when we raised fees in 2017. However the financial landscape has changed.
17. In 2022 Scottish Government decided to fund fees for those employed by local authorities as part of the financial settlement with local authorities. We receive additional grant in aid from Scottish Government in respect of these fees. This decision was outwith our control but will likely be a significant factor in consultation responses.

18. If approved, the public consultation will take place as we move to implement the Future Proofing Programme. The Programme has support from the sector and there is a risk that a review of fees will affect that support.
19. There are risks to our financial sustainability if we do not take the opportunity to review fees, which have not been reviewed for six years, and the planned review has already been delayed by three years.

IMPLICATIONS

Resourcing

20. The income the proposal would generate is set out at Paragraph 13. However, as registration fee income is accrued and grant in aid is cash-based we will not account for the full amounts charged in the first year.

Compliance

21. Our power to charge fees is contained in our founding legislation and the level is set within our Registration Rules. The legislation requires us to consult on Rule changes and obtain ministerial consent.
22. Any consultation must be genuine with the results of the consultation having the ability to influence the final decision. We will comply with legislative requirements for consultation.

IMPACT ASSESSMENTS

23. We will conduct impact assessments if Members approve proceeding with a consultation.

CONCLUSION

24. It is six years since the last review of registration fees. Whilst the delay in conducting a review is understandable given the unprecedented issues of the last three years, the expectation from Ministers in 2016/17 was for a further review by 2019/20. We recommend that Members approve us conducting a consultation in the New Year with the outcome of the consultation likely reported back to Council in May.

| | |
|---------------------------------------|---|
| Title of report | Changes to shared services - financial implications |
| Public/Confidential | Public |
| Summary/purpose of report | This report outlines the financial changes to the SSSC contribution to shared services |
| Recommendations | <p>The Council is asked to endorse:</p> <ul style="list-style-type: none"> the proposed financial implications to the SSSC brought about by the changes to shared services. |
| Author and responsible officer | <p>Laura Shepherd</p> <p>Director of Strategy & Performance</p> |
| Link to Strategic Plan | <p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p> |
| Link to Risk Register | <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources required to deliver the strategic plan.</p> |

| | |
|---------------------------|--|
| Impact assessments | <ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EIA) was not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required. |
| Documents attached | N/A |
| Background papers | Shared Services review (Report 36/2023) |

EXECUTIVE SUMMARY

1. SSSC Council and Care Inspectorate (CI) Board agreed changes to the shared services model in August 2023.
2. SSSC Council asked for the financial implications of the staff changes to be brought to November Council to provide assurance of the impact on the SSSC.

INFORMATION

3. The revised model will mean the SSSC will create a SSSC Head of HR and remove the need for the Shared Service Head of HR. The SSSC is charged £72.5k including VAT per annum for the Shared Services Head of HR for approximately 45% of their time.
4. The cost of a SSSC Head of HR will be approximately £70.5k including on costs. This post would be 100% dedicated to the SSSC.
5. Therefore, the new Head of HR post for the SSSC is a recurring saving of approx. £2k per annum.
6. We also contribute to the cost of the Head of Shared Services to support the delivery of shared services. This is £38k including VAT per annum. Due to the changes in the model this cost will reduce to an estimated £11k per year, a recurring annual saving of £27k.
7. Other charges for services remaining in the shared service arrangements are based on annual usage (hours worked on SSSC/CI tasks). This is expected to remain broadly the same.

CONSULTATION

8. Finance department and the Head of Shared Services (CI) have been involved in the calculation of these costings.

RISKS

9. Efficiency is a very high priority to maximise our ability to pursue our strategic goals. Furthermore, efficiency and best value is within our control and is a strong focus for all staff. We therefore have an open risk appetite for best value initiatives and implementing efficiencies that reduce public spending. The changes to the shared service arrangements enables the SSSC and CI to seek increased value from shared services by using

resources in a different way to meet the needs of both organisations.

IMPLICATIONS

Resourcing

10. The resourcing implications are outlined in this report. A saving of approximately £29k per annum will be made.

Compliance

11. There are no compliance implications as part of this report.

IMPACT ASSESSMENTS

Equalities

12. An EIA was not required.

CONCLUSION

13. Council is asked to endorse the progress to implement the changes to shared services staffing on the basis that the revised model has been approved and there is a reduction in cost to implementing these changes.

| Task Name | Meeting Action Generated | Progress | Assigned To | Due Date | Description |
|--|--------------------------|-------------|--|----------------------|--|
| C23/27 Shared Services | Council 24 August 2023 | Completed | Director of Strategy and Performance | Nov-23 | Minute 20.5.3: Any financial implications to be submitted to the Council meeting in November 2023. |
| C23/26 Shared Services | Council 24 August 2023 | In progress | Laura Shepherd | Feb-24 | Minute 20.5.2: Submit a further report on revised principles to the Council meeting in February 2024. |
| C23/25 Fitness to Practise Staffing | Council 24 August 2023 | In progress | Hannah Coleman | | Minute 18.4: Submit a further detailed report to the November 2023 Council meeting. Information is being ingathered and this item should be presented to the Feb 2024 meetings cycle |
| C23/24 Letter to Chief Executives | Council 24 August 2023 | Completed | Acting Chief Executive | | Minute 17.5.3: Circulate to the Members the letter to Chief Executives of Non-Departmental Public Bodies. |
| C23/23 Development Session September 2023 | Council 24 August 2023 | Completed | Acting Chief Executive | | Minute 17.5.1 2024/25 Scenario Planning - provide further information to the development session in September 2023. |
| C23/22 Equality, Diversity and Inclusion Policy | Council 24 August 2023 | Completed | Director of Strategy and Performance | | Minute 13.4.1: Make agreed amendments to the Equality, Diversity and Inclusion Policy. |
| C23/21 Policies | Council 24 August 2023 | Completed | Audrey Wallace | | Minute 12.5.3: Once the minor amendments have been included in the policies discussed at this meeting they should be circulated to the Members. |
| C23/20 Corporate Health and Safety Policy | Council 24 August 2023 | Completed | Director of Strategy and Performance | | Minute 12.5.2: Make agreed amendments to the Corporate Health and Safety Policy. |
| C23/19 Agile Working Policy | Council 24 August 2023 | Completed | Acting Director of Workforce, Educationa and Standards | | Minute 10.6.1: Make agreed amendments to the Agile Working Policy. |
| C23/18 Annual Report and Accounts | Council 24 August 2023 | Completed | Acting Chief Executive | | Minute 9.3: Strengthen the wording of the foreword. Final version submitted to AAC 26 Sept |
| C23/17 Annual Report and Accounts | Council 24 August 2023 | Completed | Acting Chief Executive | | Minute 9.1: Investigate the question of whether the draft accounts should be made public prior to being laid before Parliament. ARA considered/approved in private 31.10.2023 |
| C23/16 Fraud Action Plan | Council 24 August 2023 | Completed | Head of Legal and Corporate Governance | | Minute 8.6.2d: Submit a fraud action plan to Audit and Assurance Committee in October 2023. |
| C23/14 Memorandum of Understanding SSSC-NHS Education Scotland | Council 24 August 2023 | Completed | Acting Chief Executive | | Minute 6.2: Circulate to Members the signed Memorandum of Understanding between SSSC and NHS Education Scotland. |
| C27 Auditors opinion AAC September 2023 | Council 27 March 2023 | Completed | Corporate Governance Coordinator | 12/09/2023 | Minute 4.5: Include opinion on efficiency of systems etc in SSSC finance dept within Ex Auditors report in Sept to AAC |
| C18 Invitation to Minister to visit | Council 27 February 2023 | In progress | Acting Chief Executive | | Minute 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. |
| C11 FtP Staff retention | Council 24 November 2022 | Completed | Convener Chief Executive | Acting 08/08/2023 | Minute 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 | Completed | Acting Chief Executive | 18/09/2023 | Minute 5.2: Share /issue review of Independent Review of Inspection, Scrutiny and and Regulation (IRISR). SG delayed report on outcome to September 2023. |
| C6 Joint development session with CI re the Promise | Council 25 August 2022 | In progress | Corporate Governance Coordinator | | Minute 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: CI conv and CEx in discussion re options date of 18 Jan 2024 confirmed with CI |

Council Calendar of Business 2023/24 and 2024/25

| Report/meeting dates | 23 Nov 2023 | 26 Feb 2024 | 25 March 2024 (Budget) | 23 May 2024 | 22 August 2024 | 29 October 2024 (ARA) |
|---|----------------|----------------|------------------------------|----------------|-------------------|-----------------------------|
| Quarterly reports | | | | | | |
| Convener's Report | ✓ | ✓ | | ✓ | ✓ | |
| Chief Executive's Report | ✓ | ✓ | | ✓ | ✓ | |
| Audit and Assurance Committee Report (<i>inc assurance report, risk register and link to minutes</i>) | ✓ | ✓ | | ✓ | ✓ | |
| Action Record | ✓ | ✓ | | ✓ | ✓ | |
| Annual reports | | | | | | |
| Audit and Assurance Committee Annual Report (<i>part of Annual Report and Accounts process</i>) | | | | ✓ | | |
| Risk Register and Risk Appetite Statement | | ✓ | | | | |
| People Strategy Annual Report (<i>include staff survey results, HR annual report and agile working updates</i>) | | | | | ✓ | |
| Complaints Annual Report | | | | ✓ | | |
| Digital Development Annual Report | | | | ✓ | | |
| Information Governance Annual Report | | | | ✓ | | |
| Partnership Agreement Annual Report | ✓ | | | | | |
| Shared Services Annual Report | | | | | ✓ | |
| Corporate Governance Review (including Effectiveness of Council review) | | ✓ | | | | |
| Annual Health and Safety report | | | | | ✓ | |
| Annual Report and Accounts | ✓ | | | | | ✓ |
| Draft Annual Report and Accounts | | | | | ✓ | |
| Chief Executive Appraisal (Private Report) | | | | ✓ | | |
| Draft Budget 2024/25 | | ✓ | | | | |
| Budget Setting 2024/25 | | | ✓ | | | |

| Report/meeting dates | 23 Nov 2023 | 26 Feb 2024 | 25 March 2024 (Budget) | 23 May 2024 | 22 August 2024 | 29 October 2024 (ARA) |
|--|------------------------|------------------------|---------------------------------------|------------------------|---------------------------|--------------------------------------|
| Counter Fraud Framework Annual Report | | | | ✓ | | |
| | | | | | | |
| Policies approval – see appendix below for dates that policies will be presented to Council | ✓ | ✓ | | ✓ | ✓ | |
| | | | | | | |
| All other items (<i>ad hoc or requested matters</i>) | | | | | | |
| Fees review | ✓ | | | | | |
| Rewards review | ✓ | | | | | |
| Future Proofing Programme (<i>various matters as necessary</i>) | ✓ | | | | | |
| People Strategy Delivery Plan | | ✓ | | | | |
| United Nations Convention on Rights of a Child | | ✓ | | | | |
| Care Experienced Report | | ✓ | | | | |
| Appointment of Audit and Committee Chair and Vice-Chair | ✓ | | | | | |
| Procurement Strategy | | ✓ | | | | |
| Appointment of Panel Members | | | | ✓ | | |
| Code of Conduct (Employees) | | | | ✓ | | |
| Digital Strategy | | | | ✓ | | |

Policy Timetable

| Policy/Strategy etc name | Department | Owner | Link to Library Document | Date of Next Review | Approval by |
|--|----------------------------------|---|--|---------------------|---|
| Agile Working Policy | HR | Acting Director of Workforce Education & Standards | Agile Working Policy | 2026 August | Council |
| Business Continuity Policy | Strategy & Performance | Director of Strategy & Performance | Business Continuity Policy | 2025 August | Council |
| Capability Policy and Procedure | HR | Acting Director of Workforce Education & Standards | Capability Policy | 2023 November | Council |
| Code of Conduct (Employees) | HR | Director of Workforce Education & Standards | Code of Conduct (Employees) | 2024 May | Council |
| Code of Conduct for Members of the SSSC | Legal & Corporate Governance | Acting Director of Regulation | Code of Conduct for Members of the SSSC | 2025 February | Scottish Government and agreed by Council |
| Code of Corporate Governance Policy | Legal & Corporate Governance | Director of Strategy & Performance | Code of Corporate Governance | 2026 February | Council |
| Codes of Practice for Social Service Workers and Employers | Workforce, Education & Standards | Acting Director of Workforce Education & Standards | Codes of Practice for Social Service Workers and Employers | 2024 April | Council |
| Communications Strategy 2021-2024 | Strategic Communications | Director of Strategy & 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 | 2026 August | Council |
| Counter Fraud and Corruption Framework Policy | Finance | Acting Chief Executive | Counter Fraud, Bribery and Corruption Framework | 2024 May | Audit & Assurance Committee |
| Criteria and Principles for Assessing Qualifications Sector Guidance - website article | Workforce, Education & Standards | Acting Director of Workforce, Education & Standards | Qualification Principles and Criteria | 2023/24 | Council |
| Data Protection Policy | Legal & Corporate Governance | Acting Director of Regulation | Data Protection Policy | 2024 November | Council |
| Debt Management Policy | Finance | Acting Chief Executive | Debt Management Policy | 2024 February | Audit & Assurance Committee |
| Digital Strategy 2021-2024 | Digital | Director of Strategy & Performance | Digital Strategy 2021-2024 | 2024 May | Council |

| Policy/Strategy etc name | Department | Owner | Link to Library Document | Date of Next Review | Approval by |
|--|------------------------------|--|---|----------------------------|-----------------------------|
| Dignity at Work Policy | HR | Acting Director of Workforce Education & Standards | <u>Dignity at Work Policy</u> | 2025 November | Council |
| Disciplinary Policy | HR | Acting Director of Workforce Education & Standards | <u>Disciplinary Policy</u> | 2024 February | Council |
| Equality, Diversity and Inclusion Policy | Performance & Improvement | Director of Strategy & Performance | <u>Equality, Diversity and Inclusion Policy</u> | 2026 August | Council |
| Family Friendly Policy | HR | Acting Director of Workforce Education & Standards | <u>Family Friendly Policy</u> | 2025 August | Council |
| Financial Regulations Policy | Finance | Acting Chief Executive | <u>Financial Regulations Policy</u> | 2024 February | Audit & Assurance Committee |
| Financial Strategy | Finance | Acting Chief Executive | <u>Financial Strategy 2023-2026</u> | 2026 February | Council |
| Grievance Policy and Procedure | HR | Acting Director of Workforce Education & Standards | <u>Grievance Policy</u> | 2024 August | Council |
| People Strategy | HR | Acting Director of Workforce Education & Standards | <u>People Strategy</u> | 2024 August | Council |
| Procurement Strategy | Finance | Acting Chief Executive | <u>Procurement Strategy 2023-2026</u> | 2026 February | Council |
| Records Management Policy | Legal & Corporate Governance | Acting Director of Regulation | <u>Records Management Policy</u> | 2024 August | Council |
| Redeployment Policy | HR | Acting Director of Workforce Education & Standards | <u>Redeployment Policy</u> | 2024 August | Council |
| Retirement and Severance Policy | HR | Acting Director of Workforce Education & Standards | <u>Retirement and Severance Policy</u> | 2024 November | Council |
| Risk Appetite Statement | Strategy and performance | Director of Strategy & Performance | <u>Risk Appetite Statement 2023-2024</u> | 2024 February | Council |
| Risk Management Policy | Strategy & Performance | Director of Strategy & Performance | <u>Risk Management Policy</u> | 2025 February | Council |
| SSSC Decision Guidance Policy | Fitness to Practise | Acting Director of Regulation | <u>Decisions Guidance</u> | As required | Council |
| SSSC Fitness to Practise Thresholds Policy | Fitness to Practise | Acting Director of Regulation | <u>Fitness to Practise Thresholds Policy</u> | As Required | Council |

| Policy/Strategy etc name | Department | Owner | Link to Library Document | Date of Next Review | Approval by |
|--------------------------|------------|--|---|---------------------|-------------|
| Whistleblowing Policy | HR | Acting Director of Workforce Education & Standards | Whistleblowing Policy | 2024 February | Council |
| Workforce Change Policy | HR | Acting Director of Workforce Education & Standards | Workforce Change Policy | 2024 August | Council |