

Date Issued: 19 February 2024

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10.00am on Monday 26 February 2024 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by TEAMS meeting.

Sandra Campbell
Convener

AGENDA
PUBLIC SESSION

		Report no
1.	Welcome and apologies for absence	
2.	Declarations of interest	
3.	Minutes of previous meeting – 23 November 2023	
4.	Matters arising	
5.	Convener's report	01/2024
6.	Chief Executive's report	02/2024
7.	Audit and Assurance Committee's report to Council	03/2024
8.	Future Proofing Programme - update	04/2024
9.	Revised Codes of Practice	05/2024
10.	Qualifications for ASC - timescale	06/2024
11.	Review of Registration Fees	07/2024
12.	Draft Budget 2024/25	08/2024

13.	Policies Disciplinary Policy Whistleblowing Policy	09/2024
14.	Council Action Record	
15.	Date of next meeting and calendar of business. The next meeting of the Council will be on Monday 25 March 2024 at 10.00am for budget setting. The next meeting of the Council for scheduled business will be held on Thursday 23 May 2024 at 10.00am.	

PRIVATE SESSION

16.	Minutes from the previous meeting – 23 November 2023 – Private Session	
17.	FTP Panel Member Appointment	10/2024
18.	Disposal of Urgent Business - Chief Executive	11/2024

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
16.	c. matters involving issues of commercial or financial sensitivity or confidentiality
17.	a. matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation)
18.	a. matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation)

SCOTTISH SOCIAL SERVICES COUNCIL

**Unconfirmed minutes of the Council meeting
held on 23 November 2023 at 10.00am in Tay Room, Quadrant House,
Riverside Drive, Dundee and by Teams meeting**

Present: Sandra Campbell, Convener
Theresa Allison, Council Member (online)
Professor Alan Baird, Council Member
Julie Grace, Council Member
Rona King, Council Member (online)
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 (online)
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: 11 people were observing

1.	Welcome and apologies
1.1	The Convener welcomed everyone to the meeting. It was noted that there appeared to be technical issues with Doug Moodie's online connection.
1.2	Apologies were intimated on behalf of Lorraine Gray, Chief Executive.
2.	Declarations of interest
2.1	There were no declarations of interest for items 3 to 8.
3.	Minutes of the previous meeting – 24 August 2023
3.1	The minutes of the meeting held on 24 August 2023 were approved as an accurate record.
4.	Matters arising
4.1	There were no matters arising which were not covered elsewhere on the agenda.

5.	Convener's report
5.1	Sandra Campbell presented her Convener's report, 38/2023 which provided an update of her activities as the Convener since the Council meeting in August 2023. Following a question from Alan Baird, she verbally updated Members on the current campaign to recruit two Council Members to replace Members, Lynne Huckerby and Linda Lennie whose appointments had expired. It was hoped that the new Members would be in place in time for the Away Days early in December.
5.2	Sandra Campbell also referred to the need to plan ahead for September 2024, when the appointments of Alan Baird and Theresa Allison will expire. She confirmed that she had spoken with the Members and later in the meeting there will be a report recommending Peter Murray and Lindsay MacDonald taking over the offices of Chair and Vice Chair, respectively, of the Audit and Assurance Committee.
5.3	The Council
	1. noted the summary of key issues and activities as detailed in the report.
6.	Chief Executive's report
6.1	Maree Allison presented report 39/2023, her Chief Executive's report, which gave Members an update on the organisation's outcome-based activities. She highlighted three areas in particular, the first meeting of the reconstituted Fitness to Practise representatives' group, consultation on the new Integrated Health and Social Care Award and the six-monthly report analysing the filled and unfilled social workers and senior social worker posts in local authorities.
6.2	Members discussed the National Care Service (NCS) and particularly discussed the aspect of dual registration for some workers, noting that legislation is an issue. Registration for health care workers was an issue that needed to be resolved. Laura Lamb advised that a number of bodies in the NCS working groups were working together to try to bridge any gap in registration requirements and qualifications with the integrated Health and Social Care Award. This would potentially be part of the career pathways for both health care and social care workers. The award has so far been well-supported in consultations.
6.3	Alan Baird asked for some further information on the level of the award and Laura Lamb confirmed that this was a practitioner level award for the social care workforce. It would be a progression step for those currently at level six. Laura Lamb outlined the current qualifications for management and supervisors.
6.4	Maree Allison advised that she understood that a wider report on the scope of the NCS was due to be released in December. She also advised on progress of the National Social Work Agency.

6.5	The Council
	1. noted and commented upon the information contained in the report.
7.	Audit and Assurance Committee's report to Council
7.1	Alan Baird presented report 40/2023, Audit and Assurance Committee's report to Council. He highlighted a number of matters which were discussed at the meeting.
7.2	<ul style="list-style-type: none"> Alan Baird advised on one change to the RAG status on the Risk Register, which had been increased to red status, given uncertainty whether future budgets will allow the organisation to follow it's Strategic Plan. Hannah Coleman explained the decision made regarding the proposed change to the method of calculation and the target figure for the workers completing registration within a time period. Council noted that once the Future Proofing Programme is launched, the time allowed to apply to register will be reduced to three months and this will be a clearer target to promote, rather than promoting the six-month timeline for now then changing to three months early in the new year. Following a question by Lindsay MacDonald, Hannah Coleman confirmed that data was being ingathered to ascertain whether there were particular geographical, register parts or services where the time to apply to register appeared to be slower. Theresa Allison commented that employers have a duty to ensure workers are registered and the Care Inspectorate has a role in this. Doug Moodie agreed to take this back to the Care Inspectorate for comment. Peter Murray raised a question about the number of workers who had not yet attained their qualification. Notwithstanding that some parts of the register were still within the given time, he had a particular concern about workers of supervisor level who were not qualified. Sandra Campbell confirmed that this matter should be a point of discussion between Maree Allison and the Chief Executive of the Care Inspectorate. Alan Baird commented on the variation in numbers of qualifications gained across the sector, advising that this was a concern to Committee. He asked whether the organisation understands the reason for this and is there an impact on the quality of service? His view is that this is a sector-wide issue and we need to find solutions. There were a number of suggestions as to the cause, including lack of college places as well as lack of funding. Julie Grace agreed that first we need to understand the reasons behind the data. Maree Allison advised that during the pandemic a number of extensions were granted to allow additional time to complete qualifications and this may still be impacting. There's also a large staff turnover particularly in Adult Care Services (ACS). It's unclear if there's a connection between numbers of qualified workers and Care Inspectorate inspection outcomes. Maree Allison agreed to bring an action plan to Council in 2024, which would set out proposals on how to ascertain the reasons and factors leading to the low numbers of qualified workers especially in specific job roles. The date of the report to be confirmed.

	<ul style="list-style-type: none"> Alan Baird confirmed there were two reports by Internal Audit submitted to Committee and both gave a good level of assurance.
7.3	The Council
	<ol style="list-style-type: none"> accepted that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> 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 financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget operational delivery and financial expenditure are consistent discussed the concerns over the time being taken for workers to meet the required qualifications (at item 7.2 above) noted <ol style="list-style-type: none"> the Committee did not accept the proposed changes to the method of calculating SPI 2.1 for the assurance report the Committee approved a change to the status of Risk 6 of the Risk Register the internal audit reports on Debtors and Income and Intelligence Strategy both provided a good level of assurance the Committee approved a revised date for one of the recommendations from an earlier audit on Data Protection. The delay being due to resourcing challenges the assurance map will, in future, become part of the quarterly assurance report submitted to Committee changes to the reporting of fraud, bribery and corruption work the SSSC's participation in the National Fraud Initiative 2022/23 the Benefits Realisation report will be submitted to the February 2024 meeting cycle 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). agreed that an action plan on investigating and finding a solution to low numbers of qualified workers be submitted to Council in 2024, on a date to be confirmed.
8.	Appointment of Audit and Assurance Committee Chair and Vice Chair
8.1	Sandra Campbell presented report 41/2023, Appointment of Audit and Assurance Committee Chair and Vice Chair. She proposed, at the end of the terms of appointment of Alan Baird and Theresa Allison, on 31 August 2024, that Peter Murray and Lindsay MacDonald be appointed as Chair and Vice Chair of the Audit and Assurance Committee, respectively.
8.2	She further proposed that they should shadow the Audit and Assurance Committee work of Alan Baird and Theresa Allison until that time.

8.3	The Council
	1. approved the appointment of Peter Murray as Chair and Lindsay MacDonald as Vice Chair of the Audit and Assurance Committee from 1 September 2024 and that meantime they should be involved in shadowing the outgoing Chair and Vice Chair.
	<i>Doug Moodie declared an interest in the following item and left the meeting.</i>
9.	Authorised Officer – registration requirements
9.1	Laura Lamb presented report 42/2023, on proposed revision of registration criteria and qualifications for authorised officers in the Care Inspectorate. She outlined the reasons for proposing that the current authorised officer registration be divided into two separate officer levels and the qualifications that would be required for each level. Laura Lamb outlined the different roles of the two levels, the primary level officers who lead on regulatory scrutiny activity and the secondary level officers who undertake roles to support or carry out regulatory or scrutiny activity. The latter undertake a broader range of activity than the primary level officers.
9.2	Laura Lamb confirmed that there was no change proposed for the accepted qualifications for the primary officer role, but that the qualifications and awards for secondary officer would be broadened to include the European Foundation for Quality Management (EFQM) and Public Service Improvement Framework (PSIF) awards which were previously introduced as an interim measure.
9.3	Laura Lamb also clarified that this proposed change would have no effect on any claim for a change to pay grade as there is no change to the level of qualification required. The proposal introduced broadening the qualifications or awards accepted for the secondary level posts.
9.4	The Council approved
	1. primary and secondary level registration for authorised officers
	2. the proposed qualification requirements for primary and secondary authorised officers.
	<i>Doug Moodie returned to the meeting</i>
10.	People management policies – Work Performance Policy and Maximising Attendance Policy
10.1	Laura Lamb presented report 43/2023 the new Work Performance Policy and the revised Maximising Attendance Policy and their various appendices relating to processes. She confirmed that the policies working group had reviewed the draft policies.
10.2	Council discussed the Work Performance Policy and the following matters were raised in particular.

	<ul style="list-style-type: none"> • Staff are subject to an annual review and also a twice-yearly development discussion although this information is not included within the policy, it was acknowledged that this should be included. • 'Manager options' and 'Your options' lists should mirror each other and additions to be considered are including a mentor, clearly set goals, appropriate working environment (including home or office working), consider how flexible working arrangements are being employed. • Appendix 3 to the Work Performance Policy is the Performance Improvement Plan which sets out in clear steps what is required in terms of improvements to performance, this is linked to the strategic plan and smart objectives.
10.3	<p>The following matters were discussed during consideration on the Maximising Attendance policy.</p> <ul style="list-style-type: none"> • Members were reminded that the Agile Working policy was approved at Council in August 2023 and interim measures had been in place prior to this. • The policy will be reviewed on a three-yearly basis unless information comes to hand that raises a question on whether hybrid working is still effective and efficient. • There were concerns regarding monitoring of work where staff were working from home. Maree Allison confirmed that performance is monitored through the Audit and Assurance Committee and any issues should be brought and discussed there. • Sandra Campbell suggested that this matter has been broached previously and it would be useful to facilitate a discussion at one of the development days in 2024. • Maree Allison also confirmed that the Agile Working policy will be subject to review but that should there be any significant change to the way of thinking, this can be revisited at the Audit and Assurance Committee and the policy can be reviewed early. Maree Allison also added that there is a performance management structure in place for dealing with performance which is measured against performance indicators and any concerns would be discussed or dealt with by the Audit and Assurance Committee. • In terms of the broader issue of agile working generally, the policy is due to be reviewed next August, the Investors in People feedback is now in and this will come to Council in August. We will also have more data on performance by then. • It was agreed on the suggestion of the Convener, that a discussion on agile working and performance be built into a Members' development session so the wider issues of agile working in the employment sector can be fully discussed.
10.4	<p>Laura Lamb answered a query about managing absence and confirmed that training for managers was being rolled out and that would support managers in managing staff absences.</p>
10.5	<p>The Council</p> <ol style="list-style-type: none"> 1. approved the Work Performance Policy subject to amendments being made to take account of comments and additions suggested at this meeting 2. approved the revised Maximising Attendance policy.

11.	Qualification timescales for registered workers in Adult Social Care
11.1	<p>Laura Lamb presented report 44/2023, which put forward a proposal to delay the implementation of reduction of timescales for workers in Adult Social Care to gain qualifications, and to introduce the change in June 2025. She spoke about the fragility of the sector, from information gathered from consultations and also from data ingathered. She mentioned that the report contains some information on what the organisation is doing to try to address some of the concerns. Prompted by the Convener, Laura Lamb gave some more detail on where she obtained the information used to reach this proposal which included the barriers to the sector becoming qualified. These included being the largest part of the sector, latest to become registered and least qualified. There are recruitment and retention issues and the highest number of vacancies in this sector. Because of the recruitment and retention concerns there were also issues about releasing staff to fulfil their qualifications and also access to funding and training at level six, practitioner level. Laura Lamb advised that the two peak years for gaining qualifications are 2024 and 2027, but the attrition rates are currently higher than those gaining qualifications. She advised that to introduce the reduced timescale for gaining qualifications at this time, will compound the issues for the sector. Laura Lamb confirmed that when the shortened timescales were originally proposed in November 2022, it was thought that the sector would be in a stronger, more stable position by 2024.</p>
11.2	<p>Members raised a number of concerns.</p> <ul style="list-style-type: none"> • Can we implement a sliding move, so support a delay but put measures in place for a transition? • New entrants could be required to complete in three years • The requirement for qualifications doesn't appear from the data to be adding to the attrition rates, but is there an argument for having the sector qualified earlier to slow down attrition rates, as qualified workers tend to remain in the sector? • Is there a plan to overcome the issue of lack of training resource with access to assessors or simplifying the route to funding? • The sector needs robust actions and a plan to ensure we are not facing the same issue of lack of qualified workers in another two years • Uncomfortable about this proposal, it is not our role as regulator to relax standards • Can we get a percentage number of workers who are part qualified? • Qualification alone doesn't guarantee quality, but standards are needed to ensure quality of care for those who receive care • Could there be additional inspection visits by Care Inspectorate meantime to ensure quality of care is still given should we agree to the proposal? • Should we accede to a request from the sector to take off pressure?
11.3	<p>Maree Allison agreed with comments and advised that further detail on progress with qualifications, as asked for, will come as part of the Future Proofing Programme (FPP), when annual reports will be</p>

	available. She added that this proposal was a request to allow breathing space for an action plan to come to fruition. One issue being what do we do with workers who have not gained their qualifications? Do we remove them from the register as unable to work or do we give extensions, as we do currently on a case by case basis? We may end up giving a blanket extension.
11.4	Laura Lamb advised that we are aware of issues in the sector and these need to be addressed to help the sector arrive at a position where they can release staff for development. We are working with key partners including Scottish Funding, NES and Skills Council with a workshop in December to help Scottish Government understand the challenges and to build a robust skills response plan. Recruitment and retention are key issues and we need to try to work out what we and key partners can do to stabilise some of these issues.
11.5	She advised that in the FPP there will be Continuous Professional Learning (CPL) requirements on an annual basis to ensure workers are keeping training and development up to date.
11.6	Doug Moodie asked for reassurance that the systems we use in the organisation are suitable for carrying out the tracking of qualifications and producing the data that we need to accurately assess the situation. Laura Lamb responded by assuring Members about the annual declaration which will come into play with the FPP; it will give us an annual monitoring snapshot of where workers are with their development.
11.7	Peter Murray asked about the position with workers who come in with prior learning and Laura Lamb responded saying this was not a clear picture as this depended on the training providers but we are mapping out resources against the National Occupational Standards (NOS) to assist with this aspect.
11.8	Sandra Campbell summed up the concerns and risks including that the Council is being asked to change a decision previously made. She asked for a further report to come back to Council in February 2024 with more detail about what the sector is proposing to do to address some of the issues. This may allow the Council to consider aligning the SSSC's position with that of the sector.
11.9	There was discussion around work and information required and the timescales for future reporting. Laura Lamb would prefer to bring the report in February 2024 to allow appropriate timeous communication with the sector on any changes. A further request to be included in the future report is to address what difference we expect to be made to the quality of the provision of care with a qualified workforce.
11.10	The Council
	1. agreed that a further report be submitted, which should include all information requested in the discussion, to allow Members to be comfortable in making a decision on this proposal.
	<i>Sandra Campbell, Alan Baird, Theresa Allison and Doug Moodie</i>

	<i>stated that they had a connection, but not an interest, to the following item.</i>
12.	Review of registration fees
12.1	<p>Maree Allison presented report 45/2023, review of registration fees. The report provided an overview of a previous decision to review registration fees as well as information from other regulatory bodies on their fee levels. The particular highlights were that since the start of registration in 2003 there had only been one increase in fees in 2017, further consideration of a review of fees was paused during the pandemic due to the added pressure put on the social services workforce during that time. Scottish Government has now agreed that we may go ahead with a consultation.</p>
12.2	<p>A number of issues were raised and discussed.</p> <ul style="list-style-type: none"> • The last increase was a substantial increase but this time around, a smaller increase is thought better but with annual low increases built in. This would require a change to legislation as we currently must consult on each review. • Is this the right time to consult? Scottish Government is now paying the fees of workers employed by Local Government which amounts to around 40% of registrants. • Approximately 65% of regulation costs are paid by fees, a significant increase would be needed to fully cover the cost of regulation and this is not being proposed. • Benchmarking across other regulators in the UK is what the proposed revised levels is based upon with small regular fixed annual increases built in. • The consultation should focus on the benefits and improvements made to the information and service provided by the SSSC. • Concern that those who's fees are currently paid by Scottish Government will be ambivalent to an increase, so consultation results will be skewed. • There will likely be an area of free text for registrants' concerns/comments, there was in the previous consultation exercise. • Information and transparency about where and how fees are used will be beneficial in the consultation. • Would be helpful to hear from Scottish Government how much of the budget should be met from the fees and also to set out what the budget deficit would be should the proposed increase be implemented. • An appointment with the Minister is being pursued. • If an increase is implemented following a consultation starting in January, the change to the 2024/25 budget would be negligible. The funding for the following year would be affected. • Sponsor department is working towards making the organisation financially sustainable in the long term. • Concern over the majority of the lower paid workforce not seeing or accessing the consultation. These are the workers also likely to not have their fees paid by Scottish Government and are the most financially vulnerable section of the workforce.

	<ul style="list-style-type: none"> Should Scottish Government be asked when/if there is an intention that it meets the registration fees of all social service workers or why was the decision made to pay for only workers employed by the Local Authorities. There's a sense that those who do not have fees paid will feel unsupported and this may skew the results of the consultation. Fees cannot be levied on employers, the SSSC can only charge fees to registrants.
12.3	Sandra Campbell summed up the discussion reiterating that Members had misgivings about a consultation on fees review when we don't have confirmation of the proportion of budget this should meet. Additionally, this was a big risk for little gain if the proposed timeframe was to be followed. She suggested that further, more in-depth discussions to address some of the issues should be held with Sponsor before any decision on consultation is made.
12.4	Maree Allison confirmed that there was no immediate imminence given that by the time any increase is imposed, the benefit to the 2024/25 budget would be negligible.
	The Council
12.5	1. agreed to defer consideration of the matter pending submission of a further report to the Council meeting in February 2024, or if information is not available, then the meeting in March 2024
	2. agreed that further discussions be held with Sponsor and a meeting with the Minister take place to discuss and provide answers to the issues raised in order that Council can make a fully informed decision.
13.	Changes to shared services – financial implications
13.1	Laura Shepherd presented report 46/2023, on financial implications of changes to shared services. This information was requested after the Council agreed to a change in the shared services model at its meeting in August 2023. She reported on the salary of a Head of HR post who would work exclusively for the SSSC, and the reduction in the contribution to the Head of Shared Services, in accordance with the reduction in the duties he will carry out for the SSSC.
13.2	Members noted that the saving from the change would create a reduction of £27k annually once the new arrangements were in place.
13.3	The Council
	1. endorsed the proposed financial implications to the SSSC brought about by the changes to shared services arrangement.
14.	Council Action Record
14.1	Members reviewed the Council action record and agreed that actions C10/23 C11/23 C27/23 C23/14 C23/16 C23/17 C23/18 C23/19 C23/20 C23/21 C23/22 C23/23 C23/24 and C23/27 be removed from the list but held in archive for future reference.

14.2	Rona King requested that officers ensure that where documents were agreed to be shared, they are shared.
15.	Calendar of business and date of next meeting – 26 February 2024 at 10.00 am
15.1	Council noted the calendar of business to 29 October 2024.
15.2	The next meeting scheduled for the Council is Monday 26 February 2024. The meeting will be in hybrid format. Before then we have the away days on 7 and 8 December 2023.

Council started: 10am
Council finished: 12.40pm

Signed _____
Sandra Campbell
Convener

Date_____

Title of report	Convener's Report
Summary/purpose of report	Update on the Convener's activity since the last Council meeting on 23 November 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, Interim 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 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 23 November 2023.

INTRODUCTION

2. As usual the period leading up to the Christmas break was relatively quiet and adverse weather this winter season also impacted on my ability to attend face to face meetings, which is particularly regrettable in relation to the annual Away Days for the Council and also the meeting with the Minister for Children, Young People and Keeping the Promise, both of which I will cover in this report.

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 30 November, which was held at the National Christian Outreach Centre in Perth. The informal setting facilitated discussions between Board Members, Senior Managers and other staff in a more facilitative way and we had productive sharing of views around the strategic work of the Care Inspectorate and current challenges.
4. The planned joint meeting of the Care Inspectorate Board and the SSSC Council was unfortunately cancelled by mutual agreement shortly before the planned date, again due to adverse weather, but there was a meeting held on 10 January to plan the agenda before the decision was taken to postpone the event and from this it is clear that there is merit in seeking to establish another date, particularly once the Scottish Government's response to the Independent Review of Inspection, Scrutiny and Regulation has been published.
5. I also attended a Board meeting of the Care Inspectorate on 8 February by Teams.
6. The established quarterly meeting with NHS Education for Scotland (NES) took place on 27 November 2023, focused around our progress around our joint delivery plan, the Adult Social Care Skills response plan and horizon scanning for 2024/25.

MEETINGS WITH THE SCOTTISH GOVERNMENT

7. Regular meetings have continued with Iona Colvin, the Chief Social Work Adviser, particularly in the light of challenges for the SSSC arising from

the current budget challenges looking forward. A meeting was arranged with the Minister for Children, Young People and Keeping the Promise. This was planned to be an in-person meeting in Edinburgh but again the weather made it impossible to travel to Edinburgh on the agreed date of 6 February, however this was a productive and useful meeting, enabling the Interim Chief Executive and myself to raise a number of issues with the Minister, the key issue being the debate which had taken place at a Council meeting about how to take forward the consultation with SSSC registrants regarding a proposed increase in registration fees. The Minister confirmed that she was content for that consultation to go ahead, whilst recognising the challenges that this may present. One of these being the continuing arrangement whereby some registrants fund their registration fee for themselves, whilst others are funded by their employers. This will now be discussed again with Council Members at the February Council meeting.

8. We took the opportunity to brief the Minister on concerns around the progress in achieving targets for qualification in the adult social care workforce.
9. The Minister thanked us for the meeting and suggested holding another meeting later in 2024.

COUNCIL MEMBERS

10. Further to my last report, we were joined by two new Council Members, Edel Harris and Sharon Ballingall. Both were able to take part in some of the Development Day sessions in December 2023 and have observed an Audit and Assurance Committee meeting. They both bring a wealth of experience to the Council and are also keen to become involved in future visits to services this year.
11. The Annual Development days were held on 7 and 8 December 2023 in the SSSC offices and were useful and productive despite the fact that the weather once again precluded me travelling from the Highlands. I am now considering the appropriate timing of the event.
12. I will be following up with our Sponsor the need to plan ahead for the recruitment of two Council Members later this year when Alan Baird and Theresa Allison complete their second terms.

CHIEF EXECUTIVE POST

13. I would like to recognise the formal retirement of our Chief Executive, Lorraine Gray in January. As you will know Lorraine led the SSSC for many years, raising the profile of our organisation and providing leadership

through a time of considerable change. Lorraine had strong links with the SSSC staff workforce and will be missed.

14. I would also like to thank Maree Allison for stepping up during this time and continuing to be Interim Chief Executive whilst providing stability and support to our workforce. I am now at the start of a process of recruitment for a permanent Chief Executive and will keep Members apprised of the process and progress over the next few months.

CONCLUSION

15. I am looking forward to the spring and a new year for our organisation, one which may bring some change and challenges but also one in which we can continue to demonstrate the contribution that we continue to make.

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, Interim 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 right standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to 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> <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 23 November 2023, and looks forward to emerging issues.

KEY POINTS

2. We have been awarded Investors in Young People silver accreditation and our interim Investors in People assessment concluded we are still on track to maintain our gold accreditation. Both reports have been shared with Council Members. Actions will be taken forward in the next People Strategy which will come to Council for approval in August 2024.
3. The Convener and I met with the Minister on 6 February. This was a constructive meeting where we discussed the financial sustainability of the organisation, reviewing registration fees and the challenge of qualifying the workforce.
4. The Future Proofing Programme is moving into its final phase with the aim of implementation of the changes in May and June. Our communications over the next four months will focus on ensuring the workforce and employers are ready for the changes.
5. The Alliance meeting of social work and social care regulators and workforce bodies took place in Edinburgh in January. This is an important forum for sharing developments and challenges across the UK and Republic of Ireland. We are leading joint work with colleagues in Wales and Northern Ireland on the review of the National Occupational Standards.

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

6. We published our first Fitness to Practise Snapshot report on 31 January 2024. This is a new report providing data from Fitness to Practise and gives a unique insight into the SSSC's role in protecting the public by ensuring the registered workforce is trusted, skilled and fit to practise. It is available on our website <https://data.sssc.uk.com/data-publications/344-fitness-to-practise-report>. This follows on from our first SSSC Register report which we published on 1 September 2023.
7. The research project 'Witness to Harm, holding to account', led by the Open University with support from Manchester Metropolitan University and

the Universities of Glasgow, Edinburgh and Oxford has now concluded. The first dissemination event took place in Dundee on 17 January, and the second in London on 1 February at which the project's findings and recommendations were presented. We attended both events. The research team are now developing a suite of resources that will be available to all involved regulators, and our workforces, to improve the offering of support available to witnesses involved at all stages of the fitness to practise process. We have been working on improving the support we provide over the past couple of years and will continue to make further improvements based on the recommendations from the research.

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

8. With partners in NHS Education Scotland (NES) and Health Improvement Scotland (HiS), we have further developed and promoted [the Preventing Infection in Social Care Settings app](#)
9. We presented a paper to the Joint Social Services Taskforce setting out proposed options which could help improve workforce experience and providing key data and intelligence from the Register to inform the discussion.
10. We have been working closely with NES and the Care Inspectorate (CI) to significantly increase the number of MyLearning QR codes being incorporated into their respective learning materials to improve user experience of maintaining records of learning to meet their Continuous Professional Learning (CPL) requirements.
11. The formal consultation on the new health and social care Integrated Award closed on 31 January 2024. The results are being analysed and will inform any final revision of the content prior to submission for approval in summer 2024.
12. We continue to participate in the national Dementia Strategy Delivery Group and development of the Draft Delivery plan for the new dementia strategy for Scotland. We held a dementia ambassador /champion webinar on 6 December 2023 and are planning the next one on 20 March 2024 with NES colleagues around feedback on and developing new Promoting Excellence resources.

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

13. We have commissioned research through Abertay University and University of St. Andrews on how the social services workforce can support vulnerable people to build cyber resilience.

14. The refresh and migration of the Early Learning in Childcare (ELC) National CPL Directory and modules for the Children and Young People's workforce to the SSSC Learning Zone has now concluded. Ministerial launch is planned for later in February.
15. I attended an Audit Scotland roundtable meeting on 15 February, discussing the challenges facing the adult social care workforce. This was to inform Audit Scotland's future work in this area.

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.

16. In partnership with the Skills for Care and Development partners we have commissioned Alama to undertake research into the Economic and Social Value of Adult Social Care in the UK. The research will look at the UK as a whole and also each of the four countries separately. The research is due to conclude in June 2024.
17. By the end of March 2024 we will publish a report on the in and outflows to the social work workforce. This will inform national workforce planning and Scottish Government planning for the National Social Work Agency.
18. We have published our annual staff vacancies in care services report, <https://data.sssc.uk.com/data-publications/30-vacancy-reports/331-the-2022-staff-vacancies-in-care-services-report> and our six-monthly social worker filled posts and vacancies report <https://data.sssc.uk.com/data-publications/337-social-worker-filled-posts-and-vacancies-six-monthly-survey>

STRONG SUSTAINABLE ORGANISATION

19. Blake Stevenson have been commissioned to undertake research using our registration equalities data. The final report will highlight the make-up of the sector by protected characteristics and provide more detailed analysis and assumptions based on the data. We have been sharing our progress with the other UK Regulators and plan to develop further research to gather a UK wide picture.
20. Our Registrant Survey results have recently been analysed and an action plan is being developed. We have seen increased positive responses around several areas of the SSSCs work, against the previous year. The results are published as part of the Annual Report and Accounts. We will present an overview of several stakeholder surveys to Council in the summer as part of the development calendar.

HORIZON SCANNING

21. **National Care Service Bill:** In January 2024 the Stage 1 deadline was further extended to 1 March 2024. The Health, Social Care and Sport Committee is currently considering a draft Stage 1 report. Work to develop the structure of the National Social Work Agency progresses.
22. **Independent Review of Scrutiny and Regulation of Adult Social Care (IRISR):** We await the Scottish Government's response to the review.
23. **The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024:** The Act received royal assent in January. The Scottish Government is due to consult on the draft statutory guidance on reporting and the compatibility duty ahead of the commencement of the provisions in July 2024.
24. **ELC and School Age Childcare:** We are waiting for the Scottish Government to publish the Strategic Framework for Scotland's Early Learning and School Age Childcare Profession. The Scottish Government has indicated that the framework will be published in 2024.
25. **Scottish Child Abuse Inquiry:** The public hearings for Phase 9 of the inquiry's investigations cover the provision of residential care in establishments for children and young people with long term healthcare needs, additional support needs and disabilities. These hearings are expected to commence in spring 2025.
26. **Scottish Covid-19 Inquiry:** The Scottish Covid-19 Inquiry began its first impact hearings looking at health and social care, in October 2023. In December, hearings were paused to allow for the UK Covid-19 Inquiry to begin its Core UK decision-making and political governance – Scotland (Module 2A) hearings in January. They will resume on Tuesday 12 March.

CONSULTATION

27. 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

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

CONCLUSION

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

Title of report	Audit and Assurance Committee report to Council
Public	Public
Summary/purpose of report	To make recommendations from the Audit and Assurance Committee
Recommendations	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> 1. the Council accepts that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget c. operational delivery and financial expenditure are consistent 2. the Council approves <ol style="list-style-type: none"> a. the revised Risk Register and the revised Risk Appetite Statement, effective from 1 April 2024 (at Appendices 2 and 3) 3. the Council notes <ol style="list-style-type: none"> a. the Committee approved the draft internal audit plan for 2024/25 b. the Committee approved the remit for the review of the rewards review project subject to some changes to discussions with Members and inclusion of matters raised by the Committee

	c. the recently appointed Members Sharon Ballingall and Edel Harris observed the meeting.
Author	Alan Baird, Chair, Audit and Assurance Committee
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	<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	<p>Apx 1 - Assurance report at 31 December 2023</p> <p>Apx 2 - Revised Risk Register</p> <p>Apx 3 - Revised Risk Appetite Statement</p>
Background papers	Draft minutes of meeting of the Audit and Assurance Committee of 1 February 2024

INTRODUCTION

1. As set out in the Executive Framework Document and Scheme of Delegation, accountability for strategic oversight remains with the SSSC Council. The Council has delegated responsibility for oversight and scrutiny of achievement of operational key performance indicators, monitoring of Financial Performance and Strategic Risk Management to the Audit and Assurance Committee.
2. This report records the recommendations of the Audit and Assurance Committee to SSSC Council following the Committee's meeting of 1 February 2024.

ASSURANCE REPORT

3. The Committee reviewed the assurance report as of 31 December 2023 relating to the activities of the SSSC. Appendix 1 to this report is the assurance report considered by the Committee.

Finance

4. The Committee was advised that budget pressures continued to be a concern. The proposed pay award would affect the projected underspend and the ongoing tribunal against the Nursing and Midwifery Council is a risk factor, depending on the outcome.
5. Laura Shepherd reported on the overspends in the Digital budget amounting to £231k. These were due to a number of individual issues: Unbudgeted expenditure of £92k; Inflationary increases £51k; demand for licences £30k; increased Azure costs £29k; purchasing digital kit for Fitness to Practise panel members (brought forward).
6. It was noted that the draft budget would be presented to Council on 26 February 2024.

Strategic Performance Indicators

7. Laura Lamb advised Members that the sector 'leavers survey' due to be launched would ingather data which would assist in looking at the reasons for students leaving the sector and therefore supporting students to remain.
8. Members discussed the way in which RAG (Red, Amber, Green) status was applied to various forms of measurements and Laura Shepherd agreed to look at this as a whole across the data shared.

HR data

9. Committee noted that the staff absence data showed that absence numbers had dropped and were closer to the target rate than the previous few months.

Risk Register

10. There were no proposed changes to the Risk Register at this time and the Committee recommends approval of the Risk Register to the Council.

Assurance Map

11. Members noted the Assurance Map and noted this would be presented for review and comment quarterly as part of the assurance report.

AUDIT REPORTS

12. The Committee was presented with the audit report on Internal Workforce Planning Management Information which provided the Committee with a good level of assurance. The auditors made one recommendation concerning documenting of processes and procedures, which was agreed by management to be completed by 30 August 2024.
13. Committee was presented with a progress report from the internal auditors as well as an updated extract from the internal/external audit tracker. The audit on phase 2 of the Future Proofing Programme has been pushed back, due to the delay in legislative changes resulting in a delay of the programme launch date.
14. The Committee noted that one outstanding action from the audit on Debtors and Income was awaiting information on progress with the action required from Shared Services.
15. Committee considered the remit of the review of the governance audit on the rewards review project, which was agreed to be stopped at the Council meeting in November 2023 following a number of issues being identified and discussed. Committee Members raised a number of areas they requested to be addressed in the audit and also requested that changes be made to the audit approach to allow all Members who had any connection with the rewards review to be given an opportunity to meet with the auditor. The discussions could be both as part of a group discussion but also in individual meetings if wanted. The remit was approved subject to the changes suggested being incorporated.
16. The Committee took assurances from the auditor's reports and management's updated responses which show that action is being taken

where there are recommendations from the auditors. It also took assurance from the discussion on the rewards review project that a full review of the governance processes would be carried out resulting in a report on lessons learned and information which would be shared with staff.

DRAFT INTERNAL ANNUAL AUDIT PLAN 2024/2025

17. Committee was presented with the draft Internal Audit Plan for 2024/25. There was discussion over priorities and after noting that travel and subsistence was an area of possible risk of fraud, approved the plan, with the provision that it may be revised should different priorities arise throughout the year.

RISK REGISTER AND RISK APPETITE STATEMENT

18. The Committee reviewed the revised Risk Register and revised Risk Appetite Statement. Committee noted that there were no changes proposed and recommended that the Council approve the Risk Register and the Risk Appetite Statement.

BENEFITS REALISATION REPORT APRIL 2023 TO JANUARY 2024

19. Committee noted and approved the benefits realised from projects which had closed between April 2023 and January 2024.
20. The Committee took assurances from the report noting that the return on investment in this reporting period was £195,976. Committee also noted that some projects provided soft benefits.

QUALITY ASSURANCE OF APPROVED PROGRAMMES - ANNUAL UPDATE

21. The Committee considered a report which set out the approval and quality assurance activities carried out in the last year. The report also contained a list of the 43 programmes currently approved along with identified risks to the viability and sustainability of the courses and mitigating actions.
22. The Committee took assurances from the report that the programmes approved by the SSSC were quality assured regularly and risks identified.

CONSULTATION

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

RISKS

24. 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

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

Compliance

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

IMPACT ASSESSMENTS

Equalities

27. 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

28. 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.
29. The Committee requests that Council takes assurance, following consideration of the documents, that the Committee has been presented with a fair view of the operational and financial performance and risk facing the SSSC. Council is also asked to approve the Risk Register and Risk Appetite Statement and otherwise note the actions taken by Committee.

Title of report	Assurance Report as of 31 December 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 are 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 Appendix 2: Assurance Map
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ASSURANCE REPORT AS OF 31 DECEMBER 2023

AAC Meeting Version

February 2024

Agenda item: TBC, Report no: TBC

Action: For Decision

EXECUTIVE SUMMARY

December 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	1.6%	-0.2	↓	Amber	
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	25.3	+0.1	↓	Red	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	1798	-19	↑	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	52.2	-	→	Amber	
2.4 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	25	27.6	-1.3	↓		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	85.7	+2.4	↑	Green	
	Cumulative performance (%)	2	2	80.0	82.4	-	→	Green	

December 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	171.9k	+4k	-	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	4.8	-1.4	↑	-	
5.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	13.8	+0.6	↓	-	

December 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	12	➡	DoFR	
6	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	1	20	16	➡	DoFR	
7	The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	1, 2, 3, 4	20	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.

There have been issues highlighted by the vendor about the amount of effort/time required to continue to deliver the systems changes for FPP which will incur additional cost. This has only recently been highlighted as increased risk by the vendor (January 2024). The project team are currently working with the vendor to identify the impact.

By exception.

1. CORPORATE FINANCIAL POSITION

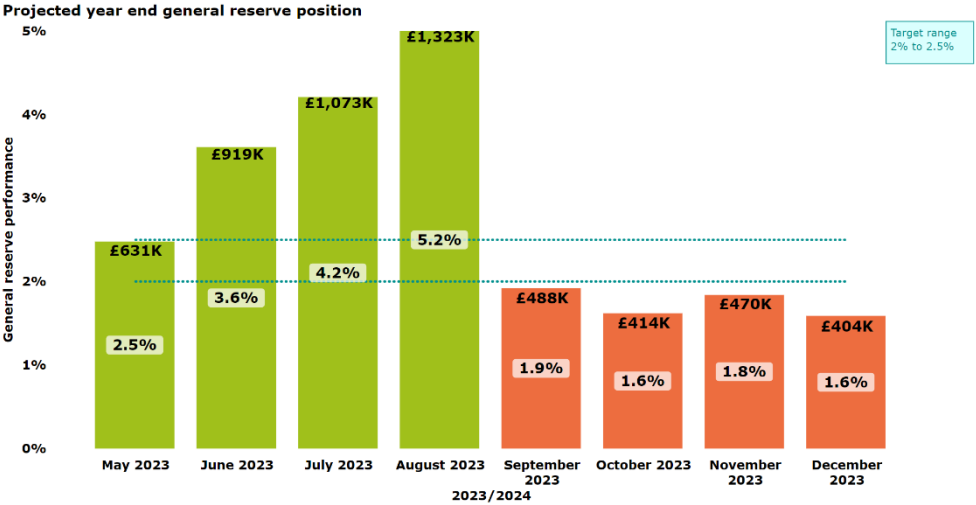
1.1 Overview

This report contains projections as at 31 December 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 £404k (1.6%). This is 0.2% 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.

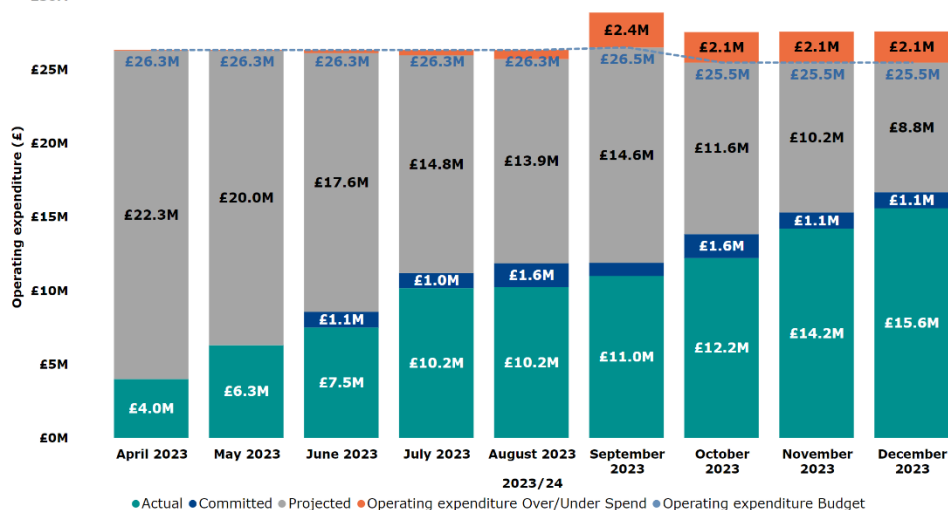
1.2 General reserve



1.3 Total expenditure, excluding grants

We expect an overspend of £2.438m (as set out in our spending pressures) on our operating expenditure. Movements in the projection are detailed in Appendix A, table 3.

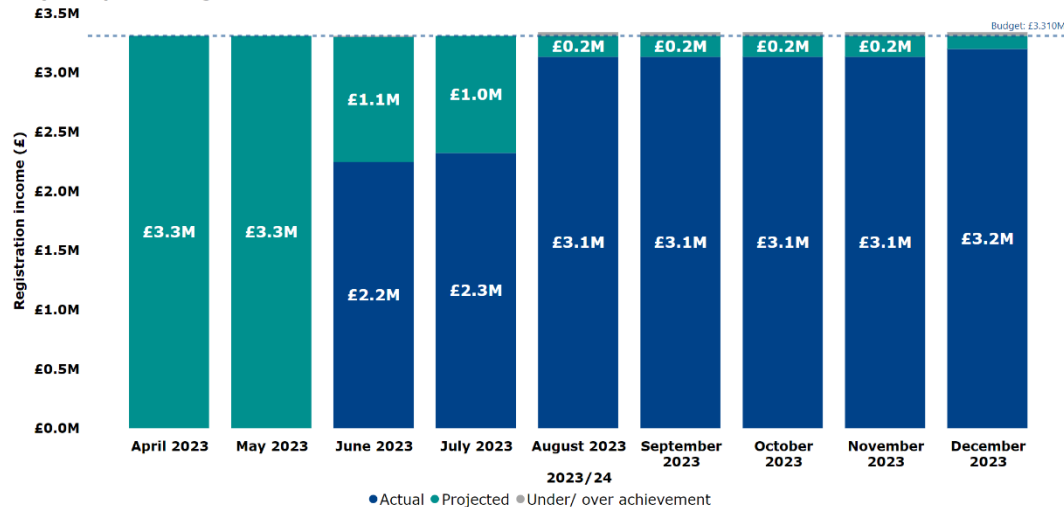
Projected year end total expenditure, excluding specific grants
£30M



1.4 Registration fee income

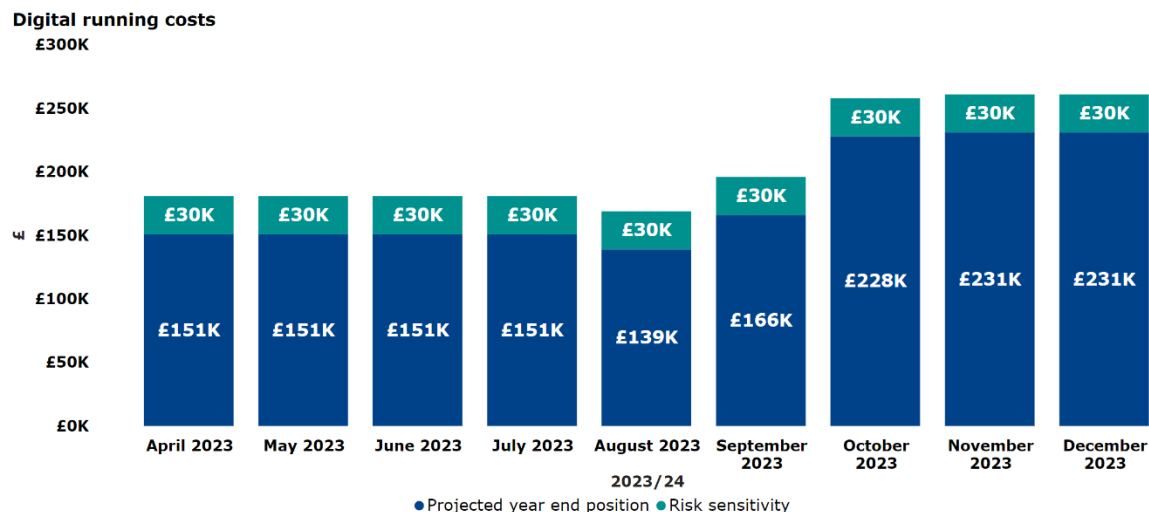
We expect to receive £3.341m in registration fees during the year. We are currently expecting this to £31k more than budget.

Projected year end registration income
£3.5M



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 March 2024. • We are still working on the expected costs relating to external assessors.
Staff costs	<ul style="list-style-type: none"> • We are now in 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 reduce fee income. We are currently expecting registration fee income to be £31k more than budget.
Postgraduate bursaries	<ul style="list-style-type: none"> • We are currently expecting postgraduate bursaries to be underspent by £246k due to fewer nominations from universities than normal. We are still investigating the underlying reasons for this and also looking at how we may re-distribute the quota to fill more places. We promoted the Hardship Fund and will start to distribute the additional funds in January 2024. • We have asked Scottish Government Sponsor for approval to carry forward any postgraduate bursaries underspend for use during 2024/25.
Futureproofing Project	<ul style="list-style-type: none"> • We have approval from Scottish Government Sponsor to carry forward any Futureproofing underspend (currently £305k) into 2024/25 to enable completion of this project. • The projected underspend does not include a potential risk of up to £90k additional systems development costs currently being discussed with the supplier.
Workforce Development Grant	<ul style="list-style-type: none"> • Discussions were held with Sponsor around the use of the unallocated £164k. This has now been removed from the projections and requested to be carried forward to fund identified projects in 2024/25. A total of £230k is to be requested as carry forward to include other deferred projects and final payments for work in progress that will conclude in Q1 of 2024/25.

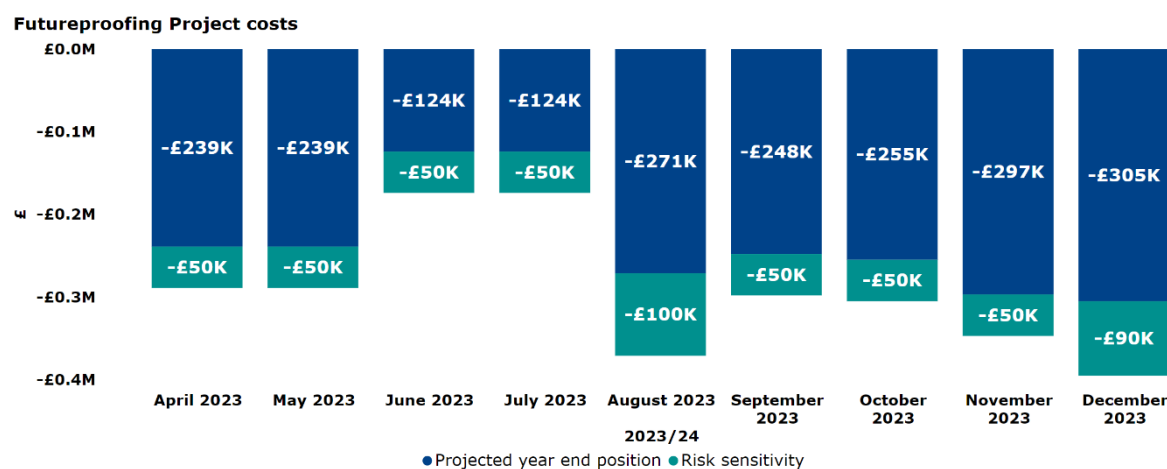


Digital running costs are projected to be £231k overspent at 31 December 2023. This is due to unbudgeted expenditure £92k, inflationary increases £51k, increased demand for licences £30k, purchasing iPads for panel members £30k and increased pay Azure charges for Phase 1 Learning Zone costs £29k.

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 – None expected.

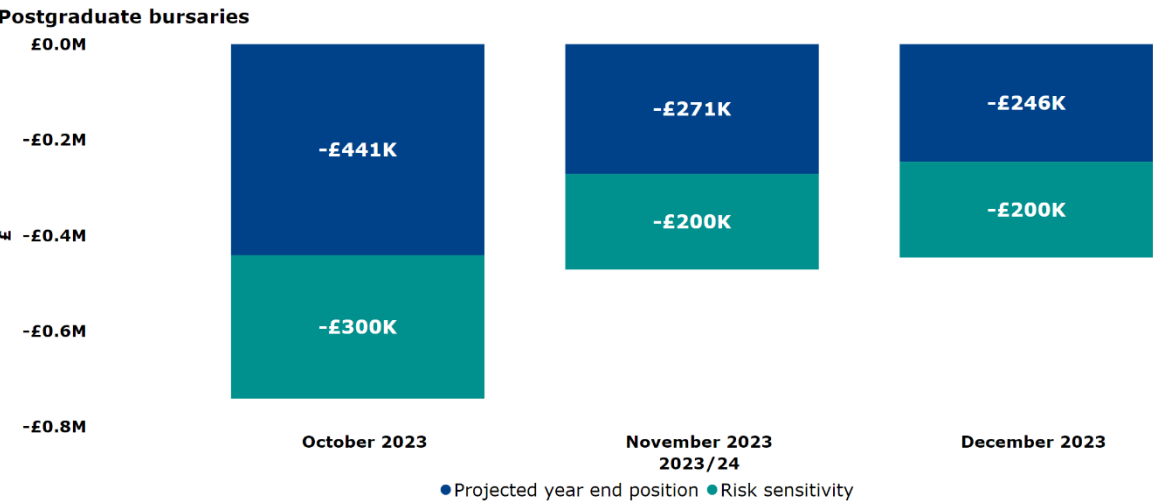


Future proofing project costs are projected to be £305k underspent at 31 December 2023. This is due to delays in filling posts and beginning digital work.

Risk sensitivity – This may be up to £90k of additional cost due to project development costs identified by the supplier. Discussions are ongoing to understand the reasons for the unexpected cost increase.

Risk likelihood – There is a medium risk that our futureproofing underspend will increase due to the timing of the digital developments and the delay of go live to 3 June. However, this may be partially negated by the additional cost range of up to £90k as mentioned in financial risk above. Timescales for legislative change are also out with our control but are currently 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 financial implications in 2024/25.

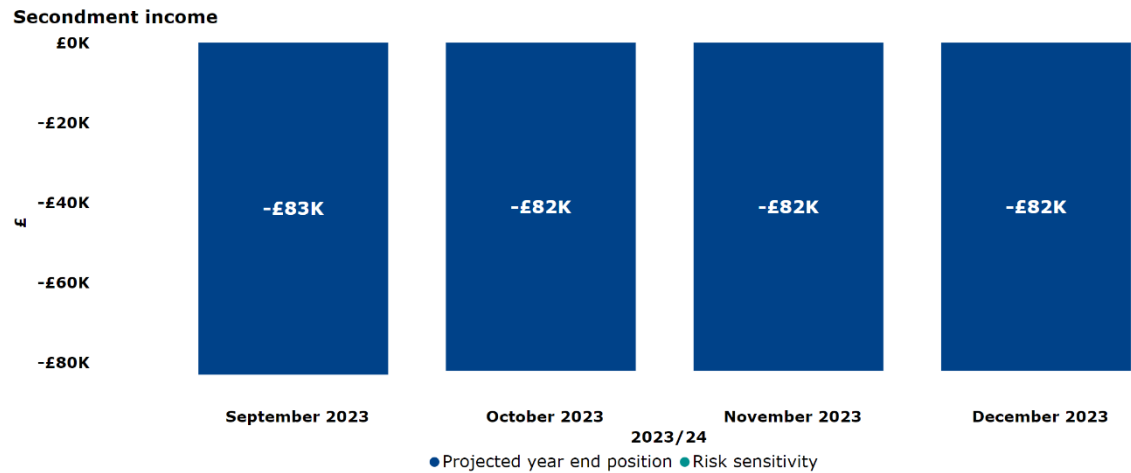


Postgraduate bursaries are means-tested allowances paid to social work students. We also pay students’ tuition fees to universities. We are seeing a reduction in the number of students being nominated this year, despite increasing the number of bursaries available. The projection of £246k includes Hardship Funding.

Risk sensitivity – This underspend could increase by a further £200k.

Risk likelihood – There is a medium to high risk that this underspend could increase given nominations and student eligibility are both out of SSSC’s control.

Impact on performance – No impact on our performance as we administer postgraduate bursaries on behalf of Scottish Government.



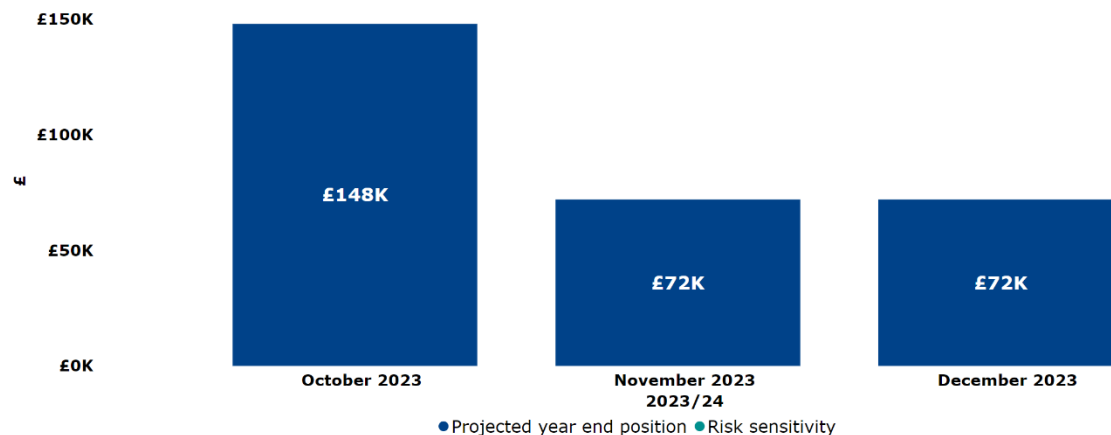
Secondment income is expected to be £82k more than budget at 31 December 2023. This is due to one secondment being extended and one additional in-year secondment.

Risk sensitivity – This underspend is not expected to change.

Risk likelihood – n/a

Impact on performance – None expected.

Office refurbishment



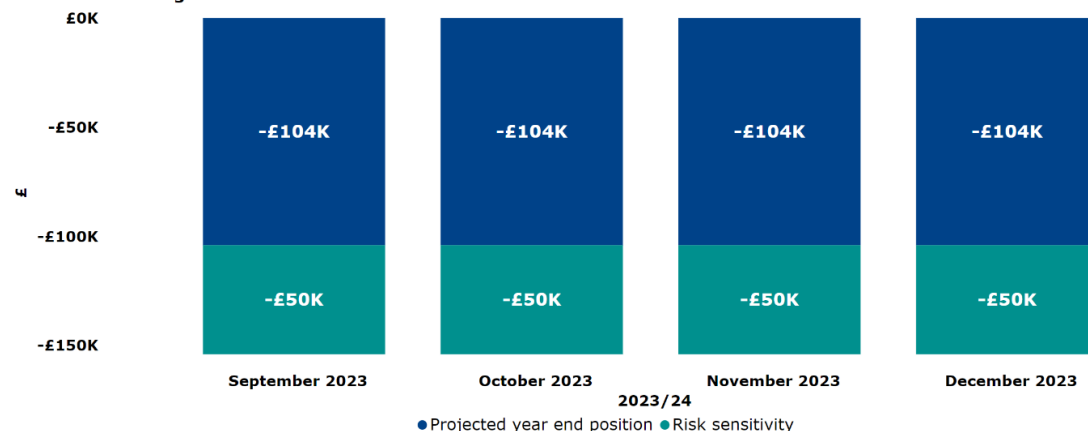
Office refurbishment costs are £72k more than budget as replacing the office carpet was not in the original plan.

Risk sensitivity – This projection is not expected to change.

Risk likelihood – n/a

Impact on performance – None expected.

Practice Learning Fees

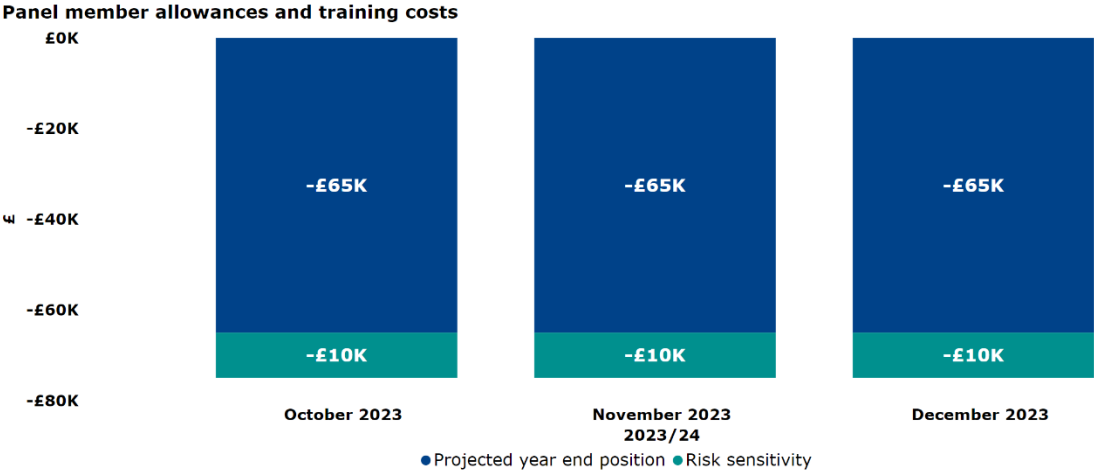


Practice learning fees are paid to universities for practice learning opportunities for students. This budget overspent in 2022/23 by £104k. Scottish Government increased our budget by £1.5m for 2023/24 and we expect to be able to recover the 2022/23 overspend from this budget.

Risk sensitivity – This projection is subject to the number of student placement days claimed by the HEIs and may increase the underspend by £50k.

Risk likelihood – n/a

Impact on performance – None

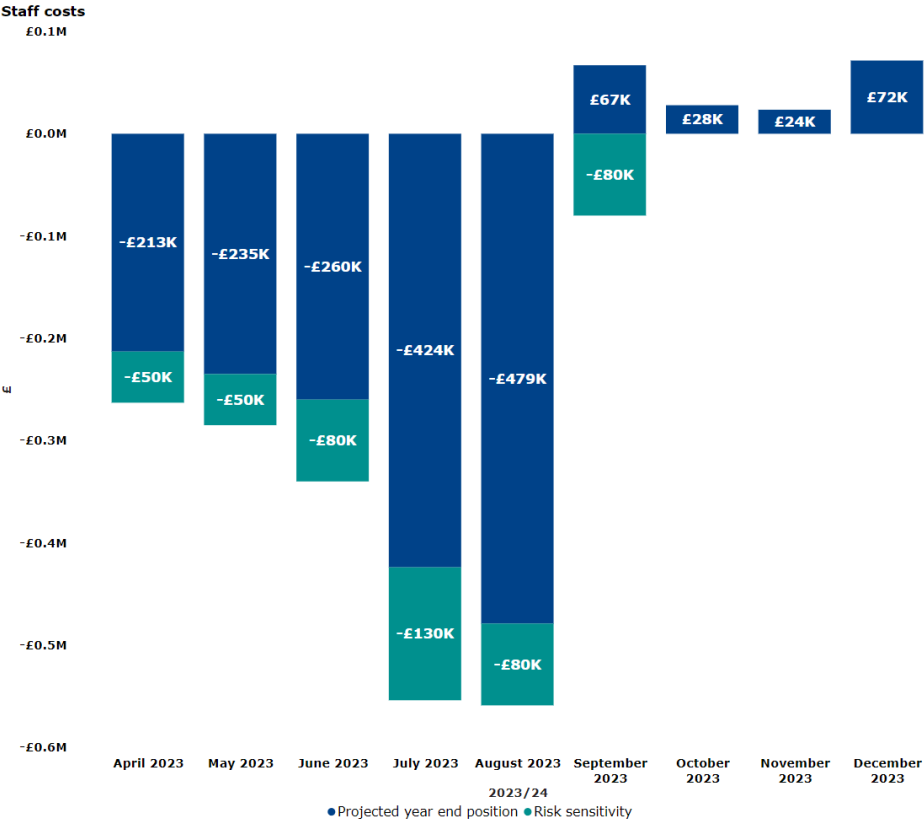


Panel member allowances and training costs are expected to be £65k underspent. We have included provision of £65k for additional panel member pension costs within this projection.

Risk sensitivity – This projection could reduce by a further £10k.

Risk likelihood – There is a low risk that this projection will change.

Impact on performance – None expected.

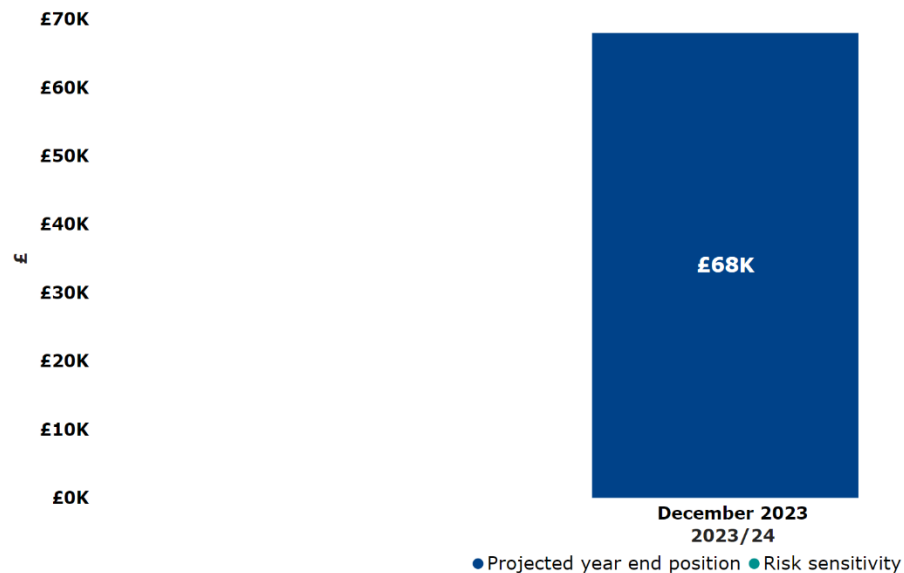


Staff costs (excluding Future Proofing Project) are expected to be £72k underspent due to further post vacancy savings.

Risk likelihood – There is a low risk that this projection will change.

Impact on performance – None expected.

Administration and Shared Services costs



Administration and Shared Services costs are projected to be £68k overspent at 31 December 2023 due to revisions of contracts mid-year.

Risk sensitivity – This projection is not expected to change.

Risk likelihood – N/A

Impact on performance – None expected.

1.6 Funding and income

Our Scottish Government Sponsor has approved funding totalling £24.148m in 2023/24. We expect to receive £3.813m in registration fees and other income.

Funding and income	Budget £000	Drawdown /received £000	Projection 31 Mar 24 £000
Grant in aid	11,028	10,244	11,028
GIA - disbursements	5,007	3,244	7,107
GIA – pay uplift 22/23	0	0	300
Specific grants	1,011	96	1,011
Local Authority fees	2,593	0	2,593
Futureproofing project	343	0	343
Spending pressure	1,766	0	1,766
Total Scottish Government funding	21,748	13,584	24,148
Recognition arrangements grant (Westminster)	19	0	19
Total Government funding	21,767	13,584	24,167
Income			
Registration fees	3,310	3,200	3,341
Other income	385	270	472
Total funding and income	25,463	17,054	27,980

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

We expect to drawdown our total funding of £24.148m (including spending pressure) 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.

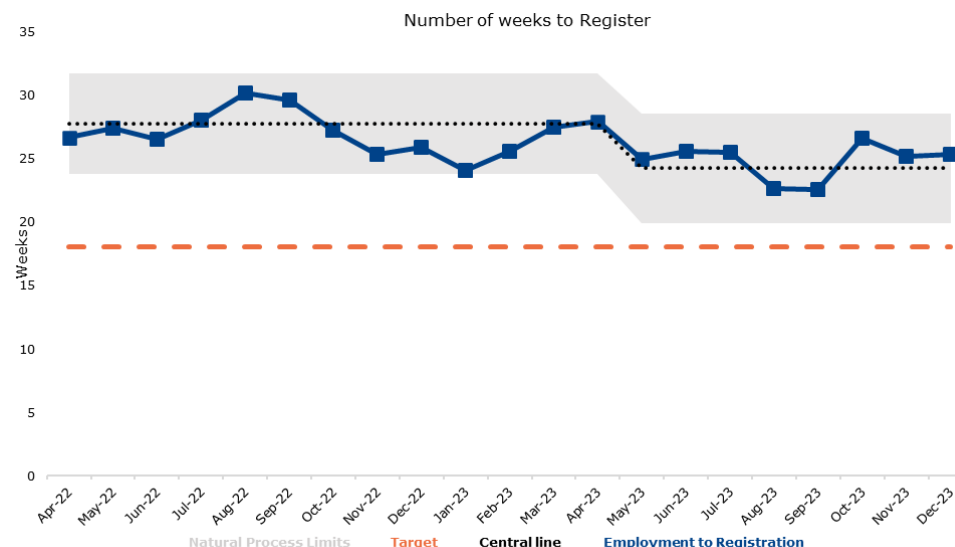
Assessment & Analysis

Time taken from employment to registration was 25.3 weeks in December 2023. Application to registration was 4.7 weeks a reduction of 0.7 weeks from the previous month.

RAG		
<18	18 to 22	>22
Target: 18 weeks		
Actual and reforecast		
Apr-23	27.9	55.1%
May-23	24.9	38.6%
Jun-23	25.5	41.8%
Jul-23	25.5	41.7%
Aug-23	22.6	25.6%
Sep-23	22.5	25.2%
Oct-23	26.6	47.8%
Nov-23	25.2	40.0%
Dec-23	25.3	40.6%
Jan-24	23.4	30.0%
Feb-24	25.0	38.9%
Mar-24	27.0	50.0%

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.

Current legislation allows people 6 months to gain registration so our ability to influence how quickly people apply is limited. Future proofing legislation will include a reduction in the time to apply for registration to three months, being the driving force to achieving this measure by the end of the next financial year.



Management Action

We will continue to build on the training of additional, temporary staff to ensure our work is as up to date as possible to prepare for Future Proofing. Future Proofing will be implemented from June 2024. Communication with employers and individuals will start well in advance of that to ensure that they are prepared for the need to register within 3 months.

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

Assessment & Analysis

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

RAG			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	1831	-8%	Oct-23	95.6	0.7%
Nov-23	1817	-9%	Nov-23	95.8	0.8%
Dec-23	1798	-10%	Dec-23	95.7	0.7%
Jan-24	1721	-14%	Jan-24	95.1	0.1%
Feb-24	1723	-14%	Feb-24	95.4	0.4%
Mar-24	1745	-13%	Mar-24	95.9	0.9%

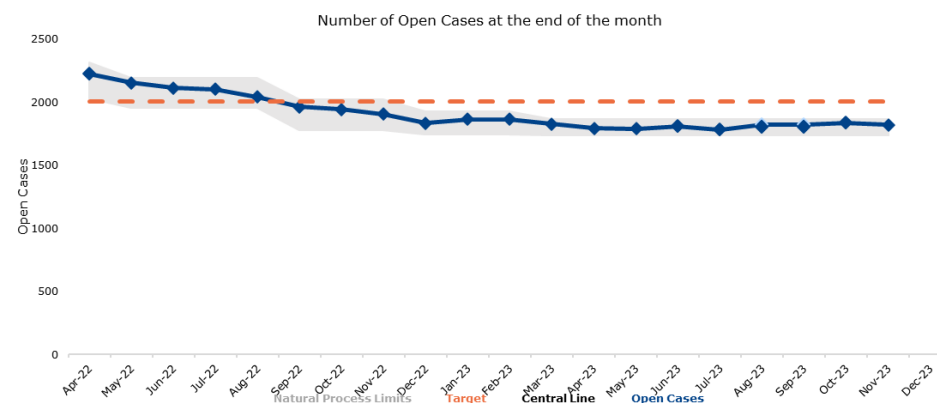
Over the past year FtP has experienced high turnover resulting in the recruitment of new staff. This caused a reduction in tenure and experienced staff within the department. Newer staff are gaining experience over time and new recruits are progressing through the quality assurance process.

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

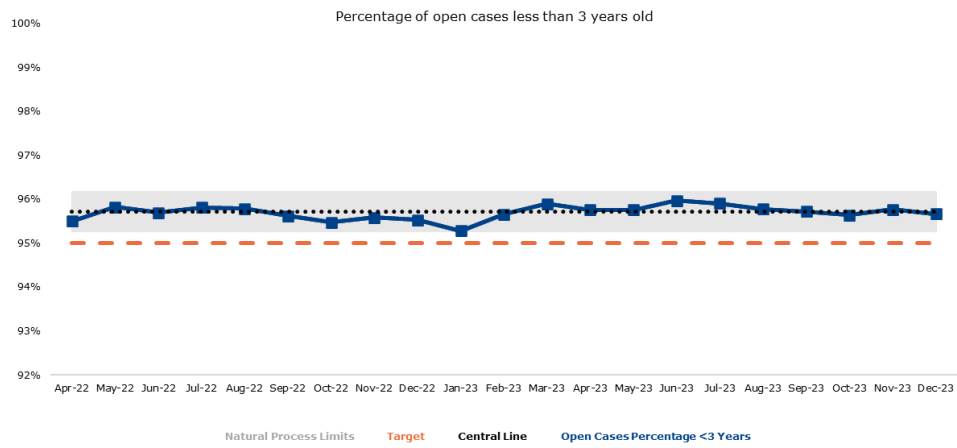
performance. Performance remains steady but is no longer improving at the rates predicted. Staff capacity is impacted by changes in process or systems, such as providing training and support to newer staff.

From March 2023 to October 2023 there has been a slight downward trend in the number of open cases. We recalculated the central line at this point, since then November and December performance have continued that downward trend.

At the end of December 2023, the number of open cases was



1,798. A decrease of 19 from the previous month but an overall reduction of 33 from December 2022. 95.7% (1,720 of 1,798) of open cases are less than 3 years old.

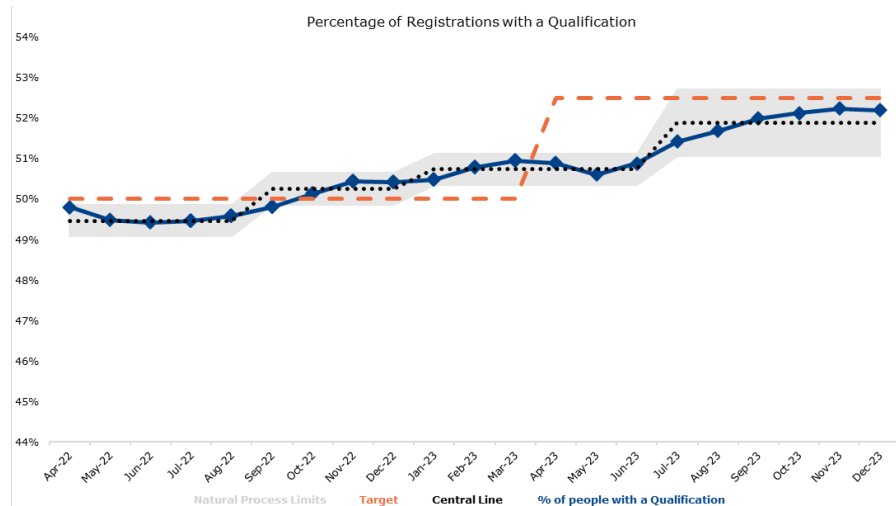


2.3 Workforce Education and Standards: Increase the percentage of the registered workforce with the correct qualification.

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	-3.6%
Jun-23	51.3	-3.1%
Jul-23	51.4	-2.1%
Aug-23	51.7	-1.6%
Sep-23	52.0	-1.0%
Oct-23	52.1	-0.7%
Nov-23	52.2	-0.5%
Dec-23	52.2	-0.6%
Jan-24	52.2	-0.5%
Feb-24	52.3	-0.4%
Mar-24	52.4	-0.2%

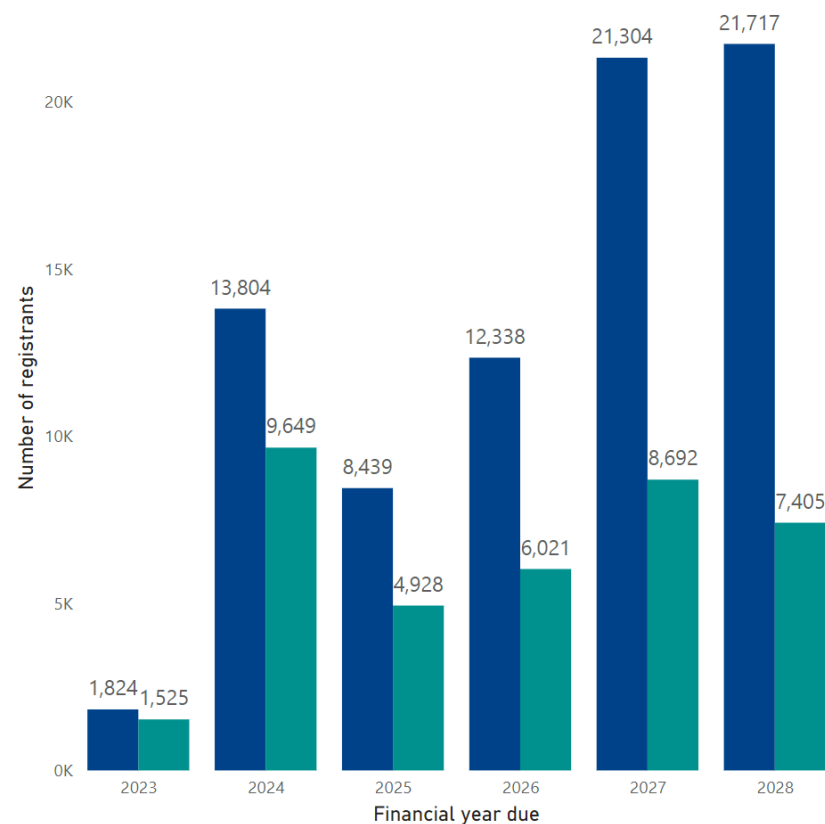


December 2023's performance was 52.2%. Overall numbers of individuals achieving a qualification condition is increasing. However, the length of time an individual takes to satisfy a qualification condition is also increasing.

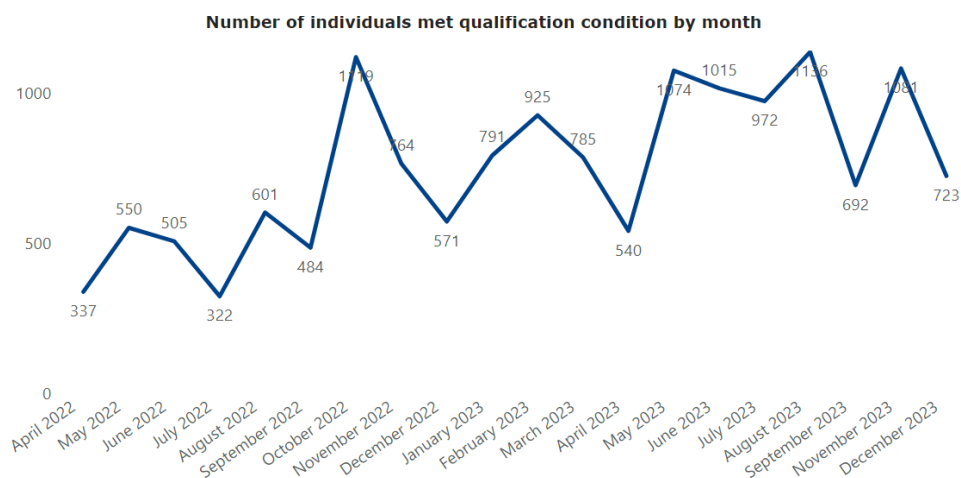
78,362 registrants have a qualification due in the next five years, we estimate that 40,224 will still be due after attrition. 1,824 of the 78,362 are in 2023/24.

In the month of December 2023 723 individuals met a qualification condition, this was down from 1,081 in November 2023 but it was up from 571 in December 2022.

Number of registrants with a qualification condition due



● Number of individuals with qualification condition due ● Estimated, due to attrition, t...



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 June 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 went to Council in November 2023 setting out recommendations and further information has been requested for Council in February 2024

Barriers to gaining qualifications including access to funding, the number of external assessors, time in work to complete has been raised for discussion at the Joint Social Services Ministerial Taskforce on 17 January 2024 to agree priority actions in the wider system.

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 took 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%	1.4%
May-23	27.4%	9.7%
Jun-23	27.5%	9.8%
Jul-23	26.8%	7.2%
Aug-23	28.5%	14.1%
Sep-23	28.4%	13.7%
Oct-23	28.7%	14.8%
Nov-23	29.0%	16.0%
Dec-23	27.7%	11.0%

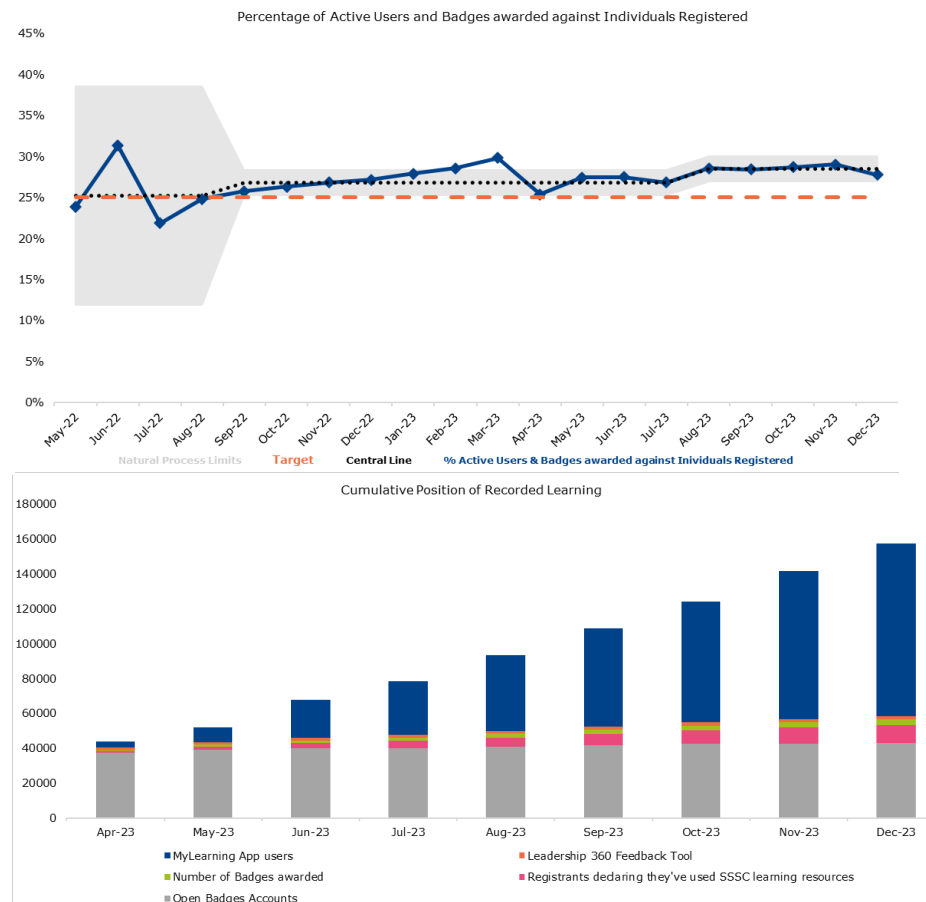
Jan-24
Feb-24
Mar-24

Performance has decreased from 29.0% to 27.7%. Overall performance has dropped by 1.3% compared to last month.

Performance for MyLearning app users has dropped by 1.2% this is the main driving force for the reduction.

There were 3,549 badges logged in December 2023 compared to 3,347 in November 2023. 1,013 individuals out of 2,310 (43.9%) who applied for renewal in December 2023 indicated they had used SSSC learning resources.

We currently have 43,021 active SSSC Open Badges user accounts and saw 2,964 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%		

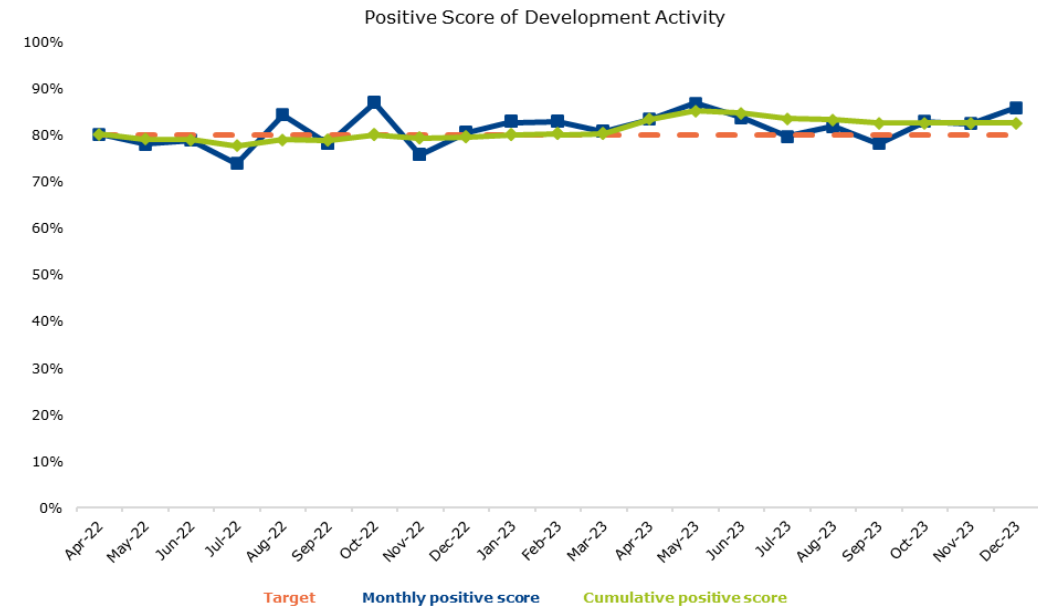
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance Actual and Reforecast		
Apr-23	83.3	4.1%
May-23	86.8	8.4%
Jun-23	83.7	4.6%
Jul-23	79.6	-0.4%
Aug-23	81.7	2.1%
Sep-23	77.7	-2.8%
Oct-23	83.6	4.5%
Nov-23	83.3	3.1%
Dec-23	85.7	7.1%
Jan-24	80.3	0.3%
Feb-24	81.2	1.5%
Mar-24	83.9	4.9%

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	82.3%	2.9%
Oct-23	82.4%	3.0%
Nov-23	82.4%	3.0%
Dec-23	82.4%	3.0%
Jan-24	81.6%	2.0%
Feb-24	81.6%	2.0%
Mar-24	81.8%	2.3%

From the above resources we received 7 responses, compared to last month's 17. The link for the survey broke in November 2023

this has been resolved, number of responses should increase this month.



Management Action

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>Approval from Scottish Government and internal sponsor group to move the go-live dates for the structure of the Register and the qualifications/skills projects to June 2024.</p> <p>Codes of Practice go-live remains on track for May 2024.</p> <p>December's SSSC News email highlighted the coming changes and pointed to updated information on the website, resulting in almost 20k people reading the article and just under 5k people visiting the website page to view more of the detail and read the FAQs. This is the highest open/read rate for any article this year and shows positive engagement in the changes to come.</p>	<p>Developing implementation plan and associated communications plan.</p> <p>Digital assurance recommendations report received and action plan to be drafted in response, for presentation to FPP and Digital programme boards in January 2024.</p> <p>Continued discussions with SG sponsor to progress legislative changes.</p> <p>CPL/RTP models final drafts to programme board group for endorsement in January 2024, and approval by sponsor group in February 2024.</p> <p>Codes final draft to sponsor group in February 2024 for approval, then Council later that month.</p>	Trusted
The Promise - Change	Review the SSSC codes of practice to reflect the promise and the UNCRC.		The review of the Codes sits within our Future Proofing Programme (see above).	As above.	Skilled

Programme One	That review will be driven by a human rights-based approach.		Consultation launched in April 2023 and closed on 7 July 2023. Codes final drafts endorsed by programme board in November 2023. Staff currently working with the Promise on a co-design approach to developing child-friendly Codes.		
	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. Confirmation received that future ownership and responsibility for implementation will sit with the Keeping the Promise team in Scottish Government.</p> <p>Final product will require approval from the Children's National Leadership Group and will be subject to ministerial sign off.</p>	Continued progression of key milestones via core groups.	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.		Work on track. Soft launch of directory took place in August 2023. Agreed with SG that the full launch of the CPL portal will be end January/beginning of February 2024.	<p>LearnPress modules site and suite of CPL modules developed and being tested with users in preparation for launch of the portal.</p> <p>User data analytics and associated intelligence collated and shared with the SG policy lead in December 2023.</p>	Skilled

	Ensure flexibility of qualifications for registration and a new system of continuous professional learning is fit for purpose and supports practitioners while protecting service users.		<p>Publication of the framework has been postponed by Scottish Government</p> <p>CPL work is part of FPP workstreams and continues to progress and is on track.</p>	<p>Final model will go to FPP Sponsor for approval in February 2023.</p> <p>The wider acceptability of qualifications comes into effect 3 June 2024.</p>	Skilled
	Undertake, with partners, a review of the National Occupational Standards (NOS) by 2025.		<p>Publication of the framework has been postponed by Scottish Government</p> <p>Workplan for scoping year 2023-24 was approved by Alliance Governance group on 13 September 2023.</p>	<p>Planning workshop with UK partners took place 11 December 2023. Further session planned for February 2023 to finalise engagement plans (Part A)</p> <p>Part A plans to be submitted to SQA Accreditation Q1 2024/5</p> <p>Funding to be agreed with NOS governance group and UK panel.</p>	Skilled
Adult Social Care Skills Response Plan	Actions TBC.		Research finalised.	Planning workshop with key partners scheduled for February 2024 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.		<p>On track - Digital Capability research complete.</p> <p>Revised plan to meet agreed outcomes accepted and confirmed by funders.</p>	<p>Digital Capability research has been finalised for publication by the end of January 2024.</p> <p>Revised cyber resilience work plan finalised and being actioned. Two new projects created and procurement being finalised. Will be complete by end March 2024. Cyber resilience event planned for February 2024.</p>	Skilled
Mental Health and Wellbeing Workforce	Provide support to increase the number of Mental Health Officers in		On track.	Workforce action plan published in November 2023. We await details of a new governance structure being	Confident

Strategy and Action Plan	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.			set up to monitor progress of the action plan. This is being developed by the Scottish Government and COSLA.	
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 an effective transition from professional qualification to employment (Mandatory roll out Sept 2024).		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 support within LAs sites complete.	NQSW Implementation subgroup of SWEP established. Implementation plan being developed to support go live – 1 October 2024.	Skilled
	Work with partners to improve and enhance the quality and provision of workforce data.		Action plan commitments in progress and on track. The provision of data to support workforce planning and development being incorporated	Continue to engage with national partners and Scottish Government to refine data provision and quality. Office for Statistics Regulation self-assessment to be carried out in	Confident

			into specific national workforce action plans.	respect of the SSSC's national statistics role in late 2024. SSSC represented on new SG data and intelligence groups established at a national level to oversee collaborative work in this area.	
	Support the development of trauma responsive social work services.		Action plan commitments in progress and on track.	Work ongoing with OCSWA to support reflective practice/supervision development for social workers, aligned to trauma learning. Trauma included as mandatory requirement in new model for CPL.	Confident
	Work with partners to develop induction resources including infection prevention and control.			The national induction framework for adult social care was published in 2022. We await further instruction from the Scottish Government in respect of the findings of an evaluation of the framework and any further development required. National Induction Framework resources included in new CPL new into role pathway. In partnership with NES and HIS, the Preventing Infection in Social Care Settings app has been updated and promoted.	Confident
	Support implementation of the Health and Care Staffing (Scotland) Act 2019.		On track. The SSSC co-chairs the learning and development group with the Care Inspectorate. We are working with partners to develop	Currently testing the knowledge and skills framework and progress with this to be discussed at the next learning and development group meeting on 16 January 2024.	Valued

			learning for the social services workforce to support implementation.	Supporting partners with the development of further learning resources to support implementation of the legislation.	
	Support the Fair Work in Social Care Group's work in respect of effective voice and terms and conditions throughout social care.		Progressing and on track.	Continue to support.	Valued
Improving Wellbeing and Workforce Cultures Action Plan	Promoting and supporting development of the Leading to Change leadership development programme.		Specific actions for social care and social work agreed for 2023/24 and have been incorporated into the joint SSSC/NES partnership work plan.	Action plan for 2023/24 will now be published in early 2024. Continue to engage with the social care and social work subgroup to plan activity in the meantime.	Confident
	Promoting and supporting development of wellbeing offers for the workforce.		Continue to engage with the national Workforce Wellbeing Champions network, promote resources, and share good practice. Specific action for 2023/24 to be agreed and many being incorporated into other national workforce action plan.	Action plan for 2023/24 will now be published in early 2024.	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.		On track.	Supporting National Improvement Framework development, publication date to be confirmed. Will support testing phase of the Framework from early 2024. Supporting NES to review their QI learning and learning blueprint for the next three years.	Confident

				Funding agreed for places on ScIL programme for social work for 2024/25.	
Drug Deaths Taskforce Report (Changing Lives): Workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced	Plan to be finalised and actions agreed.		Progressing and on track. Action plan now published by the Scottish Government.	The action plan does not mention specific organisations as contributing to the action although the SSSC will contribute to several including those relating to workforce data and mapping, promotion, and development of training opportunities, supporting delivery of a national platform to host learning resources, supporting the development of competencies for workers, supporting workforce wellbeing, and supporting the development of career pathways.	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.		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>LfS resources included in CPL digital resource.</p> <p>NOS Planning workshop with UK partners took place 11 December 2023. Further session planned for February 2023 to finalise engagement plans (Part A) Part A plans to be submitted to SQA Accreditation Q1 2024/25.</p> <p>Funding to be agreed with NOS governance Group and UK panel.</p>	Skilled

3. KEY OPERATIONAL INDICATORS

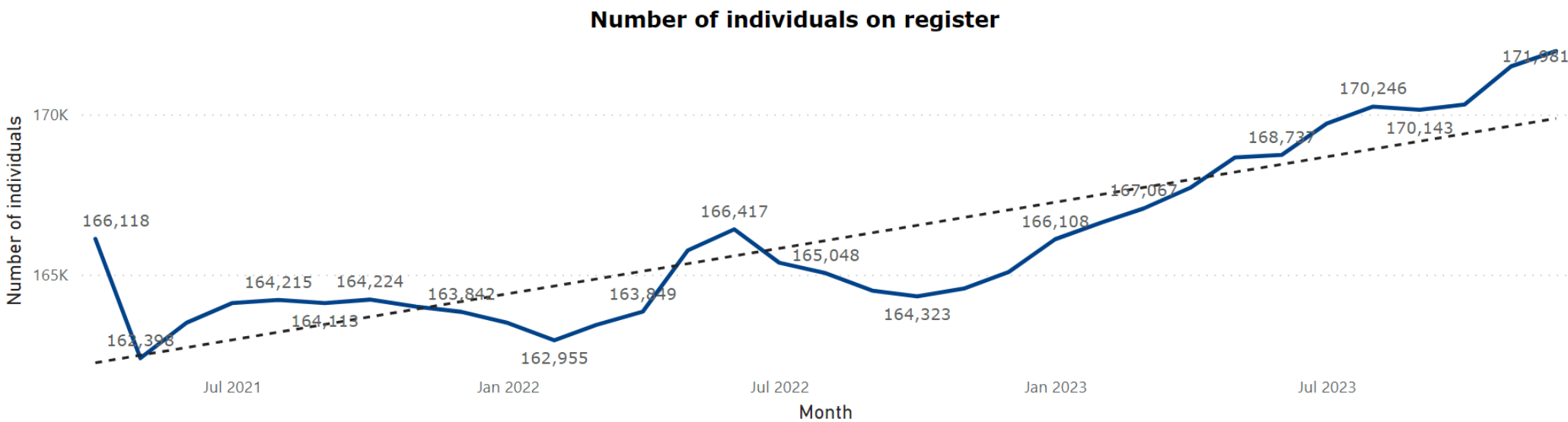
3.1 Regulation: Registrant workforce numbers

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. In May 2021 there were approximately 162,394 people on the register, that figure currently stands at over 171,000 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.



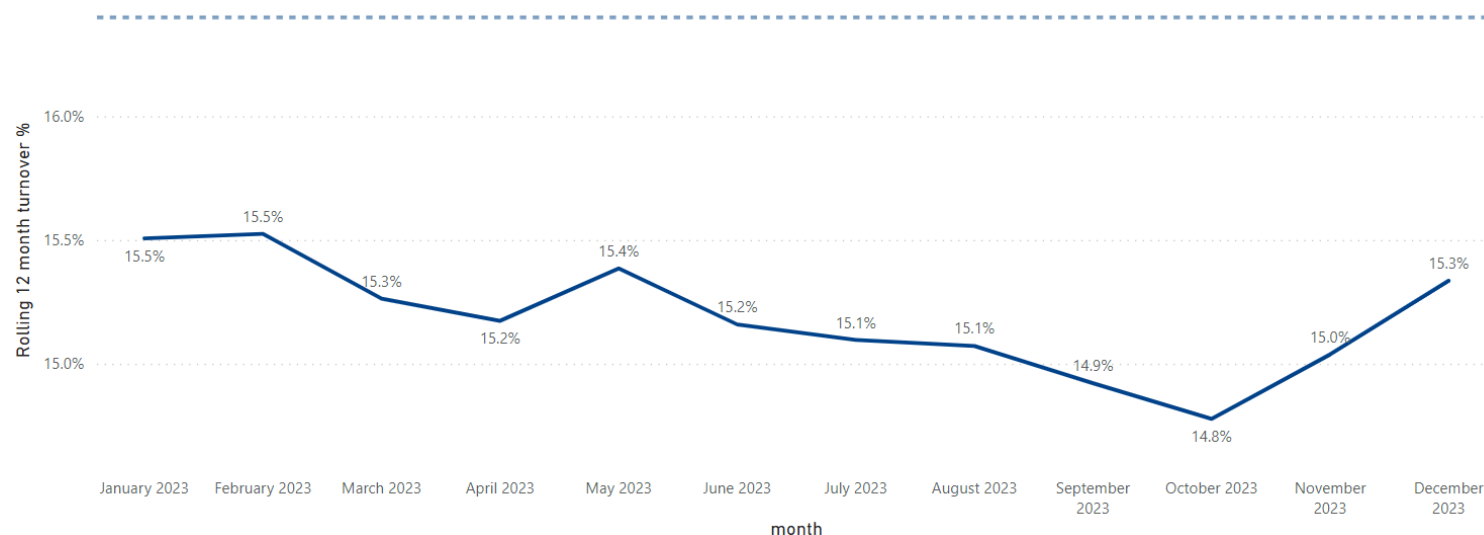
3.2 Strategy and Performance: The percentage of the workforce feeling valued for the work they do.

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 – 11.4% - current rolling position is 15.3%

Rolling 12 month turnover % by month



Region of Care Service	Turnover previous 12 months %
City of Edinburgh	24.4%
Highland	24.1%
Perth and Kinross	23.7%
Aberdeen City	23.6%
Dumfries and Galloway	23.5%
Scottish Borders	23.3%
Dundee City	22.1%
Moray	22.1%
South Lanarkshire	21.8%
Clackmannanshire	21.5%
Fife	21.1%
West Lothian	21.0%
Angus	21.0%
East Lothian	20.9%
Aberdeenshire	20.3%
Stirling	20.2%
East Dunbartonshire	19.9%
Midlothian	19.6%
Glasgow City	19.6%
South Ayrshire	19.3%
Argyll and Bute	19.2%
Renfrewshire	19.2%
East Renfrewshire	19.0%
Inverclyde	19.0%
Falkirk	18.2%
North Lanarkshire	17.9%
North Ayrshire	17.8%
West Dunbartonshire	17.2%
East Ayrshire	16.2%
Eilean Siar	14.0%
Orkney Islands	13.3%
Shetland Islands	9.3%

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	Amber	Green	Green	Green	Green	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	Learning Zone project: Procurement complete.	Risks and issues: Website research project: Budget will be approx. £1800 overspent on completion and initial report delayed by a week.
Future proofing digital changes	DoSP	Implement	Green	Amber	Green	Green	Amber	Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	Sprints 6 and 7 in wave 3 complete. SG Digital Assessment complete.	Risks and issues: Reliance on external supplier delivering to our timescales. Resourcing remains a risk.
Future-Proofing Programme	CE	Deployment	Green	Amber	Green	Green	Amber	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	SG Digital Assessment sessions complete.	Risks and issues: Timescales for legislative change remain out with our control, which has resulted in go live moving to 3 rd of June 2023. Risk remains around recruiting and retaining resources.

Rewards Review	DoFR									Rewards Review ended by Council on 23 rd November.
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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	6.4%	77.8%
Oct-23	6.2%	72.2%
Nov-23	6.2%	72.2%
Dec-23	4.8%	33.3%
Jan-24		
Feb-24		
Mar-24		

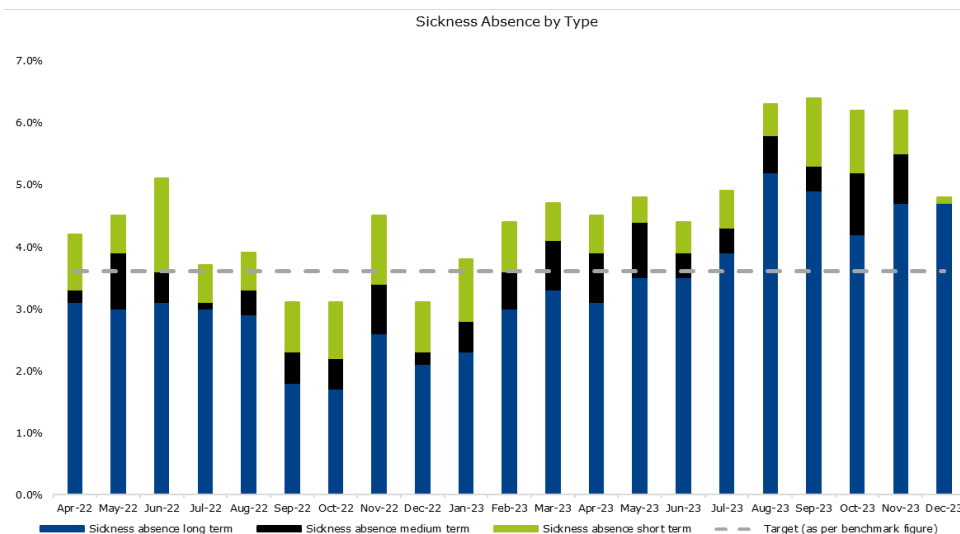
Definitions: Short-term absence is up to a week. Medium-term absence is between 8 and 27 calendar days. Long-term absence is a period of four weeks or more. There has been a reduction in absence levels.

15 employees were off on long term sick in December 2023. These were in six different absence categories and do not present any trend in terms of reasons for absence.

In December 2023 SSSC lost 302 days to sickness (4.8% of capacity).

We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	21	13.2%
Regulation	FtP	23	1.2%
Regulation	RIH	21	6.6%
Regulation	Registration	93	6.1%
WE&S	E&S	43	8.7%
WE&S	WP&P	42	12.2%
S&P	Comms & Policy	2	0.7%
S&P	P&I	22	7.6%
S&P	Digital Services	0	0.0%
F&R	LCG	21	13.0%
F&R	HR	11	10.8%
F&R	Finance	2	0.8%
F&R	OD	0	0.0%



Management Action

We continue to assist managers with staff absence, holding absence review meetings, supporting Occupational Health referrals and return to work discussions. There are some ongoing complex cases that we are working with that will take time to resolve.

The maximising attendance policy has been revised and was approved at November 2023 Council. Managing attendance and managing performance training for managers has been scheduled for March 2024

5.2 HR: The overall staff turnover percentage.

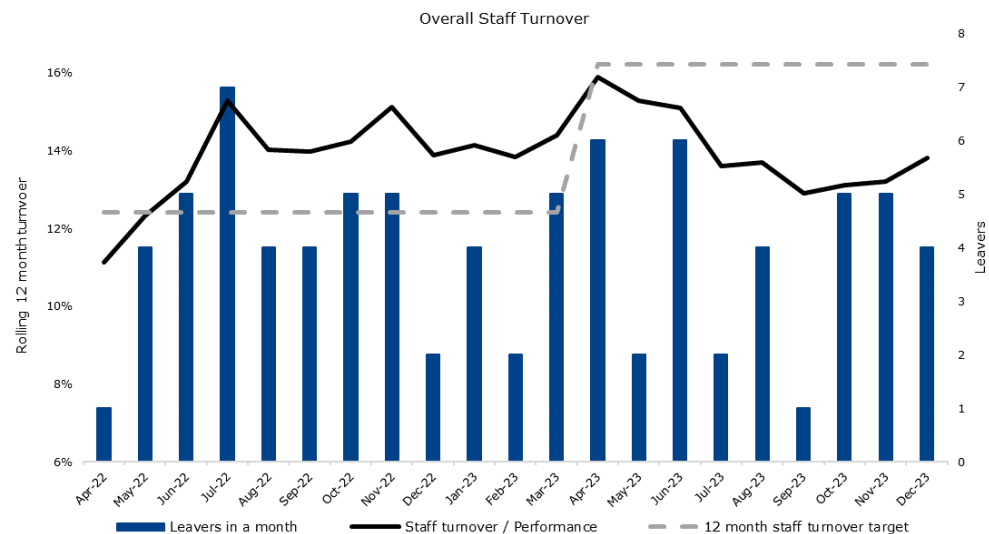
Assessment & Analysis

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	13.1%	-19.1%
Nov-23	13.2%	-18.5%
Dec-23	13.8%	-14.8%
Jan-24		
Feb-24		
Mar-24		

In December we had four leavers two in FtP, one in P&I and one Registration. The overall rolling turnover was approximately 13.8%.

Directorate	Department	Leavers	Headcount	12-month turnover %
EMT & Support	EMT & Support	0	8	24.7%
Regulation	FtP	2	99	15.9%
Regulation	RIH	0	17	10.9%
Regulation	Registration	1	80	9.9%
WE&S	E&S	0	27	14.3%
WE&S	WP&P	0	17	20.7%
S&P	Comms & Policy	0	15	6.9%
S&P	P&I	1	14	24.0%
S&P	Digital Services	0	14	0.0%
F&R	LCG	0	8	43.6%
F&R	HR	0	6	16.2%
F&R	Finance	0	13	7.5%
F&R	OD	0	2	44.4%



Management Action

We continue to encourage the take up of exit interviews and monitor any trends arising from these so we can build in interventions as required.

For the table dictating the threat level is determined by OMT assessment based on current empty post and seconded position.

Table.1 HR information - turnover, empty post and seconded out threat level assessment

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
EMT and Support	EMT and Support	24.7%	1.0		8	7.7	Green
Finance and Resources	Total	22.6%	2.0	1	29	26.9	Amber
	Finance	7.5%	0.0		13	12.3	Green
	Human Resources	16.2%	0.0		6	4.8	Green
	Legal and Corporate Governance	43.6%	1.0	1	8	7.7	Amber
	Organisational Development	44.4%	1.0		2	2.0	Amber
Regulation	Total	13.0%	12.7	14	195	179.9	Amber
	Fitness to Practise	15.9%	8.7	3	98	92.0	Amber
	Registration	9.9%	0.0	14	80	72.7	Green
	Regulatory Improvement and Hearings	10.9%	4.0	2	17	15.2	Amber
Strategy and Performance	Total	11.1%	3.0	8	43	41.8	Green
	Communications and Policy	6.9%	0.0	1	15	14.0	Green
	Digital Services	0.0%	1.0	1	14	14.0	Green
	Performance and Improvement	24.0%	2.0	2	14	13.8	Amber
Workforce, Education and Standards	Total	16.9%	3.0	3	44	40.6	Green
	Education and Standards	14.3%	1.0	1	27	24.0	Green
	Workforce Policy and Planning	20.7%	2.0	2	17	16.6	Green
Total		13.6%	21.7	27	319	296.9	Green

Table.2 HR information for Shared Services- turnover, empty post and seconded out threat level assessment

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
Shared Services	Total		2	0	0	0.0	Green
	Estates, Health and Safety		1				Green
	Finance transactions						Green
	Payroll		1				Amber
	Procurement						Green

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	FPP project and specific grants	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
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)
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 and we have £1.030m of specific grants, as detailed in table 2 below.

Table 2 Specific grants projection	Budget £000	(Underspend) /overspend £000	Variance £000
Workforce Development Grant	771	898	127
WDG - Scottish Care & CCPS	138	138	(0)
Early Learning and Childcare Grant	64	68	4
Cyber Resilience Grant	38	35	(3)
Recognition Arrangements Grant - Westminster	19	23	4
	1,030	1,163	133
Grant carried forward in reserve from 2022/23		(354)	(354)
Request to carry forward variance to use in 2024/25	1,030	809	(221)

We have also received confirmation of £600k Voluntary Sector Development funding (VSDF) and additional Practice Learning Fee income of £1.500m.


General Reserve

At 31 December 2023 expect our available general reserve balance to be £404k.

Table 3 General reserve position		£000	£000
Projected general reserve at 31 March 2023			(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 - requested carry forward			305
Postgraduate bursaries underspend - request carry forward			246
Workforce Development Grant underspend - request carry forward			230
In year use of general reserves			111
Remaining available general reserve			(404)


Movements to projection up to 31 December 2023

Table 4			
Movements to our projection	Underspend	Overspend	Movement
	£000	£000	£000
Practice learning fees - additional income	(1,500)	0	(1,500)
Practice learning fees	0	1,396	1,396
Voluntary Sector Development Fund (VSDF) expenditure	0	943	943
Voluntary Sector Development Fund (VSDF) income	(604)	0	(604)
Postgraduate bursaries	(246)	0	(246)
Additional grant in aid - 2022/23 pay award	(300)	0	(300)
Digital running costs	0	259	259
Futureproofing project	(305)	0	(305)
Office refurbishment	0	148	148
Secondment income	(82)	0	(82)
Panel member allowances and training	(65)	0	(65)
Research into equalities data	0	46	46
Additional registration fee income	(31)	0	(31)
Modern apprenticeship income	0	24	24
Staff costs	(72)	0	(72)
Travel and subsistence	(23)	0	(23)
Registration of modern apprenticeship costs	0	18	18
Digital developments	0	18	18
Communications internal & external engagement	(27)	0	(27)
Staff training	(14)	0	(14)
Fitness to practise & HR legal fees	0	1	1
Administration & Shared Services	0	40	40
Underspend including disbursements (excluding specific grants)	(3,269)	2,892	(377)

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

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>registration process is too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p>					<p>members of the public making a referral – Summer 2023Summer 2024 – Director of Regulation</p> <p>Change to the structure of our register– long-term project for completion by-in 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/<u>25</u></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 Our contribution to developing resources does not meet the needs of registrants and employers. Our standards don't meet the needs of employers. Limited funding for individuals and employers to support formal learning. Our legislative framework is a structural barrier to flexible working across care. Individuals are not able to complete qualifications. 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</p>	Director of Workforce, Education and Standards	4	4	16 (High)	<p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p>We are supporting the development a new Graduate Apprenticeship Route into Social Work.</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>delivery which affects the delivery of care to people using services.</p> <p>Reduced confidence of public protection. Existing qualifications and standards do not support new models of care.</p> <p>Workers are unable to adhere to the SSSC Codes of Practice.</p> <p>Risk to our reputation with external partners when we cannot provide the information or data requested</p>					<p>We are developing a new integrated health and social care SVQ qualification. The formal content is currently out for consultation closes 31 January 2024. The award will be finalised for approval by SQA May 2024</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 June 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.</p> <p>Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025</p> <p>Barriers to gaining qualifications i.e access to funding, number of external assessors raised at Ministerial Joint Social Services Taskforce Jan 2024 to agree priority actions with SG and key partners.</p> <p>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</p>						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council members and Officers. Poor assurance mapping.</p>	Director of Regulation)	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p> <p>Effectiveness review of Council performance carried out annually.</p>	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?
			<p>Shared services governance and operational arrangements are ineffective eg operating model no longer fit for purpose unclear on accountability/ responsibility for decision making</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit.</p> <p>Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</p>					<p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Assurance mapping carried out and agreed by the Audit and Assurance Committee.</p> <p>Agreed internal audit plan up to 31 March 2025.</p> <p>Planned actions 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).</p> <p>Review of Shared Services operating model. Due to changes in both organisation since the CIPFA report 3 years ago, Internal Audit have recommended review and amendments to how we operate shared services, reduced documentation and new service specification (Director of S&P and CEO)</p>						
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.</p> <p>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.</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>	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?
			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					Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)						
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. 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>	Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback eg Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on particular issues, annual staff event.</p> <p>Internal Audit completed- no recommendations</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</p>	4	3	12 (Moderate)	↔	N	

02101 Strategic Risk Register

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?		
							<div>with UNISON re pay claim 2023/4 (Chief Executive–commenced March 2023)</div> <div>Interim IIP and IIYP assessments completescheduled– November 2023. Continue to be on track for GOLD IIP and we have achieved silver status for IIYP. Areas to consider will be embedded into people strategy.</div> <div>Internal Audit of SSSC workforce planning – complete. Assessed as good with one recommendation Commences October 2023</div> <div>Equal Pay Audit planned concluded November 2023. No concerns to be addressed.</div>							
6	Finance and value for money: Financial management	Cautious (12-15)	<div>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</div> <div>Cause:</div> <div><ul style="list-style-type: none">Scottish Government do not increase permanent funding or consent to adequate fee levels, or they reduce our Workforce Development Grant preventing us from enable us to resourcing delivery of our core statutory functions and strategic priorities.Single year funding settlements to support a three-year strategic plan.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</div> <div>Consequence:</div> <div>Unable to:</div>	Acting CEO)	4	5	20 (High)	<div>Existing mitigation and controls</div> <div>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</div> <div>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</div> <div>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.</div> <div>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</div> <div>Resource models reviewed and updated and regularly compared to the actual</div>	4	4	16 (high)	<div>↔</div>	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?
			<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 Reliant on a number of temporary posts to deliver parts of the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</p>					<p>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> <p>Scottish Government (SG) has agreed to fund the deficit budget for 2023/24 and that we can carry forward reserves to 2023/24. 2024/2025 budget provisionally agreed to be submitted to Council in March. Indicative budgets for future years identify significant budget shortfalls. Increased pay award exacerbates this position and SG has partially funded the increased pay bill. We will continue to work with our SG Sponsor with the aim of putting in place sustainable funding. (Chief Executive-March 2024)</p> <p>Future Proofing Programme resulting in staff efficiencies (First quarter of 2024/25 - Director of Regulation)</p> <p>Ministerial meeting with Council Members to include discussion of financial sustainability.</p>						
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>	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>	3	4	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?
			Consequence: Complete loss of use of core business systems. Loss of data and sensitive information. Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties.					Planned Digital Development Programme for 2023/2024						

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 Minor breach of confidentiality. Only a single individual affected	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
		Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted.	Serious potential breach & risk assessed high, e.g. unencrypted file lost. Up to 20 people affected.	Serious breach of confidentiality, e.g. up to 100 people affected	

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

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

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

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

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

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

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

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

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

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

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
3. Calculate the risk rating by multiplying the consequence score by the likelihood score:
 $C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
4. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Scoring system in the trend column of the summary tables

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

2024/2025 SSSC Risk Appetite

Date agreed by Council:

Introduction

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

Risk appetite and risk tolerance are often used interchangeably. Risk appetite is defined as the level of risk which we aim to operate within. Risk tolerance, is the level of risk which we are willing to operate in.

Our risk appetites are aligned with the strategic risk register to identify existing and emerging risks that outside of our stated risk appetites.

Overarching Statement

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

Risk Appetite Definition

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

Risk Appetite Rationale

Finance and Value for Money

How will we use our resources?

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

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

Infrastructure

How will we be operationally fit for the future?

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

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

People and Culture

How will we be perceived by our workforce?

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

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

Legal Compliance

How do we meet our legal obligations?

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

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

Regulatory Quality

How will we deliver effective regulatory functions?

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

How will we approach assessment of qualification and standards?

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

Developing the Sector

How do we support development of the sector?

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

National policy landscape

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

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

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

Communication and Profile

How will we be perceived by our stakeholders?

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

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

We take an **open** approach to promoting our work to ensure we remain visible and are recognised for the value we bring to the sector. While we maintain a high standard of reputation, we will use different methods and technologies to promote the work of the SSSC and the sector.

Developing an understanding of stakeholders' opinions, concerns and views will help us shape the delivery of our work. For this to be effective we need to use different ways of engagement to reach all our stakeholder groups. We have an **open** approach to ensuring the mechanisms are in place to hear the views and voices of our stakeholders.

Risk appetite summary

Heading	Description	Current Appetite
Finance and value for money	Pursuit of BestValue	Open
	Cost/benefitappraisal	Cautious
	Financial management	Cautious
Infrastructure	Developing new process, systems and projects	Hungry
	Existing processes, systems and controls	Cautious
	Business continuity and adaptation of service	Minimalist
People and Culture	Organisationaldevelopment (developing SSSC workforce)	Averse
	Culture and transformational change	Open
Legal Compliance	Failure to meet obligations	Averse
Regulatory Quality	Deliver effective regulation	Cautious
	Quality and standards of education and training for the sector	Cautious
National policy landscape	Changes to regulation	Cautious

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

Title of report	Future Proofing Programme – update report
Public/Confidential	Public
Summary/purpose of report	To provide an update on programme workstreams
Recommendations	The Council is asked to note the contents of this report.
Author	Graeme Henderson, Programme Manager
Responsible Officer	Maree Allison, Interim Chief Executive
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people’s lives.</p>
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 right 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 not required. 2. A Data Protection Impact Assessment (DPIA) was not required. 3. A Sustainability Impact Assessment (SIA) was not required.
Documents attached	<p>Apx 1 – Continuous Professional Learning (CPL) model for approval – Sponsor paper dated 5 February 2024</p> <p>Apx 2 - Return to Practice Requirements (RTP) model for approval – Sponsor paper dated 5 February 2024</p>
Background papers	<p>Council meeting of 22 November 2022 (Report 42/2022) – Future Proofing Programme Proposals Report</p> <p>Equality Impact Assessment</p> <ul style="list-style-type: none"> • FPP Qualifications EQIA • FPP Register EQIA • FPP Codes EQIA

EXECUTIVE SUMMARY


1. In February 2021 Council approved the establishment of a programme to revise our key regulatory functions. In May 2021, Council approved the governance structures of the Future Proofing Programme (FPP); FPP Sponsor Group has oversight of the programme. In November 2021 Council gave authority to consult on elements of the proposed changes. In November 2022 Council approved progression of FPP proposals. Further updates have been provided in the quarterly Chief Executive's reports.
2. In March 2023 the FPP Sponsor Group approved scoping work for new groups to be brought into programme scope, following a request from Scottish Government that we undertake this work.
3. This report provides an update on progress across the programme.
4. The programme consists of four projects:
 - the structure of the register
 - qualifications and skills
 - review of the Codes of Practice
 - scoping of new register groups.
5. We intend to launch the revised Codes of Practice on 1 May 2024, with a ministerial launch on 7 May. We will thereafter implement changes from the other projects on 3 June 2024, assuming the required legislative change is made within agreed timescales. This follows approval from Scottish Government and Sponsor Group to delay our original planned timetable from April 2024.

PROJECT UPDATES

Structure of the Register

6. The following changes are being implemented by the FPP:
 - reduction in the number of register parts, from 23 to 4
 - introduction of a requirement that workers apply for registration within 3 months of starting a new role
 - publication of additional information on the Public Facing Register (PFR) including information on any fitness to practise warnings and/or conditions; potential to display specialist qualifications for workers
 - introduction of ongoing registration, removal of the requirement to renew registration, and introduction of an annual declaration to coincide with annual fee payment
 - Addition of new register parts for Practitioner in a Housing Support Service and Practitioner in a Care at Home Service.
7. These changes require significant systems development work. All planned work to date is being delivered on schedule and we remain on track to deliver the required changes in time for go-live in June 2024.

Qualifications and skills

8. The Continuous Professional Learning (CPL) model was developed using Scottish Service Design methodology in consultation with registrants and employers before formal consultation on the proposed new model. The new model moves away from the current model of recording days/hours and has a focus on key skills and knowledge required at key career stages.
9. The CPL model, principles and guidance were approved by Sponsor Group on 5 February, with the authority delegated by Council. The report presented to Sponsor Group and associated guidance documents are included as background papers.
10. The website for CPL is under development. This is a digital resource that will help workers identify CPL pathways and learning resources relevant to their role and area of interest. We will demonstrate this and provide further detail at the Council development session in March 2024, and the website will launch April 2024 allowing promotion and communication with the sector as part of our implementation planning ahead of the new model being implemented in June 2024.
11. Return to Practice (RTP) requirements for social workers were developed in consultation with registrants and employers at the same time as the CPL model. Formal consultation on the proposed RTP requirements then took place. These requirements apply to social workers who have been out of social work practice for over 2 years and ensure that they are fit to practise on their return.
12. The model takes a tiered approach to the amount and nature of learning required by social workers returning to practice, according to the length of time an individual has been out of practice.
13. The RTP requirements were approved by Sponsor Group on 5 February, using the authority delegated by Council. The report presented to Sponsor Group and associated guidance documents are found included as background papers.
14. Our main benchmark qualifications, in particular Social Services and Healthcare and Children and Young People SVQ qualifications will be accepted for an additional register part with the same SCQF level requirement, where that requirement is currently one of these suites of qualifications at the same level. Council approved this in November 2022 and this will be implemented in June 2024.
15. There is a separate paper before Council for a decision in relation to timescales for obtaining qualifications for registered workers in housing support care at home and care homes for adults. The reduction in timescales to gain required qualifications from 5 to 3 years for other function based workers (with exceptions, as detailed in Council report dated November 2022, attached) will be implemented in June 2024. 

Review of the Codes of Practice

16. There is a separate paper before Council for a decision on the Codes of Practice.

Scoping new register groups

17. We were asked by Scottish Government to complete a scoping exercise for four potential new register groups:
 - Workers in an adult day care service (all workers excluding managers)
 - Workers in offender accommodation services
 - Social Work Assistants
 - Sexual and Violent Offender Liaison Officers (SOLOs)
18. Engagement with a wide range of organisations and groups, including local authorities and representative bodies, took place between March and November 2023. We have concluded the scoping exercise and submitted our report and recommendations to Scottish Government for consideration in January 2024.

SYSTEMS DEVELOPMENT

19. Systems development work is ongoing to enable implementation of the changes to the structure of the register, CPL and RTP. Functionality has been delivered for the reduced number of register parts, new application process and annual declaration process. The revised public facing register is complete. The current wave of development is delivering functionality for the collection of fees. Staff have been involved in testing the new system throughout development.
20. Future development work covers the requirements for the new CPL and RTP models, and migration of data from our current system to new, ensuring this works alongside our existing reports and data dashboards.
21. All planned work to date has been delivered on schedule. Further required work has been identified and is detailed in the resources section below.

IMPLEMENTATION PLAN

22. We have developed a comprehensive implementation and communications plan to ensure that employers and individual workers are made aware of any changes that will impact them. This includes publicity, general and direct communications. The first communications have been issued, and the frequency and detail of these will increase over the coming months.

ASSURANCE

23. The Directorate of Internal Audit and Assurance at Scottish Government has now facilitated two assurance reviews of the programme. The first

was in June 2022 and the second in August 2023. These reviews involved an external team meeting with project leads and other key programme staff to identify areas of good practice and provide recommendations to improve programme delivery. At both reviews we received positive feedback and none of the recommendations received were identified as critical. We will hold a further review in April 2024, prior to go-live.

24. The Digital Assurance Office (DAO) at Scottish Government facilitated a review of the systems work in October and November 2023. The team identified specific areas of good practice with focus on our governance, definition of project success factors (benefits), use of data to inform decision making and embedding accessibility. The team also provided recommendations for action to ensure we remain compliant with the Digital Scotland Service Standard. The project team has developed an action plan to address these and will provide a progress update to the DAO in March 2024.
25. We held an internal audit of the action plan arising from the first external assurance review in October 2022. No issues were identified. A further internal audit is scheduled for May 2024, to follow the next external assurance review and in advance of go-live in June 2024.

CONSULTATION

26. We have held consultation events with stakeholders throughout the programme to date. These have covered all projects and workstreams and there have been further targeted surveys, online sessions and workshops for individual workstreams as indicated. In addition, we meet quarterly with our Stakeholder Advisory Group.
27. The programme board and sponsor group have been kept informed of the outcome of these events and had opportunity to discuss the outcomes at each stage.

RISKS

28. The programme manager maintains a programme risk register. Risks are reviewed each month with a full review of all risks every two months. The most recent full review was held on 14 December 2023, and the next one is scheduled for 21 February 2024. Full reviews will thereafter take place monthly.
29. The most recent review identified the following as current high risks relating to the future proofing programme.

Risk	Mitigation	Residual impact score	Residual likelihood score	Residual risk score
As a result of the short timescales we have to	We can amend existing contract rather than	4	3	12

work within to make amendments to the contract for the telephony system, there is a risk that the supplier is unable to provide the required resource within our timescale, which could result in delays to the programme going live.	have to undertake new procurement. Ongoing liaison with provider. Required service is already provided by this supplier so work required should be limited.			
As a result of unplanned priority or critical BAU work there is a risk that the systems development team cannot commit enough resources to the project which may result in delays or additional costs to the project.	Close working with Programme Board to understand blockers on other projects and the impact they will have. Approval from programme board to use budget from unfilled SDO post to support project in other ways. Recruitment to a revised post is underway as of January 2024.	3	3	9

IMPLICATIONS

Resourcing

30. The programme has an approved budget of £1,091.4k. £343k was one-off funding from Scottish Government, with the remainder to be funded from our general reserves, for delivery of the programme this financial year. Due to slippage in approval for this year's budget and the legislative changes required, the timetable has moved to the next financial year. We have prepared and agreed with Scottish Government how we manage the slippage in the budget.
31. The profile of spend has changed in that there is less required on staff but an increase in the amount of digital development required. This is due to a combination of factors, one element of which is the programme of CPL and RTP development, which was unable to be scoped at the outset. This has been developed after the consultations concluded. A further element is the amount of work required to develop the register being more than anticipated. We are working with the provider on the additional costs. If these exceed the allocated budget, we will consider using reserves.

Compliance

32. The revised number of register parts, timescales to apply for registration and the introduction of the new practitioner level for Care at Home and Housing Support workers require legislative changes.

33. The revised number of register parts, introduction of continuous registration, changes to the flexibility of, and timescales to achieve, qualifications, introduction of CPL model and the introduction of the new practitioner level for Care at Home and Housing Support workers will all require rule changes.
34. Scottish Government are aware of these required changes and are currently drafting revised legislation to support this. The required legislative and rules changes are on track to be in place in advance of our scheduled go-live in June 2024.

IMPACT ASSESSMENTS

Equalities

35. EQIAs were developed for the structure of the register, qualifications and skills and review of the Codes of Practice projects. Each is reviewed regularly with the most recent updates in December 2023.

Data protection

36. A DPIA was developed for the structure of the register project. This will be reviewed regularly throughout the life of the programme and was most recently updated in January 2024.

CONCLUSION

37. The Council is asked to note the contents of this report.

Title of report	Continuous Professional Learning (CPL) model for approval
Public/Confidential	Public
Summary/purpose of report	This report summarises the development of the new model of continuous professional learning (CPL). It details feedback from consultation and changes made to the model.
Recommendations	The Future Proofing Sponsor Group are asked to approve this CPL model and the CPL principles and guidance.
Author	Kristina Robb Learning and Development Adviser
Responsible Officer	Laura Lamb Acting Director of Workforce, Education and Standards
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 Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.

	<p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p>
Impact assessments	<ol style="list-style-type: none"> 1. An Equalities Impact Assessment (EQIA) 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>BP 1: SSSC CPL principles and overview</p> <p>BP 2: CPL model</p> <p>BP 3: Consultation and Engagement</p> <p>BP 4: EQIA</p> <p>BP 5: NQSW information</p>

EXECUTIVE SUMMARY

Background

1. In November 2022 Council approved the design of a new continuous professional learning (CPL) model in consultation with the sector to ensure that the SSSC can support the workforce to have the right skills at the right time in their career journeys to deliver better outcomes for people.
2. The new model has been developed in consultation with the sector and includes:
 - an annual declaration
 - a move away from current model of recording hours/days, with a focus on key skills and knowledge required at key career stages i.e. induction, change of role, return to practice
 - inclusion of mandatory skills/knowledge requirements for each register group for trauma awareness and adult and child protection
 - mandatory learning for those moving across the register from adults to children and vice versa to support the flexibility of current benchmark qualifications
 - new requirements for newly qualified social workers, to support the roll-out of the mandatory supported first year of practice
 - flexibility for SSSC to revise requirements to respond to emerging skills gaps.
3. From January to July 2023 involvement with the sector was through design sprint events, stakeholder engagement sessions and interviews with individual registrants. These conversations all influenced the construction of the model, allowing us to develop the concept, review structure, language and usability.
4. Stakeholders suggested the need for principles to underpin CPL, and following this, a thematic analysis of the large range of Principles of CPL written by the group were reduced to five principles. These were rewritten to encompass the SSSC Codes of practice and language more appropriate to the Scottish context.
5. The principles influenced further development of the model which now includes career pathways and CPL arranged under Core Learning Elements that registrants are required to cover each year.
6. The need for a website to allow ease of access and use of the new model was identified and budget has been allocated. This will also allow for flexibility as resources change and develop and policy and legislation

impact on focus areas. The CPL website is currently in the initial stages of the user experience being built.

7. Care Inspectorate were involved in the development of their part of the model and considering the proposed changes to registration for authorised officers.
8. A survey was then utilised for formal consultation with the sector. The consultation was open for 6 weeks between 25 September and 3 November. The analysis of the data resulting from this consultation has been completed and CPL principles, guidance and model reviewed in light of the feedback.
9. This report presents the revised CPL principles and guidance, the CPL model, and our responses to the consultation feedback from the sector.

CPL CONSULTATION

10. The survey closed on 3rd November 2023 with 207 completed responses. 170 registrants and 37 employers and membership organisations responded, although after analysis two of the employers gave further information that identified them as support workers who had possibly made an incorrect initial selection. There were three additional responses from OCSWA, SASW and Social Work England.
11. 296 people attended online sessions to hear about the new model and discuss the changes to CPL.
12. Analysis was undertaken internally using Power-Bi and a thematic analysis approach to the written responses. Feedback from the consultation was very positive overall with responses detailing some of the beneficial impact this could have on the workforce.
13. Further details on consultation can be found in **Appendix 3**.

CPL PRINCIPLES

14. We asked if the CPL principles were clear. 83% of responses were positive.

15. Further comments presented themes which guided our changes to the CPL principles.
- **Clarity of language.** We have revised the principles and guidance document to try to ensure that the language is relevant to each individual and reflects the requests ensuring they are easy to understand without the additional explanations in the guidance.
 - **Employer support and learning culture.** We have made links to what the wider sector responsibility means in terms of support from the SSSC, Care Inspectorate and workforce development teams, and have noted the need to help with supervision expectations by further developing our resources.
 - **Relevance and Application.** Feedback indicates that the principles should emphasise not just the importance of CPL for the benefit of service users but also the individual's own personal and professional development. The application of learning into practice was highlighted as a crucial aspect. We have highlighted this in the new principles and guidance.
16. The CPL principles were revised by the internal working group to reflect the Codes of Practice review, the comments on language and the need to include some personal and professional development. The revised wording is now as follows:

My continuous professional learning (CPL):

Principle 1: is my responsibility and will be supported by my employer,

Principle 2: improves the lives of, and protects, individuals and carers,

Principle 3: improves the quality of care or support I provide,

Principle 4: is relevant to my role and the outcomes of the individuals I support,

Principle 5: supports my career, increases my confidence and improves my professional practice.

Please see **Appendix 1** for further information about the principles and guidance.

THE CPL MODEL

17. The CPL model is based on the four register groups who are required to engage in CPL; Social Workers (including NQSW), the Social Care Workforce, the Children and Young People Workforce and Care Inspectorate authorised officers. Each group has a bespoke model based on its individual needs. Please see **Appendix 2** for the model content and **Appendix 5** for further information on the NQSW requirements.

Pathways

18. There are eight pathways in the CPL model dependent on the part of the model, and each one then leads to additional options to personalise the pathway for the individual:
 - I am new to my role
 - I want to return to practice after a career break
 - I want to complete a professional qualification
 - I want to keep my practice up to date
 - I want to specialise
 - I want to change jobs
 - I want to retire
 - I want to take a career break
19. We consulted on the relevance of the pathways to the workforce. 78% of responses were positive with only 6% concerned about the relevance. Written answers indicated a need for leadership and management aspects to the pathways which we had already addressed in the model but not shared in detail as part of the consultation.
20. Additional feedback identified the need for the model to greater reflect leadership for social workers and those in policy and legislative development roles. This has been addressed through the 'I want to specialise' pathway.

Core Learning Elements for Functional Registrants

21. Under each pathway for the social care and children and young people workforce, registrants are presented with the Core Learning Elements:
 - Rights based and ethical practice
 - Communication and relationships
 - Wellbeing and support
 - Protection
 - Knowledge for your role
 - Reflective practice
 - Leadership and quality assurance
22. The consultation revealed that 80% of respondents were positive about the core learning elements and could see the relevance for their role. A slightly lower percentage of respondents (63%) found the content of the core learning elements easy to understand. However, 27% replied neutrally. The introduction of the website to help registrants navigate the model and find their pathways easily should help to ensure that this is more positive in the future.

Core Learning Elements for Social Workers and Care Inspectorate

23. The model contains a specific set of core learning elements for social workers and care inspectorate authorised officers that incorporate the core learning elements for the wider sector but reflect the range of clear and reserved functions they are accountable for. The response from the consultation was 79% positive and 15% neutral, with only four respondents reacting negatively.
24. The eight core learning requirements for social workers and care inspectorate authorised officers are:
- Ethics, values and rights-based practice
 - Communication, engagement and relationship-based professional practice
 - Critical thinking, professional judgement and decision making
 - Promoting wellbeing, support and protection
 - Working with complexity in unpredictable and ambiguous contexts
 - Use of knowledge, research and evidence in practice
 - Self-awareness and reflexivity
 - Professional leadership
25. For all pathways and all registrants, we have given suggestions of learning within these core learning elements and emphasise flexibility for employers to also specify their own organisational training.

Mandatory learning

26. We asked whether any learning should be mandatory and found a split of 52% no and 48% yes.
27. We asked what should be mandatory if we were to determine this was useful. We received a wide range of suggestions which accounted for different parts of the sector, but trauma awareness and both adult and child protection were most prevalent. Given the requirements already for protection to be part of CPL for some parts of the register and the aspirations of the Scottish Government for a trauma informed workforce, we have made the decision that trauma awareness training and protection of both adults and children will be a mandatory part of CPL for all registrants.

'I want to specialise' pathway

28. We asked what should be included in the 'I want to specialise' pathway, and received suggestions which take into account many different areas of learning in different parts of the sector. In light of this response, we identified areas that the suggestions could be grouped into. Social care and children and young people workforces will have specialisms grouped according to area of work, while social work will have specialisms grouped into work areas of mental health, practice educators, older people, leadership and policy development, protection and additional support needs.

CONSULTATION

29. Extensive engagement has been carried out as part of the project. Details are included in **Appendix 3**.

RISKS

30. A system for recording CPL that is neither simple or accessible.
Mitigations: Our existing MyLearning app provides an easy-to-use platform for workers to both access resources and record CPL in one place, which is portable and transferrable (the individual owns their own record).
31. The CPL requirements are not realistic, achievable, and flexible.
Mitigations: We plan to take a flexible approach and include SSSC and national resources that are open learning so accessible by all. We can use QR code functionality to link CPL directly in the MyLearning app.
32. The potential for additional costs arising from new requirements, including for staff on minimum wage.
Mitigations: There are no anticipated additional costs for individuals or employers and by making more use of available online resources this can possibly be reduced from current levels.
33. 2023/24 SSSC Risk Appetite Statement: *'In our work on learning and development for the sector, we recognise the need to maintain and enhance our reputation for being innovative and responsive to stakeholders' needs. We are therefore open to experimenting with new approaches for the delivery of CPL resources and products in the knowledge that not all of them will succeed. We have a hungry risk appetite for this area of our activity.'*

IMPLICATIONS

Resourcing

34. The use of a website was identified as a need during the design sprints, and this has been sourced and budgeted for. The website is due for launch in April 2024 with a year of support as part of the design and build package. The April launch will allow for communication with registrants about the coming changes and wider user testing before June 2024.
35. The CPL model will be part of the engagement events already planned for the Future proofing programme prior to launch. Further support and engagement events relating to CPL and the website will also be offered to both registrants and employers in the latter part of 2024 following launch to support the establishment of the new requirements and processes.

Compliance

36. Regulation of Care (Scotland) Act 2001: regulate the training and education of the workforce.

IMPACT ASSESSMENTS

Equalities

37. Full EqIA attached (see **Appendix 4**)

CONCLUSION

38. The Future Proofing Sponsor Group are asked to approve the CPL model and CPL principles and guidance.

Title of report	Return to Practice Requirements (RTP) model for approval
Public/Confidential	Public
Summary/purpose of report	This report summarises the development of the new Return to Practice (RTP) requirements. It includes details from consultation and subsequent changes to the requirements.
Recommendations	The FPP Sponsor group are asked to approve the RTP requirements
Author	Audrey Pollock Learning and Development Adviser
Responsible Officer	Laura Lamb, Acting Director, Workforce, Education and Standards
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
Link to Risk Register Risks as of 01 August 2023	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.

	<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>
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	BP 1 - Return to Practice guidance BP 2 -EQIA

EXECUTIVE SUMMARY

1. In November 2022 Council approved the proposal to develop return to practice requirements for social workers to ensure that those who have been out of social work practice for a period are fit to practise on their return. It was agreed the amount and nature of learning required for social workers returning to practice will be tiered according to the length of time out of practice.
2. The requirements will be formed of a combination of supervised practice, formal learning, and informal learning. Social workers returning to practice will be required to complete a certain number of hours of each depending on which tier they fit into.
3. Return to practice requirements are not for individuals who have qualified but never practiced. Those individuals will have to complete the newly qualified social worker supported year Continuous Professional Learning (CPL) requirements.
4. Return to practice requirements for function-based workers will be incorporated into the new model for CPL. The SSSC consulted on both sets of requirements through a formal 6-week consultation from September to November 2023.
5. This report presents the revised RTP requirements for social workers based on the consultation responses and further engagement with the sector and other regulators.

INFORMATION

6. It is recognised that social workers engage in a complex continuum of practice from early intervention to securing people's safety. The decisions they make in exercising these functions need to draw on a range of appropriate knowledge, skills, and evidence. They are expected to hold an extensive range of knowledge, theory, policy, and legislation as well as the skills and confidence to be able to manage the ethical dilemmas, complexity, competing demands and expectations of their professional role.
7. RTP requirements will support those who have been out of social work practice, and not registered for over two years, to upskill their knowledge, skills and competence. The return to practice process will support social workers to build their confidence, put their learning into practice and evidence that their practice is up to date. There will be social workers who are registered with the SSSC who are not employed or in practice,

however, they will still be undertaking the requirements of CPL for registered workers, so should be keeping their knowledge and skills up to date. They would not need to undertake RTP requirements if returning to practice or employment.

8. The importance of outcomes for individuals that social workers support is at the forefront of these requirements ensuring that those carrying out the statutory duties under the protected title of social worker are competent and confident to do so.

CONSULTATION OVERVIEW

9. Formal consultation on the proposed RTP requirements for social workers took place between September and November 2023. The overall response rate to the consultation was low, however, the proposals were informed through significant and extensive engagement with key stakeholders.
10. There were additional organisational responses to the formal consultation from the Office of Chief Social Work Adviser, Scottish Association of Social Work and Social Work England. The majority of survey responses came from social workers and employers.
11. The consultation was supported with focus groups attended by representatives of the Scottish Association for Social Workers, Social Work Scotland, and the Social Workers Union.
12. Analysis was undertaken internally using Power – Bi, alongside a thematic analysis approach to the written response. Feedback from the consultation suggested that the requirements needed further consideration and adjustment given concerns around recruitment and retention and employer structures.
13. The consultation was followed up with further engagement with the stakeholder advisory group and all the social worker unions to explore in more detail the feedback from the consultation and to explore possible solutions and changes to the anticipated barriers within the proposed RTP requirements.

CONSULTATION RESPONSES

14. The questions for consultation were grouped against three areas:
 - themes
 - learning requirements
 - evidencing the requirements

Themes

15. The RTP requirements are based on the following four themes:
 - Current legislation and policy
 - Social work skills, knowledge, understanding and practice
 - The key codes and standards for practice
 - Adult and child protection
16. Overwhelmingly, respondents said that the themes were easy/very easy to understand. The respondents also said that the themes were extremely relevant for a social worker preparing to return to practice.
17. There was some caution in the qualitative responses to suggest that clear guidance about meeting the requirements would support individuals to understand what kind of learning would sit within the themes. Applicants will have access to the guidance, templates to record their learning and ongoing work with internal communications to provide information about the new requirements to the sector.

Learning Requirements

18. Respondents felt that informal learning would be moderately to very achievable to evidence as this is easy to access, has no cost and does not require employment.
19. In terms of formal learning, the majority of respondents felt it would be not at all or slightly achievable. Concerns were raised about availability of suitable formal learning especially if people were not registered or in employment. Concerns were also raised about the cost of formal learning if not provided through a workplace and that this could be a barrier to people looking to return to the register.
20. For supervised practice, feedback from the consultation highlighted issues around access to practice opportunities. Concerns included inability to find placements with reference to the current challenges faced by social work qualification providers to find placements for programmes. Feedback also highlighted that employers may be unwilling or unlikely to support people who were not registered in a short-term placement which would be needed to allow them experience of social work functions.
21. There were suggestions in the feedback that shifting the requirement to after registration would mean that employers would have to ensure returning social workers met the requirements, as well as providing reassurance that they were registered and able to take on work that was of a social work function.

Evidencing the requirements

22. In discussion with stakeholders most agreed that there needed to be clarity for registrants as to the type of evidence the SSSC would accept to meet the requirements. The importance of reflective practice was highlighted. The opportunity for people to consolidate their experience and upskill themselves on return to practice was also highlighted.
23. Informal Learning: The majority agreed that submitting a record of reflective learning would be sufficient to evidence meeting this requirement.
24. Formal Learning: The majority agreed that certification or endorsement of learning from an employer or learning provider would be sufficient as evidence to meet this requirement.
25. Supervised practice: The majority of respondents in the survey said it should be a social worker that endorses this. Feedback was clear in focus groups and meetings that it should be a social worker with the importance of professional identity at the forefront of this.
26. Respondents within the survey, as well as the focus groups and meetings, were clear that any requirement to achieve all of the practice requirements before registration would be not achievable or realistic. There was a concern that there would not be the infrastructure or employer support for supervised practice.
27. Feedback was that supervised practice would be much more achievable and natural in a post registration setting. There were concerns that setting such requirements would create unnecessary barriers especially to people who already have a relevant qualification for practice.

RTP REQUIREMENTS

28. The requirements have been revised in response to the consultation feedback.
29. The requirements can be evidenced through informal learning, formal learning, and supervised practice. A combination of the three ways of evidencing learning will be accepted to ensure that the individual's skills and knowledge are appropriately updated. They must also complete the minimum number of hours of supervised practice and formal learning (detailed in the table below) ensuring sufficient learning opportunities have been undertaken to meet the themes of the requirements.

30. If a social worker applies to re-register and it is assessed that they have met all RTP requirements at application stage they will be registered as normal. If they have not met all the RTP requirements they will be registered subject to a condition to meet all the requirements within 6 months of registration. This is a revision of the initial proposal which was that all RTP requirements should be completed before re-registration and evidence should be supplied at point of application. The decision to change this is based on the feedback from consultation.
31. Feedback from the consultation highlighted the difficulties people may face gaining the required supervised practice if they are not registered or able to work as social workers.
32. Consultation feedback highlighted those that apply to return to the register without being in employment may find it easier to access supervised practice through volunteering if registered subject to a condition rather than having to complete all requirements prior to application. This is because registration provides employers with reassurance regarding their fitness to practise. A six-month period would allow returning social workers reasonable time to evidence their requirements through induction and is in line with any probationary periods of employment. This also aligns with the timescale for compensatory measures as mentioned at paragraph 34.
33. Allowing social workers returning to practice to be registered, subject to a condition if all requirements have not been met at the point of application, will support social workers to secure employment opportunities to carry out the relevant social work tasks to evidence the themes required, in particular the supervised practice and formal learning requirements.
34. In terms of setting conditions for qualified social workers at application stage where their qualification does not fully meet the Standards in Social Work Education expected in Scotland, the SSSC have a policy precedent of those that hold specialist social work awards from England. In these circumstances the SSSC currently registers individuals subject to a condition to complete a compensatory measure. This approach also recognises that returning social workers already hold a qualification that entitles them to register but that further evidence of competence is required.
35. There is a tiered approach to the requirements dependant on how long it is since an individual was last registered as a social worker. There will be no RTP requirements for anyone who has been out of practice and off the register for less than two years. This falls in line with most other regulators as seen in the table in paragraph 39.

36. Feedback was taken into account through the consultation regarding the number of hours and the ways in which learning can be evidenced. Concerns were raised about the amount of hours required for learning as well as the ways in which learning can be evidenced.
37. The required hours for each tier are in line with other health and social care professions requirements and setting this amount provides a reasonable amount of learning and training for those returning to update their skills and knowledge and helps them to develop confidence in their return to social work.
38. Consideration was given to the number of hours required for each learning element and requirements have been slightly adjusted for formal learning. Challenges and barriers people may face with accessing relevant learning has informed the reduction in hours required. The table below shows the requirements we will set and what we initially proposed.

Requirements consulted on	
Tier	Requirements
Less than 2 years	No requirement
2 – 5 years: 180 hours	Supervised practice: Minimum requirement of 60 hours Informal Learning: Minimum requirement of 60 hours Formal learning: Minimum requirement of 60 hours
5 + years: 360 hours	Supervised practice: Minimum requirement of 120 hours Informal learning: Minimum requirement of 120 hours Formal learning:

	Minimum requirement of 120 hours
Revised requirements for approval	
Tier	Requirements
Less than 2 years	No requirement
2 – 5 years: 180 hours	<p>Use a mixture of supervised practice, formal and informal learning</p> <p>Supervised practice: Minimum requirement of 60 hours</p> <p>Formal learning: Minimum requirement of 40 hours</p>
5 + years: 360 hours	<p>Use a mixture of supervised practice, formal and informal learning</p> <p>Supervised practice: Minimum requirement of 120 hours</p> <p>Formal learning: Minimum requirement of 80 hours</p>

39. The table below highlights the requirements of UK and Irish regulators.

Regulator	Requirements	Evidence and hours
Social Care Wales	<p>Less than 3 years: 90 hours CPL</p> <p>3 - 6 years: 180 hours</p> <p>6 + years: 360 hours</p>	Use a mixture of supervised practice, formal and informal learning with no

		more than 50% informal.
Social Work England	<p>2 - 5 years: 210 hours</p> <p>5 + years: 420 hours</p> <p>Last 2 years: 2 different pieces of CPD</p>	Use a mixture of supervised practice, formal and informal learning but informal can make up no more than half of the required period. Individuals can complete the return to practice course available.
CORU	<p>2 - 5 years: 210 hours</p> <p>5 + years: 420 hours</p>	<p>70 hours supervised practice</p> <p>21 hours formal</p> <p>No more than 105 hours informal</p> <p>140 hours supervised practice</p> <p>42 hours formal</p> <p>No more than 210 hours informal</p>
GTCS	No set requirements but there are courses available through Higher Educational Institutions.	
NMC	Return to practice course or Test of competence if you have not practiced for 450 hours in the three years before application, or 750 hours in the five years before application.	
NISCC	No requirements	

40. Full details of the requirements and how they must be evidenced are available in the RTP guidance in **Appendix 1**. The guidance provides clear details of what is meant by supervised practice, formal and informal learning to ensure full understanding. The SSSC will also provide templates that applicants can use to submit the evidence required.
41. In England, there are return to practice courses through Higher Education Institutes (HEIs) available for those that wish to re-register which include placement opportunities. Currently there are no such courses available within Scotland and the demand for these types of courses is unknown at

this stage. Current registration figures show on average 40-45 social workers who have been off the register for a period of two years return each year, the provision of such courses would be a consideration for the future.

RISKS

42. The new RTP requirements may act as a barrier to recruitment when encouraging people back to the sector, however, equally the requirements may be a mitigating factor as they will support social workers to feel more confident and competent in their skills and knowledge and provide reassurance to employers and the public that they are fit to practice. Communication which clarifies the requirements will be vital to ensure that returning social workers and employers understand how these requirements can offer support to individuals.
43. Social workers who re-register without being in employment may find difficulty finding appropriate placements to complete the practice element. Being registered with the SSSC as a social worker will allow prospective organisations reassurance if they are approached to provide placements.
44. 2023/24 SSSC Risk Appetite Statement: 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 to. When the guidance allows, we take a proportionate approach, however, we are bound by the legislative framework that exists therefore we have a cautious risk appetite.

IMPLICATIONS

Resourcing

45. Staffing resources will be required to assess and accept evidence from individuals returning to practice. The focus of this assessment would be on the informal learning. Checking the evidence of formal learning being presented would be required as well as ensuring the supervised practice is endorsed by an appropriate social worker. The average numbers anticipated are not significant. Current registration figures show on average 40-45 social workers who have been off the register for a period of two years return each year This will become part of business as usual.

Numbers will require to be monitored and, if required, additional staffing resource may be needed.

IMPACT ASSESSMENTS

Equalities

46. Full EQIA attached (See **Appendix 2**)

Changes made to the requirements have had no impact on the mitigations or benefits to the protected characteristics identified within the EQIA. The new model of requirements strengthens the previous assessment. Added mitigations within the EQIA include the decision not to attach cost to the assessment of requirements, and the decision to allow people to register and then complete the required learning.

CONCLUSION

47. The FPP sponsor group are asked to approve the RTP requirements for social workers.

Title of report	Revised Codes of Practice for approval
Public/Confidential	Public
Summary/purpose of report	This report summarises the methodology and evidence gathered through the Codes of Practice Review and explains the rationale for the final proposed Codes.
Recommendations	Council is asked to approve this final draft of the Codes before it is submitted to Scottish Government.
Author	Caroline Sturgeon Learning and Development Adviser
Responsible Officer	Laura Lamb, Acting Director, Workforce, Education and Standards
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 Risks as of 01 August 2023	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p>

	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to 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	<p>Appendix 1 Overview of Stakeholder Engagement</p> <p>Appendix 2 Codes of Practice for Social Service Workers</p> <p>Appendix 3 Codes of Practice for Employers</p> <p>Appendix 4 Equality Impact Assessment</p> <p>Appendix 5 Comparison of Original and Proposed Revised Codes</p>
Background papers	N/A

EXECUTIVE SUMMARY

1. The Codes of Practice (Codes) for Social Service Workers and Employers set out the standards of practice and behaviour expected of everyone who works in social services in Scotland. The Codes are established through the Regulation of Care (Scotland) Act 2001 and are an important part of regulating and improving the quality of care.
2. There have been significant changes to policy and practice since the Codes were last revised in 2016. The SSSC register has also grown significantly and is likely to continue to do so.
3. As part of the Future Proofing Programme, this review aims to ensure that the Codes continue to reflect the expectations of the SSSC as a regulator, the workforce, employers and people who use services. The review will better align the Codes with the Health and Social Care Standards and support our commitment to the Promise.
4. This paper provides an overview of the approach taken in the review, the key findings at each stage, and the rationale behind the final proposed Codes.
5. Council is asked to approve the Codes before they are submitted to the Scottish Government.

REVIEWING THE CODES OF PRACTICE

Methodology

6. The review began with engagement work and desk research to establish what was working well and what could be improved with the current Codes, before a first draft was developed for consultation. Analysis of the consultation findings, outlined below, informed the final draft.
7. Understanding the needs and experience of registrants and employers, as well as those of SSSC as a regulator, has been central to the Review. Stakeholders have been involved throughout, with a variety of different opportunities to get involved and influence. This included a Stakeholder Short Life Working Group to guide the review, Codes Conversations in services and networks, face to face and online engagement sessions, and various surveys. Further detail of engagement is included in Appendix 1.

Review of evidence

8. Evidence from national policies, developments and events was reviewed to ensure that the revised Codes reflect current thinking.
9. For example:
 - The Adult Social Care Review reinforces the need to work together to promote and ensure human rights, wellbeing, and maintain a focus on involving people in change.
 - The Promise highlights the importance of relationships, the impact of language, and the need to significantly 'declutter and streamline professional codes', and the need for a 'skilled, motivated trauma-informed and resilient workforce'.
 - The implementation of the Health and Social Care Standards clearly articulates values including kindness and compassion.
 - The experience of the pandemic has highlighted the importance of respect, relationships, kindness and compassion, and the impact these values have on services, resilience and wellbeing.
 - The lack of direct regulatory powers to enforce the Employer Code, and the need to address this, was highlighted in the National Care Services Consultation.
 - The Independent Review of Inspection, Scrutiny and Regulation highlights the need to strengthen and review regulation as a whole.

Findings from Codes Conversations Engagement work

10. Over 400 people gave their views through Codes Conversations events, surveys and local discussions held in Autumn 2022. Additional meetings were held for SSSC teams to gather evidence from within the organisation. Findings were analysed by an independent consultant.
11. Feedback indicated that participants viewed the Codes of Practice positively. Thematic analysis identified what people liked about the Codes. This included:
 - **Clear expectations** and guidance. The Codes were frequently expressed as a 'go to' document; some described it as a 'bible'.
 - **Format.** Participants liked the simple, clear unambiguous and accessible format of the Codes.
 - **Universality.** The Codes apply to the whole sector, and professional identity and status is associated with this.

- Having both **Worker AND Employer** Codes.
 - **Values/ethical base** – supporting reflective practice.
 - Codes support **public trust**, confidence and accountability.
12. While there were few issues with the content and meaning of the Codes, participants were keen to highlight the importance of tone. It was suggested that improving the language would make the Codes more engaging and easier to relate to for encouraging good practice. Areas identified for updating or strengthening included staff wellbeing, professional relationships, risk enablement and trauma informed practice.
13. When considering how the Codes could better support good practice, stakeholders suggested clearer lines of accountability, particularly in relation to the Employer Code; these should be included explicitly in inspections and in commissioning to make employers more accountable. It should be noted that the National Care Services Consultation (2021, page 118) highlighted similar issues: *"Employers are required to adhere to the SSSC's codes of practice, however there is no power for the SSSC to enforce this..."*. While this review can strengthen wording of the Employer Code, it should be noted that the wider issue of enforcement is outwith its scope.
14. Reviewing use of the Codes within the SSSC found they worked well from a Fitness to Practise point of view. While some Codes feature more frequently in cases than others, this is not seen to be a problem, as it is important to recognise the role the Codes play in supporting good practice.

First draft Codes for consultation

15. Based on the findings above, radical change was not required. The following areas for improvement were identified and incorporated into the draft for consultation:
- Wording to reflect relationship-based practice, risk enablement, trauma, rights and assets-based approaches.
 - Use of more 'empowering' language (avoiding deficit-based statements).
 - Clearer articulation of the values base, including the importance of kindness, compassion and involvement in decision making.
 - Strengthening accountability through clearer connections to the Health and Social Care Standards, while acknowledging the different core purposes of the Codes and Standards.
 - Revising outdated language (eg 'People who use Services').
 - Strengthening supervision.
 - Removing areas of repetition in the Codes.
 - Strengthening Employer Codes.

Formal consultation findings

16. The formal consultation (April – July 2023) was designed to test:
 - whether the draft Codes are clear and easy to understand
 - whether the proposed changes are appropriate in practice
 - what impact the proposed changes would have on workers, employers and individuals.
17. In total, over 500 people responded to the consultation, either through survey, events or a survey targeted specifically at people who use services and carers. (See Appendix 1 for more detail).
18. Analysis was undertaken by the independent consultant. Overall the vast majority of respondents were extremely positive about the proposed changes. More than 80% felt that the revisions encouraged kindness, compassion, risk enablement, and safety and protection either 'well' or 'very well'.

Rationale for changes to the final draft

19. In response to the findings, areas for further improvement were identified. Issues have been debated by the SSSC Project Team, and all Codes were reviewed to ensure that the wording, meaning, practicality and intention were clear. The following recommendations have been included in the final draft:
 - **Change of term from 'people who use services' to 'individuals'.**
This proposal was popular with workers and employers, with strong opinions expressed that 'people who use services' is an outdated term and does not reflect current practice. Concerns were raised within SSSC that 'individuals' is too broad a term (who is not an individual?) and this could cause confusion and ambiguity for Fitness to Practise proceedings, with the potential for legal challenge. If a key term requires explanation or glossary, does this fail our aim to be clear and concise? However, the term 'individual' is used in the Social Care Wales Codes, and has not caused any relevant legal issues, which provides some assurance. To mitigate the risk of ambiguity, a brief definition of the term will be included within the introduction to the Codes. This satisfies the concerns for Fitness to Practise and enables us to use a term that better reflects practice and values.
 - **Terminology – 'workers, employers, social service workers'** and the title "Codes of Practice for Social Service Workers and Employers" will remain. No strong feeling was expressed in the consultation about the use of these terms. While the SSSC is moving to use of the term 'the social work, social care and children and young people workforce

in Scotland', this can be reflected in the introductory material, rather than in the Codes which retain the title established by the Regulation of Care (Scotland) Act 2001. Changing this would have significant legal and resource implications for little real benefit.

- **Terminology** – 'care' or 'support'. Some respondents questioned whether the use of the term 'care' was appropriate in all circumstances, particularly in relation to statutory interventions. To address this, the phrase 'care or support' has been included in the final draft.
- **Aligning with the Health and Social Care Standards language of kindness and compassion.** The intention was seen as desirable, however there were strong, opposing opinions about whether terms such as 'kindness' and 'compassion' were helpful in this context. Participants at events felt that these terms are easy to understand and relate to, from your very first day in post, while more technical terms such as 'relationship-based practice' do not have that immediate impact. However, concerns were raised that 'kindness and compassion' cannot be clearly defined, evidenced or measured, and could therefore create tensions when used in disciplinary or Fitness to Practise cases. Given these are key terms in the Health and Social Care Standards; that some level of judgement is required in practically any Code; and that the Codes are used as a tool for reflection and development, not just regulation, 'kindness and compassion' have been retained in the final draft. Ensuring the Codes are easy to understand, reflect the values base, and that the whole of the workforce can relate to them, is essential.
- **Clear wording for "I will not abuse..."**(originally Worker Code 5, now at Code 6). The draft for consultation tested out more positive wording, aiming to turn this section round into positive "I will..." statements. While this was welcomed by many respondents who felt this was less deficit based, concerns were also raised that it was not as clear as the original and could have a negative impact on Fitness to Practise. In the interests of clarity and practicality, the final draft has reverted to "I will not..." for this section only. Given that keeping the Codes clear and easy to understand was a key message at all stages, having a section that highlights clearly what is not acceptable seems appropriate. All other sections retain the positive 'I will...' wording that was suggested to create a more empowering tone.
- **Trauma informed practice – New Code included post-consultation.** In the consultation draft, we had not explicitly mentioned trauma in the worker Codes, as it was felt that this would be highlighting one specific practice approach over others. However, respondents to the consultation highlighted this as an area of

weakness. Given the current national focus on trauma, the following new Code (Worker, 5.8) has been added:

- **5.8** Work in a way that is informed by an understanding of the impact trauma may have on individuals, carers and colleagues.
- **Support for Newly Qualified Social Workers (NQSW) within the Employers Code.** Questions were raised as to why NQSWs should be singled out for support, when our principle is that the Codes are applicable to everyone. However, as the mandatory supported year for NQSWs is a national commitment in Programme for Government and is governed through the Social Work Education Partnership (SWEP), the additional Code aims to ensure national employer support for the effective delivery of this government commitment. Therefore the following new Code has been added:
 - **3.5** Make sure that all newly qualified social workers are provided with the required level of professional learning and development during the mandatory supported year to fully meet their continuous professional learning requirements.

CONSULTATION

20. Extensive engagement has been carried out as part of the review. Details are included in Appendix 1.

RISKS

21. R43: If we fail to engage and communicate the programme aims and rationale properly, there is a risk that the sector doesn't understand the planned changes, which could result in reputational damage. We have engaged extensively with stakeholders throughout the Review.

IMPLICATIONS

Resourcing

22. Implementation of the revised Codes will require significant communication time and resource along with learning and development support to the sector. As part of the implementation, and in support of The Promise, we will co-design a 'child friendly' codes resource. Costings and potential partnerships are currently being explored to progress this.

Compliance

23. The final draft has been reviewed by the SSSC Head of Legal and Corporate Governance.

IMPACT ASSESSMENTS

Equalities

24. Full EQIA is attached (Appendix 4).

CONCLUSION

25. Council is asked to review and approve the final draft Codes for submission to Scottish Government.

Overview of stakeholder engagement, Codes of Practice Review

Stage 1: Codes Conversations and engagement with stakeholders prior to drafting the revised Codes (September – November 2022)

The first phase of engagement work aimed to find out what was working well with the current Codes and gather ideas for improvement.

Codes Conversations Survey	400 people contributed
Focus Groups	100 attendees
Stakeholder Short Life Working Group	4 meetings to discuss and influence the first draft (December 2022 – April 2023)
SSSC- focus groups	4 discussions held

Stakeholder Short Life Working Group Membership

Working group was established to support the development of the Review.

Representatives were from the following organisations:

- National Day Nurseries Association
- Care Inspectorate
- Early Years Scotland
- Alliance Scotland
- Scottish Care
- Scottish Out of School Network
- Scottish Autism, representing CCPS
- Social Work Scotland
- St Leonards School
- Scottish Colleges
- Aberlour
- HC-One

Stage 2: Engagement in the Formal Consultation (April – July 2023)

The formal consultation was designed to test:

- Whether the draft Codes are clear and easy to understand
- Whether the proposed changes are appropriate in practice
- What impact the proposed changes will have on workers, employers and individuals

We provided a variety of ways for people to give their feedback to the consultation. Response rates were as follows:

	Responses
Online survey	226 full and 156 partial responses
10 x face to face focus groups	110 attendees
6 x virtual focus groups	98 attendees
SSSC focus groups	4 sessions held
Survey targeted to people who use services / and carers	242 responses

Response rates to the surveys were low in comparison to other recent consultations. This is perhaps reflective of both pressures on the sector and the nature of the proposals, which, in keeping with the findings of our initial engagement work, were relatively minor. However, the level of detail and practical suggestions given by respondents was encouraging and helped to inform the final draft.

Code of Practice for Workers

1. I must protect and promote the rights and interests of individuals and carers. I will

- 1.1 Work with kindness, compassion and respect and treat each individual as unique.
- 1.2 Respect and promote the rights and, where appropriate, the views, wishes and choices of individuals and carers
- 1.3 Support the rights of individuals to have control over their lives and make informed choices about their care or support.
- 1.4 Work with individuals and carers to communicate using their preferred method and language.
- 1.5 Respect and maintain the dignity and privacy of individuals.
- 1.6 Promote diversity and respect all identities, values and cultures.

2. I must build and maintain the trust and confidence of individuals and carers. I will

- 2.1 Be truthful, open, honest and trustworthy.
- 2.2 Communicate in a respectful, open, accurate and straightforward way.
- 2.3 Respect confidential information and clearly explain policies about confidentiality to individuals and carers.
- 2.4 Be reliable and dependable.
- 2.5 Honour work commitments, agreements, and arrangements and, when it is not possible to do so, explain why to individuals, carers and my employer.
- 2.6 Declare issues that might create conflicts of interest and make sure they do not influence my judgement or practice.
- 2.7 Follow policies and procedures about exchanging gifts and money with individuals and carers.

- 2.8 Form open, positive relationships and maintain professional boundaries with individuals, colleagues or carers that respect their dignity, wellbeing and safety.

3. I must promote the wellbeing and independence of individuals and carers while protecting them, as far as possible, from harm. I will

- 3.1 Report allegations of harm, challenge and report any dangerous, abusive or discriminatory behaviour using established systems within appropriate timescales.
- 3.2 Follow practices, procedures and policies designed to keep me and other people safe at work.
- 3.3 Tell my employer, or the relevant authority, about any resourcing or operational matter that might get in the way of providing care or support.
- 3.4 Tell my employer, or a relevant authority, when a colleague's fitness to practise may be impaired.
- 3.5 Be open and honest with my employer, individuals and carers when practice has or may have caused harm or loss.
- 3.6 Cooperate with any investigations by my employer, the SSSC or a relevant authority into my fitness to practise or the fitness to practise of others. This may include attending hearings and providing witness statements, documents or other information within appropriate timescales.
- 3.7 Work with individuals and carers to give and receive feedback, raise concerns and complaints, take these seriously and act upon them.
- 3.8 Recognise and use responsibly the power and authority I have when working with individuals, carers and colleagues.

4. I must recognise that individuals have the right to take risks and will work with them to understand and manage those risks. I will

- 4.1 Work with individuals to make informed choices about potential and actual risks to themselves or others.
- 4.2 Follow risk assessment policies and procedures to assess whether the behaviour of individuals presents a risk of harm to themselves or others.

- 4.3 Take necessary steps to reduce the risks of individuals harming themselves or others.
- 4.4 Make sure that individuals, relevant colleagues and agencies are informed about the findings and implications of risk assessments.

5. I must be accountable for the quality of my work and take responsibility for maintaining and improving my knowledge and skills. I will

- 5.1 Meet relevant standards of practice and work in a lawful, safe and effective way.
- 5.2 Maintain clear, accurate and up-to-date records in line with policies and procedures relating to my work.
- 5.3 Tell my employer or the relevant authority about any personal circumstances or experiences that may affect my ability to do my job competently and safely and tell the SSSC about anything that may affect my fitness to practise.
- 5.4 Ask for support from my employer or the relevant authority if I do not feel able to, or well enough prepared to, carry out any part of my work or if I am unsure about how to proceed.
- 5.5 Prepare for and engage in supervision to reflect on my development, learning needs and practice.
- 5.6 Maintain my continuous professional learning to improve my knowledge and skills and contribute to the learning and development of others.
- 5.7 Cooperate and work inclusively and openly with colleagues and others and treat them with respect.
- 5.8 Work in a way that is informed by an understanding of the impact that trauma may have on individuals, carers and colleagues.
- 5.9 Be responsible for the work that I delegate to others.
- 5.10 Respect the roles and expertise of colleagues from other professions, who may follow different professional codes, and work in partnership with them.
- 5.11 Recognise and respect the roles, expertise and experience of carers, families and relevant others and work in partnership with them as appropriate.

- 5.12 Invite and listen to feedback from individuals, carers and others and use this to improve my practice.

6. I must uphold public trust and confidence. I will not

- 6.1 Abuse, harm, neglect or exploit individuals, carers or colleagues.
- 6.2 Abuse the trust of individuals, carers or colleagues, or misuse the information I hold about them and their personal circumstances.
- 6.3 Form unprofessional or harmful relationships with individuals or carers.
- 6.4 Discriminate against individuals, carers or colleagues.
- 6.5 Condone any discrimination by individuals, carers or colleagues.
- 6.6 Put myself or other people at unnecessary risk.
- 6.7 Behave, while in or outside work, in a way that would bring my suitability to work in social services into question.

Code of Practice for Employers

1. Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities. I will

- 1.1 Use thorough and safe recruitment processes to make sure that people with appropriate attitudes and values, and the potential to gain the necessary knowledge and skills enter the workforce.
- 1.2 Follow relevant safe recruitment guidance to check criminal records, registers and gaps in employment as part of assessing whether a person can carry out the duties of the job.
- 1.3 Request and provide accurate and appropriate information or references relating to a person's suitability to work in a specified role.
- 1.4 Give workers clear information about their roles and responsibilities, relevant legislation, and the policies and procedures they must follow in their work.
- 1.5 Provide clear information to workers about line management, communication and support.

2. Maintain a culture and have systems in place to support social service workers to meet their Code of Practice. I will

- 2.1 Lead, manage and supervise workers in a way that promotes kind and compassionate practice.
- 2.2 Lead in a way which values diversity, inclusion and equality and upholds individual rights.
- 2.3 Lead workers in a way that makes sure individuals and carers, where appropriate, are involved in decisions about their care or support.
- 2.4 Lead workers to continuously improve their practice and professional development, while ensuring their fitness to practise.
- 2.5 Promote an open culture where workers are supported to discuss ethical practice and professional boundaries.
- 2.6 Have systems in place to seek and use feedback from individuals, carers and others to shape and improve services and practice.

- 2.7 Have systems in place for workers to report resourcing or operational difficulties that might have an impact on care or support and work to address such problems with relevant authorities where necessary.
- 2.8 Enable a culture which supports workers to whistleblow when they feel that working practices are discriminatory, inappropriate or unsafe for any reason and take appropriate action to respond to concerns.
- 2.9 Support workers to meet the standards in their Code of Practice and not require them to do anything that might prevent that from happening.
- 2.10 Support workers employed from other professions to meet their own professional codes.
- 2.11 Report workers whose fitness to practise may be impaired to the relevant authority.

3. Provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice. I will

- 3.1 Provide good quality accessible induction and learning and development opportunities to support workers to carry out their role safely and effectively.
- 3.2 Support and prepare workers for new and changing roles, responsibilities, and developments in practice including digital.
- 3.3 Contribute to education and learning, providing effective workplace placements, assessments and practice learning opportunities.
- 3.4 Support workers who need to be registered with the SSSC to meet and maintain their conditions for registration and the requirement for continuous professional learning and development.
- 3.5 Make sure that all newly qualified social workers are provided with the required level of professional learning and development during the mandatory supported year to fully meet their continuous professional learning requirements.
- 3.6 Respond appropriately to workers who need support because they do not feel able, or well enough prepared, to carry out their work.
- 3.7 Provide effective and regular supervision that enables workers to develop and improve practice through reflection and feedback.

4. Maintain a culture that supports safety and protection while respecting the rights of individuals to take risks. I will

- 4.1 Have written policies and procedures in place to protect individuals, carers, workers and others from harm.
- 4.2 Put into action and monitor written policies and procedures, particularly about reporting allegations of exploitation, discrimination, harm, neglect or abuse to the relevant authority within appropriate timescales.
- 4.3 Make sure workers know and understand signs of exploitation, discrimination, harm, neglect and abuse and the action they must take.
- 4.4 Make sure that workers understand bullying, harassment or any form of discrimination is not acceptable and take action to deal with such behaviour.
- 4.5 Have procedures in place for a worker to report when a colleague's fitness to practise may be impaired.
- 4.6 Have procedures in place for a worker to report when practice has caused or may have caused harm or loss.
- 4.7 Deal with reports and allegations from workers promptly, effectively and openly.
- 4.8 Promote a culture that values everyone's safety and where violence, threats and abuse are not acceptable. Have policies and procedures in place for reducing and managing such incidents.
- 4.9 Be aware of the impact trauma may have on workers. Support workers who experience such trauma.
- 4.10 Be aware of the impact abusive behaviour may have on workers. Support workers who experience such behaviour.
- 4.11 Have policies and procedures in place that promote the health, safety, wellbeing and equality of workers and respect inclusion and diversity.
- 4.12 Support workers whose fitness to practise may be impaired and provide clear guidance about any restrictions on their work.
- 4.13 Report to the relevant authorities where practice has or may have caused harm or loss.
- 4.14 Have risk assessment policies and procedures in place.

5. Publicise and promote the Code of Practice for Social Service Employers and the Code of Practice for Social Service Workers to individuals and carers and cooperate with SSSC proceedings. I will

- 5.1 Follow the Code of Practice for Social Service Employers and tell workers about my responsibility to comply with it.
- 5.2 Inform workers about the Code of Practice for Social Service Workers and work with them to understand their responsibilities to comply with it.
- 5.3 Promote the importance and connection between the Code of Practice and other relevant frameworks and standards.
- 5.4 Inform individuals and carers of the Codes of Practice for Social Service Workers and Employers and provide details of how to raise issues relating to the Codes.
- 5.5 Take account of the Code of Practice for Social Service Workers when making any decision that relates to a worker's fitness to practise.
- 5.6 Follow guidance on making a referral to the SSSC about a worker whose fitness to practise may be impaired. If appropriate, tell the worker that you have made a referral.
- 5.7 Cooperate promptly with SSSC investigations and those of other authorities, including providing documents, attending hearings and responding to the findings and decisions.
- 5.8 Enable and support workers to cooperate with SSSC investigations and those of other authorities.
- 5.9 Take appropriate action on any SSSC findings about a worker's fitness to practise, including supporting a worker to meet any conditions on their registration.
- 5.10 Take appropriate action on the findings of other standard setting bodies to improve the service provided to individuals and carers.



Future proofing programme: Review of the Codes of Practice for Social Service Workers and Employers

Equality Impact Assessment

October 2023



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Aims of the review

The key aims of the Codes of Practice for Social Service Workers and Employers (the Codes) review are to:

- review the Codes by gathering evidence from sources such as Fitness to Practise intelligence, consultation and involvement
- develop revised Codes which reflect the expectations of the regulator, the workforce and people who use services
- explore ways to align the Codes with the health and social care standards
- work with other regulators to contribute to the streamlining and better alignment of professional codes
- reflect the shared language of the proposed getting it right for everyone care model
- drive high quality care and risk enablement and improve professional judgement
- make sure workers have the right Codes, tools and support to practice in a human rights way
- review the purpose of the employer codes ensuring they are more prominent, support scrutiny and regulation of services and ensure delivery of high quality care that reflects the national health and social care standards
- ensure the workforce feels employers are delivering their responsibilities under the Codes
- ensure the care experiences of people involved are heard.

The Promise states that we need to significantly re-organise and streamline professional codes, procedures and processes. This workstream will contribute to our activity to keep the Promise.

Why the review is needed

The Codes of Practice Review aims to ensure that the Codes reflect the expectations of the SSSC as a regulator, the workforce, employers and people who use services. The Review will better align the Codes with the Health and Social Care Standards and support our commitments to The Promise and to the recommendations of the National Care Service consultation.

We opened the Register to social workers back in 2003 and since then we have gradually introduced registration to other categories of the workforce, including people working in early years and children's, adult and older people's social care services. We now have more than 170,000 people on our register.

As social work, social care and early years services and the way people access and use them have changed over the past 20 years, so too have the skills, knowledge and qualifications that the workforce need to be able to deliver the kind of high-quality care we want for Scotland.

How the review contributes to our strategic objectives and/or priorities

The Strategic Plan for 2023-2026 sets out the way that our work aligns with the Government's [National Performance Framework](#). The Future Proofing Programme is particularly aligned to three outcomes.

- We live in communities that are inclusive, empowered, resilient and safe.
- We grow up loved, safe and protected so that we realise our full potential.
- We have thriving and innovating businesses with quality jobs and fair work for everyone.

The review of the Codes contributes to our strategic themes and outcomes.

1. **Trusted**
People who use services are protected by a regulated workforce that is fit to practise.
2. **Skilled**
Our work supports the workforce to deliver high standards of professional practice.
3. **Confident**
Our work enhances the confidence, competence and wellbeing of the workforce.
4. **Valued**
The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.

How the review of the Codes will meet our equality duties

- We believe the Review will ensure that both the Codes of Practice for Social Service Workers and Employers are appropriate for the expectations of the sector in the modern setting.
- We believe the Review will have positive impacts on advancing equality of opportunity and in eliminating unlawful discrimination, harassment and victimization.

Consultation

The review of the Codes of Practice has been based on evidence from a wide range of sources, both internal and external. These include:

- desk based research, including learning from developments such as The Promise
- experience from other regulators
- internal focus groups that have looked at the needs of the Codes review from an organisational standpoint
- external engagement
- stakeholder feedback
- the Independent Review of Adult Social Care
- the Promise
- SSSC Integrated Working Research Report 2020
<https://www.sssc.uk.com/knowledgebase/article/KA-02955/en-us>
- SSSC Workforce Skills Report 2021 <https://data.sssc.uk.com/data-publications/21-workforce-skills-report/272-workforce-skills-report-2020-2021>
- internal intelligence – Registration and FTP data
- review of other regulators' Codes of Practice

Further information on our internal and external engagement work, including findings and analysis is detailed below.

Internal engagement

Our internal engagement involved staff members from across the SSSC including staff in the Regulation Directorate.

External engagement

We have established a Stakeholder Advisory Group (SAG) to support the Future Proofing Programme. The advisory group includes several key stakeholders including Social Work Scotland, Scottish Care, COSLA, Scottish Government, the Promise and UNISON.

We have identified the following external organisations as key to making sure the review of the Codes meets its expectations:

- Office of the Chief Social Work Adviser
- Mental Health and Social Care Directorate
- Early Years Directorate
- Children and Families Directorate (The Promise)
- School Age Childcare Directorate
- Care Inspectorate
- NHS Education Scotland

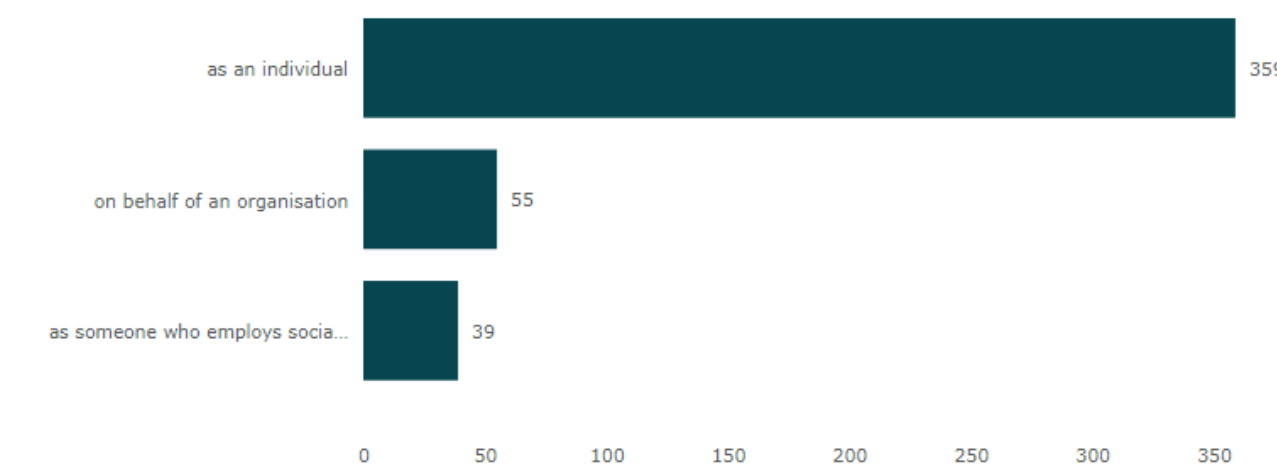
We launched a formal consultation on the proposed changes to the Codes of Practice in early 2023. We developed an engagement plan to ensure we engaged with all key stakeholders to inform the proposed changes, including members of the public and people who use services.

Our external consultation (April – July 2023) received 482 responses, with 47% of those responses being full responses to all questions. For our consultation to provide a confidence level of 99% with a 10% margin of error, we calculated that we would need a minimum of 166 full responses. We have met that level of response.

The majority of all respondents were individuals (Figure 1.)

Figure 1. Codes of Practice Survey responses (April – July 2023)

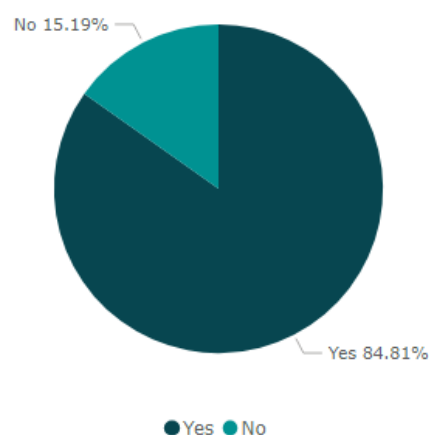
Q2. Are you responding:



The vast majority, 84.81% of the 349 respondents who answered the relevant question, were registered with the SSSC (Figure 2.)

Figure 2. Registered with SSSC, Codes of Practice Survey (April – July 2023)

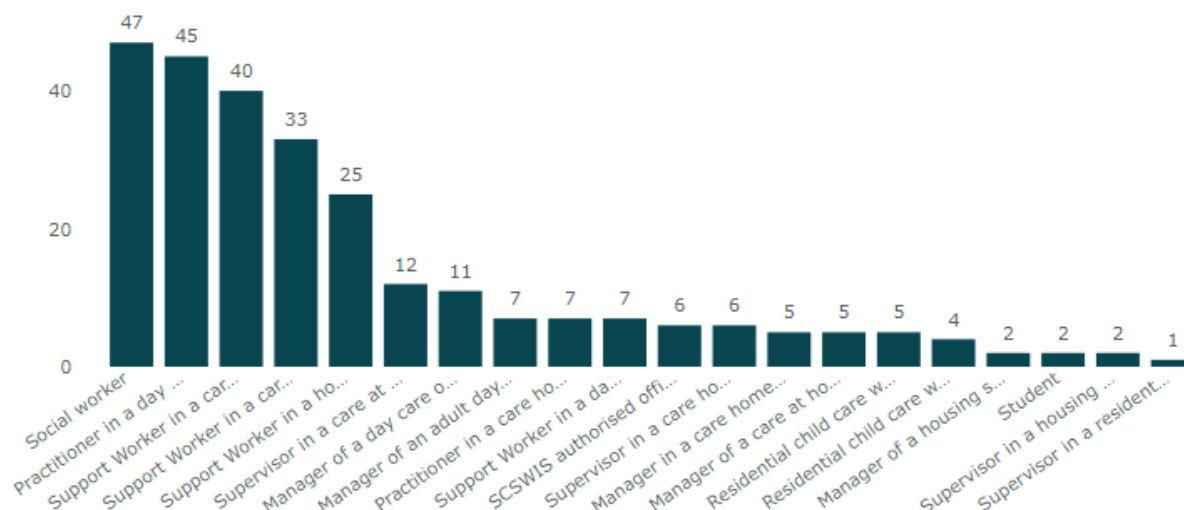
Q3. Are you on the SSSC register?



The most largely represented SSSC register groups to respond were Social Workers (47 responses), Practitioners in a day care of children service (45 responses) and Support Workers in a care at home service (40 responses).

Figure 3. SSSC Register part, Codes of Practice Survey (April – July 2023)

Q5. Please tell us what Register part you are on:



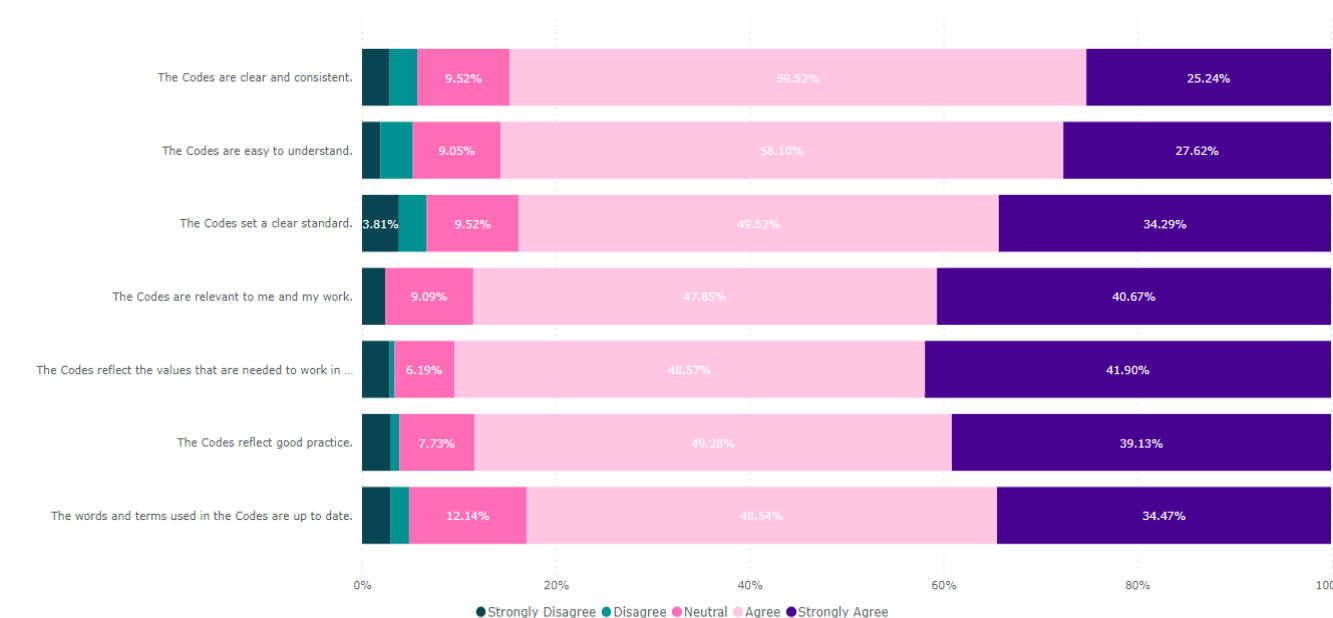
The external consultation was split into two sections, the first section focused on the revisions to the Codes of Practice for Social Service Workers and the second section focused on the Codes of Practice for Employers of Social Service Workers.

Codes of Practice for Social Service Workers and Employers

Our initial consultation focused on the impact that the proposed changes (see below) would have on encouraging certain behaviours, etc. Figure 4 shows how strongly respondents agreed with a series of statements about the proposed changes.

Figure 4. Views on Codes, Codes of Practice Survey (April – July 2023)

Q14. When looking at the revised Codes of Practice for Social Service Workers and Employers how do you feel about the following statements?



As can be seen, the overall response to the proposed changes was positive with a majority of respondents indicating that they agreed or strongly agreed with each of the statements. (see Table 1.)

Table 1. Views on Codes of Practice Survey (April – July 2023)

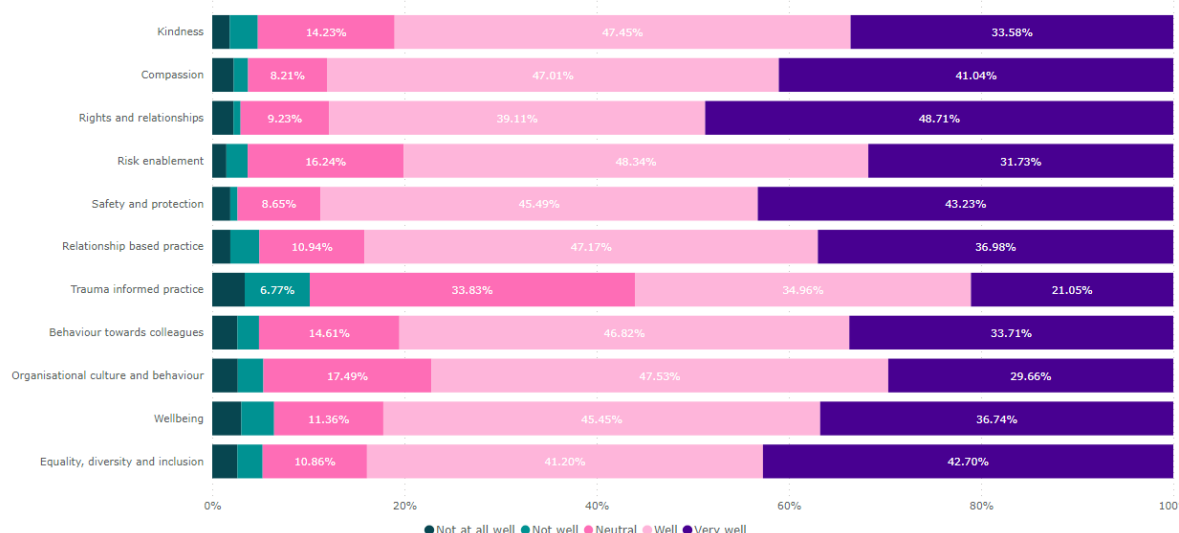
Behaviour	% of Agree or Strongly Agree responses
The Codes are clear and consistent	84.76
The Codes are easy to understand	85.72
The Codes set a clear standard	83.81
The Codes are relevant to me and my work	88.52
The Codes reflect the values that are needed to work in social services	90.47
The Codes reflect good practice	88.41
The words and terms used in the codes are up to date	83.01

Feedback on proposed changes from consultation

Our consultation focused on the impact that the proposed changes (see below) would have on encouraging several areas such as certain behaviours. Figure 5 shows how positively, or negatively respondents viewed the proposed changes as encouraging these behaviours.

Figure 5. How Codes for workers reflect key terminology, Codes of Practice Survey (April – July 2023)

Q8. How well do the revised Code of Practice for Social Service Workers encourage the following?



As can be seen, the overall response to the proposed changes was positive with a majority of respondents indicating that the proposed changes promoted each of the behaviours well or very well (see table 2.)

Table 2. How Codes for workers reflect key terminology, , Codes of Practice Survey (April – July 2023)

Behaviour	% of well or very well responses
Kindness	81.03
Compassion	88.05
Rights and relationships	87.82
Risk enablement	80.07
Safety and protection	88.72
Relationship based practice	84.15
Trauma informed practice	56.01
Behaviour toward colleagues	80.53
Organisational culture and behaviour	77.19
Wellbeing	82.19
Equality, diversity and inclusion	83.90

Sample comments on the proposed changes to Codes for workers

- "I think the revised codes are a lot easier to read and understood which will help individuals to follow them and understand how to follow them."
- "The word trauma, as far as I can see, is not used once in the document of updates although several of the points allude to this. Perhaps it would be helpful to state clearly about trauma informed practice for those less experienced workers."
- "I think this redraft is mostly excellent. It makes some serious shifts towards rights-based practice which focuses on wellbeing and outcome and in my opinion is a huge step forward from the existing code."

- "I am of the opinion that changing the language from "you" to "I" will be less like preaching to workers, it should give a sense of professional pride and ownership. More like taking an oath or pledge, and that should make individuals more aware of working under codes in their day to day support to service users. The codes should stay at the forefront of their minds more."
- "Having clearer guidance regarding profession boundaries, respecting others and relationships will enable me to ensure that I demonstrate this within my practice and give me more confidence to challenge as per the Code of Conduct and my own organisations policies colleagues who are not upholding these."
- "The revised Code reflects the evolving social care and strengthens the expectations of the social care workers. It is encouraging to see an improved alignment between the codes, the Health and Social Care standards, Human Rights approach and Strength-based approach, which simplifies and reinforces the value of the standards by ensuring that compliance with the codes guides practise."

Figure 6. How Codes for employers reflect key terminology, Codes of Practice Survey (April – July 2023)

Q11. How well do the revised Code of Practice for Employers of Social Service Workers encourage the following?

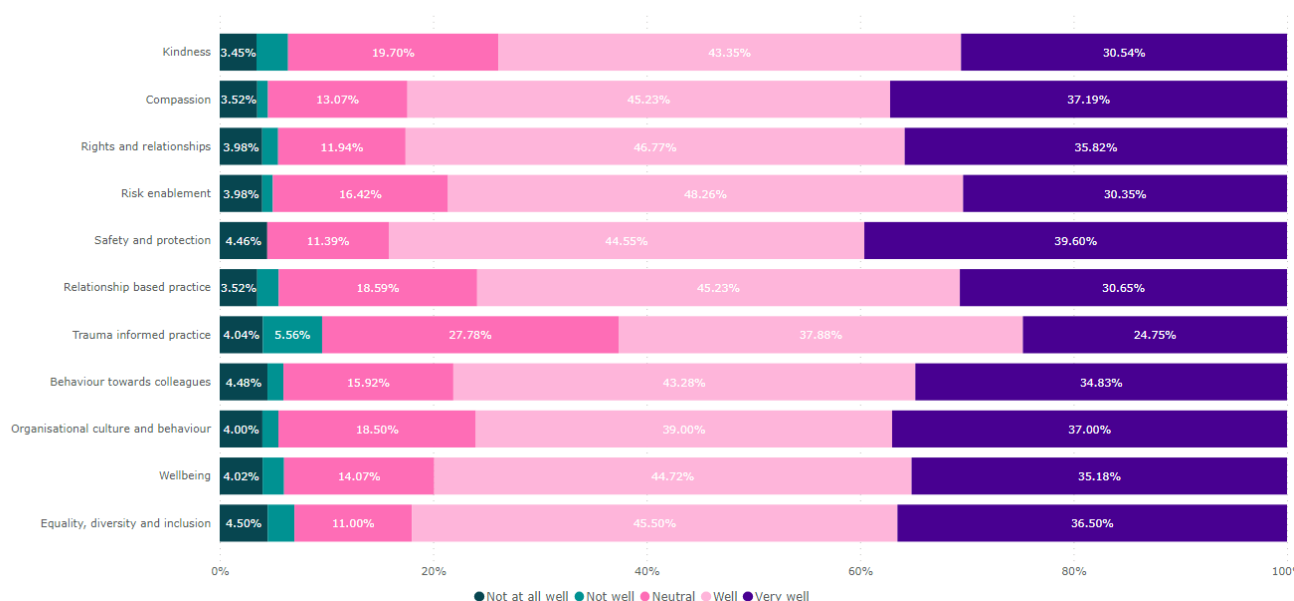


Table 3. How Codes for employers reflect key terminology, Codes of Practice Survey (April – July 2023)

Behaviour	% of well or very well responses
Kindness	73.89
Compassion	82.42
Rights and relationships	82.59
Risk enablement	78.61
Safety and protection	84.15
Relationship based practice	75.88
Trauma informed practice	62.63

Behaviour toward colleagues	78.11
Organisational culture and behaviour	76.00
Wellbeing	79.90
Equality, diversity and inclusion	82.00

Sample comments on proposed changes to Codes for Employers

- "I like the addition of a code relating to employee wellbeing. Also in this section trauma is mentioned clearly which is far better in my opinion."
- "I feel the proposed changes will encourage collaboration and help create the expectation of working with and for people and I will ensure to refer to the codes to create a better understanding or personal responsibility."
- "I like that it is now 'I' as I hope this will ensure employers take more responsibility to follow and implement the codes especially around support for induction, training and continuous development, supervision."
- "The language decluttering and streamlining means that the codes are easier to remember and understand. As an employee it gives us the opportunity to reflect on practice and ensure best practice is always at the forefront of our minds especially when it comes to team meetings, management and treating colleagues and service users with respect and compassion."

Proposed Changes to the Codes of Practice for Social Service Workers

A paper for the SSSC's Council (February 2024) will set out further detail on the proposed changes. Proposed changes include the following.

- Highlighting trauma-informed practice.
- Strengthening the codes on creating culture to support risk enablement.
- Strengthening approach to supervision.
- Identifying importance of wellbeing in the Employer Code.
- Support alignment with the Health and Social Care Standards and encourage a more 'empowering' tone, such as moving from 'people who use services' to 'individuals.'
- Referencing 'compassion' in Codes.

A new Code specifically to address professional boundaries is proposed in the workers Code 2.8: (I will) form open, positive relationships and maintain professional boundaries with individuals, colleagues or carers that respects their dignity, wellbeing and safety.

The draft Codes for Social Service Workers follow. These Codes are subject to approval by the SSSC's Future Proofing Programme Board and Council in February 2024. They are also subject to approval by the Office of the Chief Social Work Adviser (SSSC's Sponsor within Scottish Government) and the Scottish Government.

1. I must protect and promote the rights and interests of individuals and carers. I will

- 1.1 Work with kindness, compassion and respect and treat each individual as unique.
- 1.2 Respect and promote the rights and, where appropriate, the views, wishes and choices of individuals and carers.
- 1.3 Support the rights of individuals to have control over their lives and make informed choices about their care or support.

- 1.4 Work with individuals and carers to communicate using their preferred method and language.
- 1.5 Respect and maintain the dignity and privacy of individuals.
- 1.6 Promote diversity and respect all identities, values and cultures.

2. I must build and maintain the trust and confidence of individuals and carers. I will

- 2.1 Be truthful, open, honest and trustworthy.
- 2.2 Communicate in a respectful, open, accurate and straightforward way.
- 2.3 Respect confidential information and clearly explain policies about confidentiality to individuals and carers.
- 2.4 Be reliable and dependable.
- 2.5 Honour work commitments, agreements, and arrangements and, when it is not possible to do so, explain why to individuals, carers and my employer.
- 2.6 Declare issues that might create conflicts of interest and make sure they do not influence my judgement or practice.
- 2.7 Follow policies and procedures about exchanging gifts and money with individuals and carers.
- 2.8 Form open, positive relationships and maintain professional boundaries with individuals, colleagues or carers that respects their dignity, wellbeing and safety.

3. I must promote the wellbeing and independence of individuals and carers while protecting them, as far as possible, from harm. I will

- 3.1 Report allegations of harm, challenge and report any dangerous, abusive or discriminatory behaviour using established systems within appropriate timescales.
- 3.2 Follow practices, procedures and policies designed to keep me and other people safe at work.
- 3.3 Tell my employer, or the relevant authority, about any resourcing or operational matter that might get in the way of providing care or support.
- 3.4 Tell my employer, or a relevant authority, when a colleague's fitness to practise may be impaired.
- 3.5 Be open and honest with my employer, individuals and carers when practice has or may have caused harm or loss.
- 3.6 Cooperate with any investigations by my employer, the SSSC or a relevant authority into my fitness to practise or the fitness to practise of others. This may include attending hearings and providing witness statements, documents or other information within appropriate timescales.
- 3.7 Work with individuals and carers to give and receive feedback, raise concerns and complaints, take these seriously and act upon them.
- 3.8 Recognise and use responsibly the power and authority I have when working with individuals, carers and colleagues.

4. I must recognise that individuals have the right to take risks and will work with them to understand and manage those risks. I will

- 4.1 Work with individuals to make informed choices about potential and actual risks to themselves or others.
- 4.2 Follow risk assessment policies and procedures to assess whether the behaviour of individuals presents a risk of harm to themselves or others.

- 4.3 Take necessary steps to reduce the risks of individuals harming themselves or others.
 - 4.4 Make sure that individuals, relevant colleagues and agencies are informed about the findings and implications of risk assessments.
- 5. I must be accountable for the quality of my work and take responsibility for maintaining and improving my knowledge and skills. I will**
- 5.1 Meet relevant standards of practice and work in a lawful, safe and effective way.
 - 5.2 Maintain clear, accurate and up-to-date records in line with policies and procedures relating to my work.
 - 5.3 Tell my employer or the relevant authority about any personal circumstances or experiences that may affect my ability to do my job competently and safely and tell the SSSC about anything that may affect my fitness to practise.
 - 5.4 Ask for support from my employer or the relevant authority if I do not feel able to, or well enough prepared to, carry out any part of my work or if I am unsure about how to proceed.
 - 5.5 Prepare for and engage in supervision to reflect on my development, learning needs and practice.
 - 5.6 Maintain my continuous professional learning to improve my knowledge and skills and contribute to the learning and development of others.
 - 5.7 Cooperate and work inclusively and openly with colleagues and others and treat them with respect.
 - 5.8 Work in a way that is informed by an understanding of the impact that trauma may have on individuals, carers and colleagues.
 - 5.9 Be responsible for the work that I delegate to others.
 - 5.10 Respect the roles and expertise of colleagues from other professions, who may follow different professional codes, and work in partnership with them.
 - 5.10.1 Recognise and respect the roles, expertise and experience of carers, families and relevant others and work in partnership with them as appropriate.
 - 5.11 Invite and listen to feedback from individuals, carers and others and use this to improve my practice.
- 6. I must uphold public trust and confidence. I will not**
- 6.1 Abuse, harm, neglect or exploit individuals, carers or colleagues.
 - 6.2 Abuse the trust of individuals, carers or colleagues, or misuse the information I hold about them and their personal circumstances.
 - 6.3 Form unprofessional or harmful relationships with individuals, carers or colleagues.
 - 6.4 Discriminate against individuals, carers or colleagues.
 - 6.5 Condone any discrimination by individuals, carers or colleagues.
 - 6.6 Put myself or other people at unnecessary risk.
 - 6.7 Behave, while in or outside work, in a way that would bring my suitability to work in social services into question.

Proposed Changes to the Codes of Practice for Social Service Employers

The draft Codes for Social Service Employers follow. These Codes are subject to approval by the SSSC's Future Proofing Programme Board and Council in February 2024. They are also subject to approval by the Office of the Chief Social Work Adviser (SSSC's Sponsor within Scottish Government) and the Scottish Government. The revised Codes follow.

1. Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities. I will

- 1.1. Use thorough and safe recruitment processes to make sure that people with appropriate attitudes and values, and the potential to gain the necessary knowledge and skills to enter the workforce.
- 1.2. Follow relevant safe recruitment guidance to check criminal records, registers and gaps in employment as part of assessing whether a person can carry out the duties of the job.
- 1.3. Request and provide accurate and appropriate information or references relating to a person's suitability to work in a specified role.
- 1.4. Give workers clear information about their roles and responsibilities, relevant legislation, and the policies and procedures they must follow in their work.
- 1.5. Provide clear information to workers about line management, communication and support.

2. Maintain a culture and have systems in place to support social service workers to meet their Code of Practice. I will

- 2.1. Lead, manage and supervise workers in a way that promotes kind and compassionate practice.
- 2.2. Lead in a way which values diversity, inclusion and equality and upholds individual rights.
- 2.3. Lead workers in a way that makes sure individuals and carers, where appropriate, are involved in decisions about their care or support.
- 2.4. Lead workers to continuously improve their practice and professional development, whilst ensuring their fitness to practise.
 - 2.4.1. Promote an open culture where workers are supported to discuss ethical practice and professional boundaries.
 - 2.4.2. Have systems in place to seek and use feedback from individuals, carers and others to shape and improve services and practice.
- 2.5. Have systems in place for workers to report resourcing or operational difficulties that might have an impact on care or support and work to address such problems with relevant authorities where necessary.
- 2.6. Enable a culture which supports workers to whistleblow when they feel that working practices are discriminatory, inappropriate or unsafe for any reason and take appropriate action to respond to concerns.
- 2.7. Support workers to meet the standards in their Code of Practice and not require them to do anything that might prevent that from happening.
- 2.8. Support workers employed from other professions to meet their own professional codes.
- 2.9. Report workers whose fitness to practice may be impaired to the relevant authority.

3. Provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice. I will

- 3.1. Provide good quality accessible induction and learning and development opportunities to support workers to carry out their role safely and effectively.
- 3.2. Support and prepare workers for new and changing roles, responsibilities, and developments in practice including digital.
- 3.3. Contribute to education and learning, providing effective workplace placements, assessments and practice learning opportunities.
- 3.4. Support workers who need to be registered with the SSSC to meet and maintain their conditions for registration and the requirement for continuous professional learning and development.
- 3.5. Make sure that all newly qualified social workers are provided with the required level of professional learning and development during the mandatory supported year to fully meet their continuous professional learning requirements.
- 3.6. Respond appropriately to workers who need support because they do not feel able, or well enough prepared, to carry out their work.
- 3.7. Provide effective and regular supervision that enables workers to develop and improve practice through reflection and feedback.

4. Maintain a culture that supports safety and protection whilst respecting the rights of individuals to take risks. I will

- 4.1. Have written policies and procedures in place to protect individuals, carers, workers and others from harm.
- 4.2. Put into action and monitor written policies and procedures, particularly about reporting allegations of exploitation, discrimination, harm, neglect or abuse to the relevant authority within appropriate timescales.
- 4.3. Make sure workers know and understand signs of exploitation, discrimination, harm, neglect and abuse and the action they must take.
- 4.4. Make sure that workers understand bullying, harassment or any form of discrimination is not acceptable and take action to deal with such behaviour.
- 4.5. Have procedures in place for a worker to report when a colleague's fitness to practice may be impaired.
- 4.6. Have procedures in place for a worker to report when practice has caused or may have caused harm or loss.
- 4.7. Deal with reports and allegations from workers promptly, effectively and openly.
- 4.8. Promote a culture that values everyone's safety and where violence, threats and abuse are not acceptable. Have policies and procedures in place for reducing and managing such incidents.
- 4.9. Be aware of the impact trauma, including vicarious trauma, may have on workers. Support workers who experience such trauma.
- 4.10. Be aware of the impact abusive behaviour may have on workers. Support workers who experience such behaviour.
- 4.11. Have policies and procedures in place that promote the health, safety, wellbeing and equality of workers and respect inclusion and diversity.
- 4.12. Support workers whose fitness to practice may be impaired and provide clear guidance about any restrictions on their work.
- 4.13. Report to the relevant authorities where practice has or may have caused harm or loss.
- 4.14. Have risk assessment policies and procedures in place.

5. Publicise and promote the Code of Practice for Social Service Employers and the Code of Practice for Social Service Workers to individuals and carers and cooperate with SSSC proceedings. I will

- 5.1. Follow the Code of Practice for Social Service Employers and tell workers about my responsibility to comply with it.
- 5.2. Inform workers about the Code of Practice for Social Service Workers and work with them to understand their responsibilities to comply with it.
- 5.3. Promote the importance and connection between the Code of Practice and other relevant frameworks and standards.
- 5.4. Inform individuals and carers of the Codes of Practice for Social Service Workers and Employers and provide details of how to raise issues relating to the Codes.
- 5.5. Take account of the Code of Practice for Social Service Workers when making any decision that relates to a worker's fitness to practice.
- 5.6. Follow guidance on making a referral to the SSSC about a worker whose fitness to practice may be impaired. If appropriate, tell the worker that you have made a referral.
- 5.7. Cooperate promptly with SSSC investigations and those of other authorities, including providing documents, attending hearings and responding to the findings and decisions.
- 5.8. Enable and support workers to cooperate with SSSC investigations and those of other authorities.
- 5.9. Take appropriate action on any SSSC findings about a worker's fitness to practice, including supporting a worker to meet any conditions on their registration.
- 5.10. Take appropriate action on the findings of other standard setting bodies to improve the service provided to individuals and carers.

Impact on protected characteristics

This section contains the impact of the new Codes on protected characteristics. We cover points about discrimination and equality under race, although many of these points are equally relevant to other protected characteristics.

Age

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of age.
- The Scottish Social Services Council Register 1 April 2022 – 31 March 2023 shows that the overall average age of all workers on our register is 44 years and 6 months, with a median age of 44. The register part with the lowest average age is Students. This register part had an average age of 37.86 years old during this period. Beside Students, which we would expect to be the youngest register part, the next youngest register parts were support workers in day care of children services (38.87) and practitioners in day care of children services (40.95). The oldest register part during this period was SCSWIS Authorised Officers at an average age of 58.08 years old. Other register parts with higher average ages than the overall average are managers of care home services for adults (54.74), managers of residential child care services (52.72), managers of housing support services (52.40) and social workers (51.50).
- Our snapshot report highlights that if there were to be age related negative impacts as a result of these proposed changes, these would be most obviously felt by the register parts listed above.

- In general, we believe that the proposed changes are likely to have positive impacts on the basis of age.

Disability

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of disability, either on the registered workforce or on the users of services in Scotland.
- We believe that the proposed changes will allow social service workers who identify as having a disability to feel more supported in their role as a result of the focus on wellbeing in paragraph 2. We also believe staff will feel more confident using the Codes of Practice as a result of the updated, more accessible language.
- We believe the updated Codes will have a positive impact on people who use social services who identify as having a disability as a result of the increased focus on wellbeing and rights-based care that the revised Codes represent.

Gender reassignment

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of gender reassignment, either on the registered workforce or on the users of services in Scotland.
- We believe that the proposed changes will ensure workers are able to feel supported in their role and confident in bringing forward concerns relating to their gender reassignment.
- We believe the updated Codes will have a positive impact on people who use social service on the basis of their gender reassignment as a result of the increased focus on wellbeing and rights-based care that the revised codes represents.

Marriage and civil partnership

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of marriage or civil partnership, either on the registered workforce or on the users of services in Scotland.

Pregnancy and maternity

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of pregnancy or maternity, either on the registered workforce or on the users of services in Scotland.
- We believe that the proposed changes will allow social service workers who are going through pregnancy or maternity to feel more supported in their role as a result of the focus on wellbeing in the Codes.

Race

- The Scottish Social Services Council Register 1 April 2022 – 31 March 2023 shows that the majority of the social services workforce in Scotland is white (66.26%). However, there are significant numbers of workers from other ethnic backgrounds employed in the sector. We want to make sure that any proposed changes do not disproportionately affect any of our registered workers on the basis of their race.

- We believe that the revised provisions in the Codes of Practice for Social Service Workers will have a positive impact on people working in the sector and people accessing social services on the basis of their race. These include the following: 'Report allegations of harm, challenge and report any dangerous, abusive or discriminatory behaviour using established systems within appropriate timescales' and 'Discriminate against individuals, carers or colleagues.' And 'I will not Condone any discrimination by individuals, carers or colleagues.'
- We also believe that the revised text for the Codes of Practice for Social Service Employers will operate in such a way as to have a positive impact on people working in, and also people accessing, social services.

Religion/belief

- We do not believe that the proposed changes to the Codes of Practice for Social Service Workers and Employers are likely to have any negative impacts on the basis of religion, belief or lack of belief, either on the registered workforce or on the users of services in Scotland.

Sex

- The Scottish Social Service Sector: Report on 2022 Workforce Data shows that 83% of social service staff are female, 15% are male and 2% is unknown. This figure relates to individuals working across all social services, not just those subject to SSSC registration, but this does give some indication of the overall makeup of the sector. Given that the majority of the sector is female, any negative impact arising from the application of the proposed changes to the codes of practice is likely to be more immediately experienced by female staff.
- We do not believe that the sex of anyone subject to the Codes of Practice or of anyone accessing social services will be a factor in how the Codes operate in relation to them. The Codes are broadly framed and promote inclusion and anti-discrimination approaches to practice. For this reason we believe that any impact on people on the basis of their sex is likely to be positive.

Sexual orientation

- We do not believe that the proposed changes to the Codes likely to have any negative impacts on the basis of sexual orientation, either on the registered workforce or on the users of services in Scotland.

Other areas of impact

Groups living in island communities

- The proposed changes to the Codes of Practice will apply to all workers and employers in Scotland regardless of their location. We are aware that the needs of staff and users of services in island communities may differ from the needs of similar individuals on the mainland. However, given the nature of regulation, the Codes of Practice need to be consistent across all settings.
- We believe the proposed changes to the Codes of Practice will have a neutral impact on promoting good relations among and between island communities.
- We believe the proposed changes to the Codes of Practice will have a positive impact on advancing equality of opportunity between people in island communities and those who are not and eliminating unlawful discrimination, harassment and victimization.

- The proposed changes will strengthen a human rights-based approach to practice within social services and will promote the recognition of individuals' needs in their experience of their own care.

Children's rights and wellbeing

- We believe the proposed changes to the Codes of Practice will have a positive impact on children's rights and wellbeing by promoting rights-based and trauma informed practices. We will develop an accessible and child-friendly version of the Codes.

Health and wellbeing and health inequalities

- The review of the Codes will support delivery of The Promise to ensure the care experiences of people involved are heard along with other recommendations that are relevant to the SSSC such as the Promise. These include a need to significantly re-organise and streamline professional codes, procedures and processes. This workstream will contribute to our activity to keep the Promise. The review will strengthen a human rights-based approach to practice within social services.

Economic and social sustainability

- We believe the overall impact of the proposed changes to the Codes of Practice in relation to economic and social sustainability will be neutral, or potentially positive.

The review of the Codes and the focus on meeting the needs of people who use service and their carers contributes to wider priorities such as:

- removing disadvantage of inequality
- advancing opportunities for individuals
- fostering good relations and sustainability of communities.

Care experienced children, young people and adults

- The review of the Codes will ensure the social services workforce working with care experienced children, young people and adults have the right skills, knowledge and values for the role to ensure they deliver high quality care and support. It will also do the following.
 - Promote the well-being of children and young people.
 - Promote the interests of eligible children and young people.
 - Provide opportunities to eligible children and young people.
- The Promise is clear that regulators must significantly re-organise and streamline professional codes, procedures and processes. This objective is one of the drivers behind the review of the Codes and contributes to our activity to keep the Promise.



Comparison of Original Codes with proposed revisions

Code for Social Service Workers

	Original Code		Final revision
1	As a social service worker, I must protect and promote the rights and interests of people who use services and carers. I will	1	I must protect and promote the rights and interests of individuals and carers. I will
1.1	Treat each person as an individual.	1.1	Work with kindness, compassion and respect and treat each individual as unique.
1.2	Respect and, where appropriate, promote the views and wishes of people who use services and carers.	1.2	Respect and promote the rights and, where appropriate, the views, wishes and choices of individuals and carers
1.3	Support the rights of people who use services to control their lives and make informed choices about the services they use	1.3	Support the rights of individuals to have control over their lives and make informed choices about their care or support.
		1.4	Work with individuals and carers to communicate using their preferred method and language.
1.4	Respect and maintain the dignity and privacy of people who use services	1.5	Respect and maintain the dignity and privacy of individuals.
1.5	Work in a way that promotes diversity and respects different cultures and values.	1.6	Promote diversity and respect all identities, values and cultures.
2	As a social service worker, I must create and maintain the trust and confidence of people who use services and carers. I will	2	I must build and maintain the trust and confidence of individuals and carers. I will
2.1	Be truthful, open, honest and trustworthy.	2.1	Be truthful, open, honest and trustworthy.
2.2	Communicate in an appropriate, open, accurate and straightforward way.	2.2	Communicate in a respectful, open, accurate and straightforward way.

2.3	Respect confidential information and clearly explain my employer's policies about confidentiality to people who use services and carers.	2.3	Respect confidential information and clearly explain policies about confidentiality to individuals and carers.
2.4	Be reliable and dependable	2.4	Be reliable and dependable.
2.5	Honour work commitments, agreements, and arrangements and, when it is not possible to do so, explain why to people who use services, carers and my employer.	2.5	Honour work commitments, agreements, and arrangements and, when it is not possible to do so, explain why to individuals, carers and my employer.
2.6	Declare issues that might create conflicts of interest and make sure they do not influence my judgement or practice.	2.6	Declare issues that might create conflicts of interest and make sure they do not influence my judgement or practice.
2.7	Keep to policies and procedures about accepting gifts and money from people who use services and carers.	2.7	Follow policies and procedures about exchanging gifts and money with individuals and carers.
		2.8	Form open, positive relationships and maintain professional boundaries with individuals, colleagues or carers that respects their dignity, wellbeing and safety.
3	As a social service worker, I must promote the independence of people who use services while protecting them, as far as possible, from danger and harm. I will	3	I must promote the wellbeing and independence of individuals and carers while protecting them, as far as possible, from harm. I will
3.1	Promote the independence of people who use services and empower them to understand and exercise their rights.		
3.2	Use established processes and procedures to report allegations of harm and challenge and report exploitation and any dangerous, abusive or discriminatory behaviour or practice.	3.1	Report allegations of harm, challenge and report any dangerous, abusive or discriminatory behaviour using established systems within appropriate timescales.
3.3	Follow practices and procedures designed to keep me and other people safe from violent and abusive behaviour at work.	3.2	Follow practices, procedures and policies designed to keep me and other people safe at work.
3.4	Tell my employer, or the appropriate authority, about any resourcing or operational difficulties that might get in the way of providing care.	3.3	Tell my employer, or the relevant authority, about any resourcing or operational matter that might get in the way of providing care or support.

3.5	Tell my employer, or an appropriate authority, when a colleague's fitness to practise may be impaired.	3.4	Tell my employer, or a relevant authority, when a colleague's fitness to practise may be impaired.
3.6	Be open and honest with my employer, people who use services and carers when care has or may have caused physical, emotional, financial or material harm or loss.	3.5	Be open and honest with my employer, individuals and carers when practice has or may have caused harm or loss.
3.7	Cooperate with any investigations by my employer, the SSSC or another authority into my fitness to practise or the fitness to practise of others. This may include attending hearings and providing witness statements, documents or other information.	3.6	Cooperate with any investigations by my employer, the SSSC or a relevant authority into my fitness to practise or the fitness to practise of others. This may include attending hearings and providing witness statements, documents or other information within appropriate timescales.
3.8	Keep to my employer's health and safety policies, including those relating to substance misuse.		
3.9	Enable people who use services and carers to make complaints. Take complaints seriously and either respond to them or pass them to the appropriate person. Take appropriate action when there is an allegation of harm.	3.7	Work with individuals and carers to give and receive feedback, raise concerns and complaints, take these seriously and act upon them.
3.10	Recognise and use responsibly the power and authority I have when working with people who use services and carers	3.8	Recognise and use responsibly the power and authority I have when working with individuals, carers and colleagues.
4	As a social service worker, I must respect the rights of people who use services, while striving to make sure that their behaviour does not harm themselves or other people. I will	4	I must recognise that individuals have the right to take risks and will work with them to understand and manage those risks. I will
4.1	Recognise that people who use services have the right to take risks and support them to work positively with potential and actual risks to themselves or others.	4.1	Work with individuals to make informed choices about potential and actual risks to themselves or others.
4.2	Follow risk assessment policies and procedures to assess whether the behaviour of people who use services presents a risk of harm to themselves or others.	4.2	Follow risk assessment policies and procedures to assess whether the behaviour of individuals presents a risk of harm to themselves or others.

4.3	Take necessary steps to reduce the risks of people who use services harming themselves or other people	4.3	Take necessary steps to reduce the risks of individuals harming themselves or others.
4.4	Make sure that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments.	4.4	Make sure that individuals, relevant colleagues and agencies are informed about the findings and implications of risk assessments.
PLEASE NOTE - The original section 5 has been moved to section 6 in the revision. This is to keep all the positive 'I will...' statements together and keep the 'I will not...' statements at the end of the document. (The following sections from the original Codes have been reversed so that they read across for comparison).			
6	As a social service worker, I am accountable for the quality of my work and will take responsibility for maintaining and improving my knowledge and skills.	5	I must be accountable for the quality of my work and take responsibility for maintaining and improving my knowledge and skills. I will
6.1	Meet relevant standards of practice and work in a lawful, safe and effective way.	5.1	Meet relevant standards of practice and work in a lawful, safe and effective way.
6.2	Maintain clear, accurate and up-to-date records in line with procedures relating to my work.	5.2	Maintain clear, accurate and up-to-date records in line with policies and procedures relating to my work.
6.3	Tell my employer or the appropriate authority about any personal difficulties that might affect my ability to do my job competently and safely and tell the SSSC about anything that may affect my fitness to practise.	5.3	Tell my employer or the relevant authority about any personal circumstances or experiences that may affect my ability to do my job competently and safely and tell the SSSC about anything that may affect my fitness to practise.
6.4	Ask for assistance from my employer or the appropriate authority if I do not feel able to, or well enough prepared to, carry out any part of my work or if I am not sure about how to proceed.	5.4	Ask for support from my employer or the relevant authority if I do not feel able to, or well enough prepared to, carry out any part of my work or if I am unsure about how to proceed.
		5.5	Prepare for and engage in supervision to reflect on my development, learning needs and practice.
		5.6	Maintain my continuous professional learning to improve my knowledge and skills and contribute to the learning and development of others.

6.5	Work openly with and cooperate with colleagues and treat them with respect.	5.7	Cooperate and work inclusively and openly with colleagues and others and treat them with respect.
		5.8	Work in a way that is informed by an understanding of the impact that trauma may have on individuals, carers and colleagues.
6.6	Recognise that I remain responsible for the work that I have delegated to others.	5.9	Be responsible for the work that I delegate to others.
6.7	Recognise and respect the roles and expertise of workers from other professions and work in partnership with them.	5.10	Respect the roles and expertise of colleagues from other professions, who may follow different professional codes, and work in partnership with them.
6.8	Respect the responsibilities of colleagues who follow different professional codes.	5.11	Recognise and respect the roles, expertise and experience of carers, families and relevant others and work in partnership with them as appropriate.
6.9	Undertake relevant learning to maintain and improve my knowledge and skills and contribute to the learning and development of others.	5.12	Invite and listen to feedback from individuals, carers and others and use this to improve my practice.
5	As a social service worker, I must uphold public trust and confidence in social services. I will not	6	I must uphold public trust and confidence. I will not
5.1	Abuse, neglect or harm people who use services, carers or my colleagues.	6.1	Abuse, harm, neglect or exploit individuals, carers or colleagues.
5.2	Exploit people who use services, carers or my colleagues.		
5.3	Abuse the trust of people who use services or carers, or the access I have to personal information about them or their property, home or workplace.	6.2	Abuse the trust of individuals, carers or colleagues, or misuse the information I hold about them and their personal circumstances.
5.4	Form inappropriate relationships with people who use services or carers.	6.3	Form unprofessional or harmful relationships with individuals or carers.

5.5	Discriminate against people who use services, carers or my colleagues.	6.4	Discriminate against individuals, carers or colleagues.
5.6	Condone any discrimination by people who use services, carers or my colleagues.	6.5	Condone any discrimination by individuals, carers or colleagues.
5.7	Put myself or other people at unnecessary risk.	6.6	Put myself or other people at unnecessary risk.
5.8	Behave, while in or outside work, in a way which would bring my suitability to work in social services into question.	6.7	Behave, while in or outside work, in a way that would bring my suitability to work in social services into question.

Code of Practice for Employers of Social Service Workers

	Original Code		Final revision
1	As a social service employer, you must make sure people are suitable to be social service workers and that they understand their roles and responsibilities. You will	1	Make sure people you recruit are suitable to be social service workers and that they understand their roles and responsibilities. I will
1.1	Use thorough recruitment processes to make sure that only suitable people with appropriate attitudes and values, and the potential to gain the necessary knowledge and skills, enter the workforce.	1.1	Use thorough and safe recruitment processes to make sure that people with appropriate attitudes and values, and the potential to gain the necessary knowledge and skills enter the workforce.
1.2	Check criminal records and registers and follow relevant guidance when assessing whether a person is capable of carrying out the duties of the job they have been selected for. You must do this before you appoint them.	1.2	Follow relevant safe recruitment guidance to check criminal records, registers and gaps in employment as part of assessing whether a person can carry out the duties of the job.
1.3	Ask for and provide accurate and appropriate references to share information relating to a person's suitability to work in social services.	1.3	Request and provide accurate and appropriate information or references relating to a person's suitability to work in a specified role.

1.4	Give workers clear information about their roles and responsibilities, relevant legislation, and the policies and procedures they must follow in their work.	1.4	Give workers clear information about their roles and responsibilities, relevant legislation, and the policies and procedures they must follow in their work.
		1.5	Provide clear information to workers about line management, communication and support.
2	As a social service employer, you must have the culture and systems in place to support social service workers to meet their Code of Practice. You will	2	Maintain a culture and have systems in place to support social service workers to meet their Code of Practice. I will
		2.1	Lead, manage and supervise workers in a way that promotes kind and compassionate practice.
		2.2	Lead in a way which values diversity, inclusion and equality and upholds individual rights.
2.1	Put into action and monitor written policies and procedures, particularly about reporting allegations of harm or abuse to the relevant authority.	2.3	Lead workers in a way that makes sure individuals and carers, where appropriate, are involved in decisions about their care or support.
2.2	Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.	2.4	Lead workers to continuously improve their practice and professional development, while ensuring their fitness to practise.
		2.5	Promote an open culture where workers are supported to discuss ethical practice and professional boundaries.
2.3	Have systems in place to listen to and consider feedback from people who use services, carers and other relevant people, to shape and improve services and the performance of social service workers.	2.6	Have systems in place to seek and use feedback from individuals, carers and others to shape and improve services and practice.
2.4	Have systems in place for social service workers to report inadequate resources or difficulties which might have a negative effect on the delivery of care. Work with social service workers and relevant authorities to tackle such problems.	2.7	Have systems in place for workers to report resourcing or operational difficulties that might have an impact on care or support and work to address such problems with relevant authorities where necessary.

2.5	Have systems in place to support workers to whistleblow when they feel that working practices are inappropriate or unsafe for any reason.	2.8	Enable a culture which supports workers to whistleblow when they feel that working practices are discriminatory, inappropriate or unsafe for any reason and take appropriate action to respond to concerns.
2.6	Support social service workers to meet the standards in their Code of Practice and not require them to do anything that might prevent that from happening.	2.9	Support workers to meet the standards in their Code of Practice and not require them to do anything that might prevent that from happening.
2.7	If you employ workers from other professions, support them to meet their own professional codes.	2.10	Support workers employed from other professions to meet their own professional codes.
2.8	Report workers whose fitness to practise may be impaired to the relevant authority.	2.11	Report workers whose fitness to practise may be impaired to the relevant authority.
3	As a social service employer, you must provide learning and development opportunities to enable social service workers to strengthen and develop their skills and knowledge. You will	3	Provide learning and development opportunities to enable workers to strengthen and maintain their skills, knowledge and practice. I will
3.1	Provide good quality induction, learning and development opportunities to help social service workers do their jobs effectively and prepare for new and changing roles and responsibilities.	3.1	Provide good quality accessible induction and learning and development opportunities to support workers to carry out their role safely and effectively.
		3.2	Support and prepare workers for new and changing roles, responsibilities, and developments in practice including digital.
3.2	Contribute to providing social care and social work education and learning, including effective workplace assessments and practice learning.	3.3	Contribute to education and learning, providing effective workplace placements, assessments and practice learning opportunities.

3.3	Support staff who need to be registered with us to meet the conditions for registration and the requirement for continuing professional development.	3.4	Support workers who need to be registered with the SSSC to meet and maintain their conditions for registration and the requirement for continuous professional learning and development.
		3.5	Make sure that all newly qualified social workers are provided with the required level of professional learning and development during the mandatory supported year to fully meet their continuous professional learning requirements.
3.4	Respond appropriately to social service workers who need support because they do not feel able to, or well enough prepared to, carry out their work.	3.6	Respond appropriately to workers who need support because they do not feel able, or well enough prepared, to carry out their work.
3.5	Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice.	3.7	Provide effective and regular supervision that enables workers to develop and improve practice through reflection and feedback.
4	As a social service employer, you must have written policies and procedures in place to protect people who use services and carers, and to support social service workers. You will	4	Maintain a culture that supports safety and protection while respecting the rights of individuals to take risks. I will
4.1	Make it clear to social service workers that bullying, harassment or any form of discrimination is not acceptable and take action to deal with such behaviour.		
		4.1	Have written policies and procedures in place to protect individuals, carers, workers and others from harm.

4.2	Have procedures in place for social service workers to report: <ul style="list-style-type: none"> • when a colleague's fitness to practise may be impaired • exploitation or any dangerous, discriminatory or abusive behaviour or practice • when care has caused, or may have caused, physical, emotional, financial or material harm or loss. 	4.2	Put into action and monitor written policies and procedures, particularly about reporting allegations of exploitation, discrimination, harm, neglect or abuse to the relevant authority within appropriate timescales.
4.3	Deal with reports and allegations from social service workers promptly, effectively, and openly.	4.3	Make sure workers know and understand signs of exploitation, discrimination, harm, neglect and abuse and the action they must take.
4.4	Make it clear to social service workers, people who use services and carers that violence, threats or abuse are not acceptable. Have clear policies and procedures for reducing the risk of violence and managing violent incidents.	4.4	Make sure that workers understand bullying, harassment or any form of discrimination is not acceptable and take action to deal with such behaviour.
4.5	Support social service workers who experience trauma or violence in their work.	4.5	Have procedures in place for a worker to report when a colleague's fitness to practise may be impaired.
4.6	Put into action written policies and procedures that promote the wellbeing and equality of workers and respect diversity.	4.6	Have procedures in place for a worker to report when practice has caused or may have caused harm or loss.
4.7	Provide appropriate support to social service workers whose fitness to practise may be impaired and give clear guidance about any limits on their work while they are receiving support or treatment. While doing this you must make sure that the care and safety of people who use services is your priority.	4.7	Deal with reports and allegations from workers promptly, effectively and openly.
4.8	Make sure that where care has or may have caused physical, emotional, financial or material harm or loss, this is reported to the appropriate authorities	4.8	Promote a culture that values everyone's safety and where violence, threats and abuse are not acceptable. Have policies and procedures in place for reducing and managing such incidents.
		4.9	Be aware of the impact trauma may have on workers. Support workers who experience such trauma.

		4.10	Be aware of the impact abusive behaviour may have on workers. Support workers who experience such behaviour.
		4.11	Have policies and procedures in place that promote the health, safety, wellbeing and equality of workers and respect inclusion and diversity.
		4.12	Support workers whose fitness to practise may be impaired and provide clear guidance about any restrictions on their work.
		4.13	Report to the relevant authorities where practice has or may have caused harm or loss.
		4.14	Have risk assessment policies and procedures in place.
5	As a social service employer, you must publicise and promote the Code of Practice for Social Service Workers to people who use services and carers and cooperate with us in our proceedings. You will	5	Publicise and promote the Code of Practice for Social Service Employers and the Code of Practice for Social Service Workers to individuals and carers and cooperate with SSSC proceedings. I will
5.1	Inform social service workers about this Code of Practice for Employers of Social Service Workers and your responsibility to keep to it.	5.1	Follow the Code of Practice for Social Service Employers and tell workers about my responsibility to comply with it.
5.2	Inform social service workers about the Code of Practice for Social Service Workers and their responsibility to keep to it.	5.2	Inform workers about the Code of Practice for Social Service Workers and work with them to understand their responsibilities to comply with it.
5.3	Make people who use services and carers aware of the Codes of Practice for Social Service Workers and Employers and inform them how to raise issues relating to the Codes, including how to contact us and cooperate with any proceedings resulting from this.	5.3	Promote the importance and connection between the Code of Practice and other relevant frameworks and standards.
5.4	Take account of the Code of Practice for Social Service Workers when making any decision that relates to a worker's fitness to practise.	5.4	Inform individuals and carers of the Codes of Practice for Social Service Workers and Employers and provide details of how to raise issues relating to the Codes.

5.5	Follow guidance on making a referral to the SSSC about a worker whose fitness to practise may be impaired. If appropriate, tell the worker that you have made a referral.	5.5	Take account of the Code of Practice for Social Service Workers when making any decision that relates to a worker's fitness to practise.
5.6	Cooperate with SSSC investigations and those of other authorities, including providing documents, attending hearings and responding to the findings and decisions.	5.6	Follow guidance on making a referral to the SSSC about a worker whose fitness to practise may be impaired. If appropriate, tell the worker that you have made a referral.
5.7	Enable and support social service workers to cooperate with SSSC investigations and those of other authorities (for example, to provide witness statements, documents or other information and, where appropriate, attend hearings).	5.7	Cooperate promptly with SSSC investigations and those of other authorities, including providing documents, attending hearings and responding to the findings and decisions.
		5.8	Enable and support workers to cooperate with SSSC investigations and those of other authorities.
		5.9	Take appropriate action on any SSSC findings about a worker's fitness to practise, including supporting a worker to meet any conditions on their registration.
		5.10	Take appropriate action on the findings of other standard setting bodies to improve the service provided to individuals and carers.

Title of report	Qualification timescales for registered workers in Adult Social Care - Update
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 April 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 April 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 right 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	
Background papers	Council Future Proofing Paper 24 November 2022 Staff Vacancies in Care services 2022

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 concern 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.
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. Council was asked in November 2023 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 April 2025.
6. Council asked that additional information be provided in order to inform their decision and that this item should come back to Council in February or March 2024 for a decision.

7. The report has been updated to provide the additional information requested.
8. 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 April 2025.

INFORMATION

9. 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.
10. 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.
11. 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.
12. 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)
13. 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.

14. 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.
15. Our registration data shows that in 2024 there will be significant demand for workers in ASC to gain their qualifications.
16. 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.
17. 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 (NES) and the Scottish Refugee Council to support international recruitment
 - we are working with NES 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 will be currently out for formal consultation
 - we will implement the 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.

UPDATE

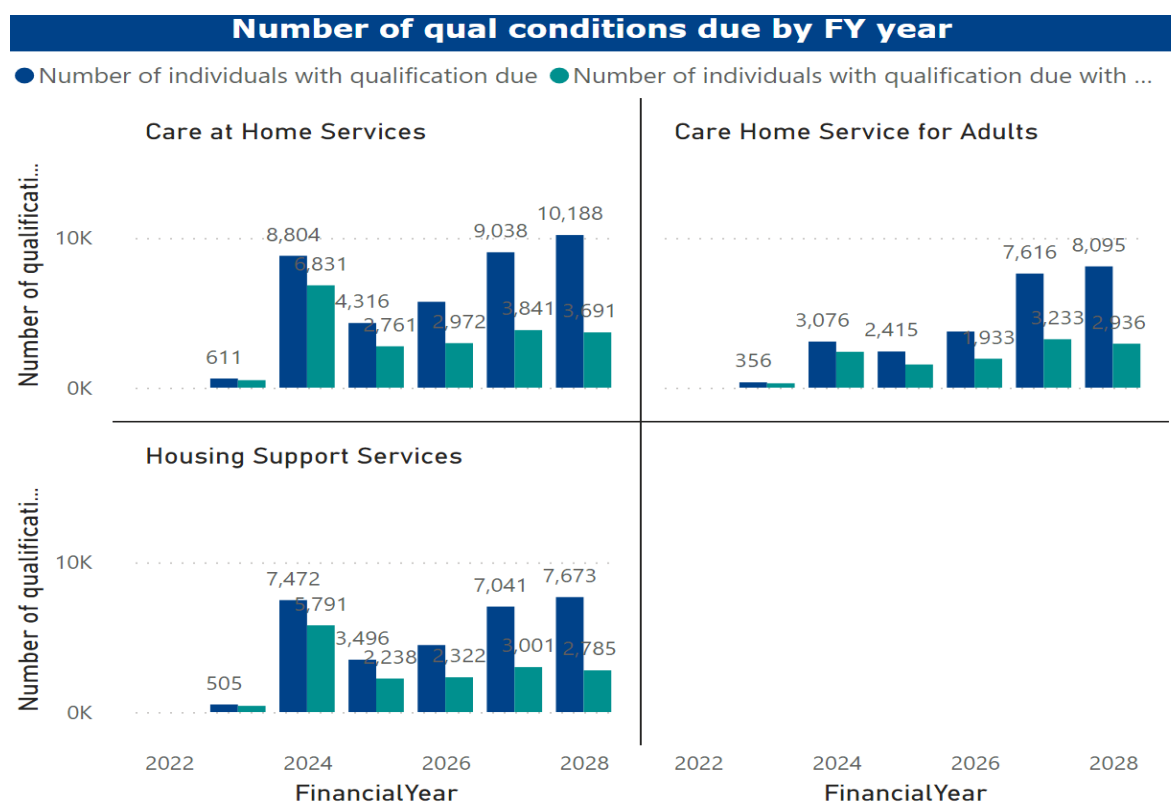
18. We have undertaken further analysis of our data and engaged with key stakeholders to agree and progress actions to inform our recommendations and to understand what, if anything may be different in

the ASC sector if we were to postpone the reduction in timescales for one year.

19. Turnover rates for the ASC register groups are higher than others however our data shows that turnover is beginning to slow down and there has been an improving picture in the last three years, especially for Care at Home and Housing Support. Care Home Services for Adults saw a slight increase in 2023 however still almost a 3% reduction from 2021.

Year	2021		2022		2023	
Registration Part (groups)	Turnover %	Number removed	Turnover %	Number removed	Turnover %	Number removed
Care at Home Services	19.0%	11560	17.7%	11150	16.8%	10628
Care Home Service for Adults	23.1%	9837	19.8%	8196	20.3%	8306
Housing Support Services	17.7%	9462	16.3%	8814	15.5%	8341
Total	20.8%	21763	18.7%	19772	18.1%	19000

20. The peak demand years for qualifications for these register groups are this year, followed by 2027 and 2028. Changing the timescales for qualifications this year will result in the majority of those new to the ASC register groups having to gain their qualification within three years significantly increasing the demand for qualifications to be achieved by 2027.



21. As part of the Future Proofing changes, all registrants will be required to complete an annual declaration which includes a requirement to provide details on the progress, they have made towards gaining any qualification

condition i.e., have they completed their qualification, are they registered with a provider and how far through are they. This will provide the SSSC with more current and accurate understanding of demand for qualifications and potential barriers on an annual basis rather than at the end of someone's 3–5-year registration period.

22. From March 2024 we will be introducing a leaving survey for all registrants who leave the register. This will provide us with valuable data and intelligence about the reasons why. This will help inform national workforce planning to help address retention.
23. The SSSC presented a paper to the ministerial Joint Social Services Taskforce (JSST) in January 2024 and presented an overview of our data and the current challenges for ASC to the Adult Social Care Skills Response Group in February 2024 with recommendations for action and improvement.
24. Both groups include membership from key sector partnerships including Coalition of Care and Support Providers in Scotland (CCPS), Scottish Care, COSLA, NES, Scottish Government and the skills response group includes additional partners such as the Scottish Funding Council, the College Development Network and Skills Development Scotland. Both groups are in broad agreement that the priorities that need addressed and are within scope of the group remits, include:
 - Learning and development support for the workforce to support them to achieve induction, Continuous Professional Learning (CPL) and qualification requirements and ease the burden for employers to free capacity.
 - Funding for qualifications - in particular the lack of funding for SCQF level 6 qualifications and a need to reconsider the prioritisation of MA funding and alternative funded routes.
 - New skills pipelines for the sector.
 - Mapping and promoting of career pathways to support attractiveness of roles in the sector.
25. The SSSC and NES are working in partnership with Scottish Government Adult Social Care Policy team to provide detailed actions plans for the next 12 months for JSST approval in March 2024 to work with JSST members to:
 - **Review and revise the National Induction Framework for ASC** to ensure it covers mandatory requirements, meets SSSC CPL requirements and can be used as evidence towards meeting qualification requirements.
 - **Explore and develop proposals for practical skills delivery for induction and develop and pilot a portable induction passport.**

This will address the challenge of multiple providers each offering (and maintaining) their own learning and onboarding journey, of which an element is mandatory and provide consistency across the sector. This creates duplication and requires ongoing effort at an organisational level to create, maintain and deliver packages of learning which could be developed (and maintained) centrally, releasing capacity at an employer level to reinvest in broader CPL activity to support qualifying the workforce. Additionally, staff who move between employers, may need to repeat these mandatory training and learning, reducing the time available for other elements of learning or delivery, which further creates capacity pressures within the existing workforce.

- **Scoping and mapping of multidisciplinary career pathways and pipelines and develop proposals for new skills pipelines, how to upscale existing pathways and how best to promote existing pathways identifying any potential barriers.** This will support recruitment and retention and the attractiveness of working in the sector.

The JSST is also considering a proposal on alternative training models to increase modern apprenticeship entry routes into adult social care and to increase paid college placements prior to employment.

26. The Skills Response Group have mapped all current activity against the key priorities and are meeting in March 2024 to review, identify any gaps or opportunities for joining up, promoting and upscaling current activity and agree an action plan of short, medium and long term objections with lead agencies to progress.
27. Skills Development Scotland (SDS) is currently concluding the tendering process for the next round of MA funding. The children and young people and adult social care MAs are part of the same commissioning exercise. Based on the data shared by the SSSC, SDS will work with appointed providers to highlight the current demand in ASC and prioritisation allocation of places for adult social care.
28. The Scottish Funding Council (SFC) are using the SSSC data, presented at the skills response group, to inform discussions at the SFC Skills, Enhancement, Access and Learning Committee on Health and Social Care.
29. Scottish Government Adult Social Care Policy Team will highlight the SSSC data and funding challenges to the Minister for Higher and Further Education and highlight through the JSST the opportunity for cross party support to inform and hopefully influence the letter of guidance for 2024/25 issued by Cabinet Secretary for Education and Skills to the SFC and SDS setting out government priorities.

30. The SSSC administer the workforce development grants for CCPS and Scottish Care on behalf of Scottish Government. It has been agreed with Scottish Government that the focus of the funding for 2024/25 will be to support the priorities of the JSST. CCPS and Scottish Care are developing their proposals based on action to support the agreed priorities.
31. The VSDF funding will continue to be ringfenced for adult social care in 2024/25.
32. The SSSC Interim Chief Executive and Convener raised the concerns regarding qualifications and registration fees during their discussion with the Minister, Ms Don, on 6 February 2024.
33. Broader issues impacting on the sector that are out with the scope of the JSST or skills response group and relate to terms and conditions, fair work, ethical commissioning and parity are being addressed by the Fair Work terms and conditions sub-group and the sectoral bargaining workstream in Scottish Government.

CONSULTATION

34. 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.
35. 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.
36. Data and intelligence from analysis of registration data and national official statistics on workforce and vacancies.
37. We presented a paper to the JSST and presented our data and the current challenges in qualifying the ASC workforce to the ASC Skills Response Group.

RISKS

38. 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.
39. 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.
40. 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 change without further destabilisation of services would be irresponsible of the SSSC, against our organisational values and extremely damaging to our reputation.

IMPLICATIONS

Resourcing

41. 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

42. 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

43. The recommendations may have an 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

44. 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 April 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, Interim 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	Council Report November 2023 - Review of Registration Fees

INTRODUCTION

1. Since registration started in 2003, we have only reviewed registration fees once, in 2017, following a consultation in 2016. Fee levels increased by 66% for most registered workers, and 166% for social workers and managers.
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 and that of other regulators.
3. Members considered this issue at the meeting in November 2023 and requested that further information on the payment of fees for local authority staff and the proposed level of increase for consultation was obtained for consideration at this meeting. The Convener and I discussed these issues at our meeting with the Minister on 6 February.

CURRENT FEE LEVELS

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

	Number on Register	SSSC	NISCC <small>Northern Ireland Social Care Council</small>	SCW <small>Social Care Wales (have a return to practice fee)</small>	SWE <small>Social Work England</small>
Social Worker/ Manager	18,700	£80	£65	£80	£90
Supervisor/ Practitioner	51,000	£35	-	-	-
Support Worker	101,000	£25	£30	£30	-
Student	2000	£15	£20	£15	-

5. Most people on the register pay the support worker fee.
6. 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	£120

Nursing And Midwifery Council	
GDC General Dental Council	£690
HCPC Health Care Professions Council	£117.74

7. 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

8. 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.
9. 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 £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. For most people on the Register this would be a 120% increase.
10. 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, anticipated to increase in 2024/25. Fee income is an important part of our financial sustainability. Had the planned review of fee levels proceeded in 2020, and an annual increase implemented in 2021, our annual fee income would by now be 22% (£1.2m) higher. To address the projected spending pressure for 2024/25 would require a 60% increase in fee levels.
11. 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.
12. In 2022 Scottish Government decided to fund fees for those employed by local authorities as part of the financial settlement with local authorities. Approximately 40% of our fee income is from local authority employees. At the November 2023 Council meeting, Members raised their concern about the lack of parity across the registered workforce, given those employed by private or third sector providers pay their own fees. We

discussed this matter with the Minister, who confirmed that currently there is no expectation that the funding arrangement will change.

PROPOSALS TO INCREASE FEES

13. Following discussions with Scottish Government different options for annual increases were considered and the recommended proposal for consultation is suggested as:

- Year 1 - 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 £).
- Year 2 onward – apply an automatic 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.

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

	Current	Year 1	Year 2	Year 3	Year 4	Year 5
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

15. 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

We discussed the proposal and impact on our financial sustainability at our meeting with the Minister.

CONSULTATION

16. If Council approves proceeding with a consultation, we will likely start the consultation in late Summer after the launch of the Future Proofing Programme. It would run for the recommended 12-week period with a report back to Council in November 2024 or February 2025.

RISKS

17. 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.
18. 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.
19. 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.
20. 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

21. 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

22. 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.
23. 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

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

CONCLUSION

25. It is seven 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 proceeding with a consultation.

Title of report	Draft budget 2024/25 and indicative budgets for 2025/26 and 2026/27
Public	Public
Summary/purpose of report	This report presents the first draft of the budget for 2024/25 along with the indicative budgets for the following two years.
Recommendations	The Council is asked to consider and comment on: <ul style="list-style-type: none"> the draft 2024/25 budget
Author	Laura Shepherd Director of Strategy & Performance
Responsible Officer	Maree Allison, Interim Chief Executive
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
Link to Risk Register	Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.
Impact assessments	1. An Equalities Impact Assessment (EIA) was not

	<p>required.</p> <p>2. A Data Protection Impact Assessment (DPIA) was not required.</p> <p>3. A Sustainability Impact Assessment (SIA) was not required.</p>
Documents attached	<p>Appendix 1 – 2024/25 budget</p> <p>Appendix 2 – 2024/25 Staffing</p> <p>Appendix 3 – 2025/26 & 2026/27 indicative budget.</p> <p>Appendix 4 - Reduction Scenario</p>
Background papers	

EXECUTIVE SUMMARY

1. The SSSC's new financial year starts on 1 April 2024. Our Executive Framework sets out that the Scottish Government Sponsor (Sponsor) must confirm our funding before the new financial year starts.
2. Council must approve the annual budget each year, as required by our Code of Corporate Governance. Council must also approve changes to our staffing establishment.
3. We reviewed each budget item to take account of actual costs from previous years and the latest budget monitoring information. We applied inflationary uplifts where we know of increases.
4. Due to the challenging public sector financial position we have not received an uplift in our grant in aid (GIA) allocation in the Spring Budget Revision (SBR) announced on 20 December 2023. Our Sponsor has verbally advised that the funding deficit of £3.6 million will be managed as a resource pressure in 2024/205 and our Sponsor will work with Scottish Ministers, aiming to permanently increase GIA in future years.
5. We are currently projecting to end the year with an estimated general reserve of £608k (2.4%). This is within the 2% (£510k) to 2.5% (£637k) target.
6. We are in discussion with our Sponsor about remaining Workforce Development Grant and Voluntary Sector Development Fund (VSDF) funding for 2023/24. There will likely be some carry forward and we will update this for the March budget paper. These funds do not affect the GIA allocation.
7. Council is asked to consider the draft budget in Appendix 1, table 1 and staffing changes in Appendix 2 table 1 of this report. We will present a report asking Council to approve our budget for 2024/25 to the Council meeting on 25 March 2024 following Scottish Government issuing a formal budget allocation letter.

OVERVIEW

8. We have prepared a draft budget for 2024/25 that includes business as usual and developments that Executive Management Team (EMT) considers necessary to effectively deliver our statutory functions and the Strategic Plan 2023-2026. Table 1 in Appendix 1 shows the sources of our operating and disbursement income of £22.282m and expenditure of £25.818m, resulting in a funding deficit (shortfall) of approx. £3.6m.
9. Our Sponsor has verbally confirmed that they have approved the budget pressure of £3.6m. This pressure includes the anticipated cost of the proposed 2024/25 pay award.

10. During 2023/24 we also had an agreed budget pressure funded by Scottish Government of £1.7m. The increase to £3.6m is a result of the 2023/24 and 2024/25 proposed pay award (which is still under negotiation with Unison) and general inflationary market pressures which were much greater than anticipated during 2023/24.
11. The budget excludes specific grant funding such as the Workforce Development Grant and the VSDF as Scottish Government has yet to agree this.
12. Council is considering a proposal to consult on reviewing registration fees. Fees have not been increased from the current level since 2017. Any decision to change fee levels will likely not impact the budget until 2025/26.
13. We have included indicative budgets for 2025/26 and 2026/27 at Appendix 3 for information. These are subject to change and only include an estimate for any pay award after 2024/25.
14. We had carried out scenario planning in the event that Scottish Government reduced our GIA levels in the December SBR. We have included at Appendix 4, what a 5% reduction in GIA would look like for illustration purposes. However, no reduction was applied to our GIA.

Changes to staffing

15. Our staffing establishment is the approved permanent and temporary staff we need to run the organisation. In 2024/25 we will fund the posts in Appendix 2, table 1. After Council approval, this becomes part of the budgeted establishment for 2024/25.
16. We have reduced 31.6 FTE (full-time equivalent) between the current 2023/24 establishment and the proposed 2024/25 establishment providing a saving of £1.050m. We are proposing permanent 5.0 FTE in 2024/25 (Appendix 2 table 1) with 2.0 of these posts being replacements of existing permanent posts (net increase of 3.0 FTE) and 10 temporary posts (Appendix 2, table 2) at a total cost of £793k. This gives a net reduction of 16.6 permanent FTE and net saving of £257k.
17. The reduction in permanent posts has been a result of the implementation of Future Proofing Programme (FPP) and other workforce change as the result of efficiencies created through the use of digital and automation.

Planned operating costs

18. Our budget for 2024/25 includes a reduction of £177k of recurring non-staff savings where we have made efficiencies on operating costs and reduced licensing costs. However, costs for the remaining business-as-usual digital activity have increased. Digital operating costs have seen the impact of inflationary increases across licensing, cyber security and

telephony resulting in £134k additional costs. This gives a net recurring saving of £43k.

19. We have planned one-off digital development of £397k, including the further development required post implementation FPP of £210k. The remaining development costs will support upgrades to Learning Zone and Open Badges platforms, our main website and access to MySSSC. The need for these changes will be required to replace outgoing technology that we cannot sustain inhouse, ensure compliance with accessibility standards and improvements to our customer experience that has been evidenced through FPP consultation work.
20. Other areas of one-off planned work outside of digital work that will support the delivery of our statutory functions and strategic our outcomes are expected to cost £199k. This includes training for panel members, post graduate research of data, fitness to practice certification and other administrative cost to support the delivery of our People Strategy.

Reserves

21. Based on projections, we estimate our general reserve to be £608k by 31 March 2023.
22. We are currently projecting an estimated underspend in postgraduate bursaries of £224k. Discussion will be had with our Sponsor about whether this needs to be carried forward in addition to our general reserve if the underspend remains at the end of February.
23. We are projecting an estimated underspend for Workforce Development Grant of £230k and VSDF of £116k which is not part of GIA. We are in discussion with Sponsor about carry forward and the use of this underspend in 2024/25
24. Our Sponsor has already confirmed that we can carry forward underspend in FPP which is ringfenced, to meet the changes to timescale driven by legislative issues experienced in 2023/24.
25. Council should note that the reserve figure at section 22 of this report, may increase depending on Sponsor decision on the use of underspend, carry forward for disbursements and grants and whether the pay award for 2023/24 is agreed and paid out before 31st March 2024.

CONSULTATION

26. A development session was held with Council members in December 2023 to review the draft budget position for 2024/25.

27. Sponsor have been involved in budget development and have verbally agreed the spending pressure for 2024/25.
28. The budget has been drafted based on the delivery of the draft Operational Plan 2024/25 which covers the work we are required to deliver as agreed by Scottish Government

RISKS

29. Risk 7 in the strategic register is that SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the Strategic Plan. Our appetite to risk for our budget is cautious.
30. Our 2024/25 and future years GIA allocation does not meet the level of funding require to deliver our statutory responsibilities and strategic plan asset out in this report. However, Sponsor have provided verbal assurance of spending pressure for 2024/25 and will continue to review our permanent GIA for future years with Ministers.
31. Other risks to the budget are set out below.
 - a. We are only funded year to year from Scottish Government, we do not have the ability to make future strategic financial decisions and we have no investment decisions to make out with our GIA, without the support of Scottish Government.
 - b. 80% of our budget is allocated to staffing and Scottish Government pay strategy includes a commitment to a no-compulsory redundancy policy.
 - c. Significant changes to policy and changes to our regulation process or legislation governing regulation must be approved and funded by Scottish Government. We are not able to fund or invest in significant change within the limitations of GIA.
 - d. Registration fees have not increased since 2017 and Ministers agreed with our recommendation to postpone reviewing fees in 2021/22 and 2022/23 due to the cost of living crisis. Ministers agreed in 2022 to pay fees for registrants working for Local Authorities, which adds further complexity. We rely on registration fees to contribute towards our operating costs that continue to increase even if we stand still.
 - e. Inflation is included where known for example digital contracts, but no general inflationary uplift is included, meaning costs may be higher than the budget.

IMPLICATIONS

Resourcing

32. The resourcing required to delivery out statutory functions and strategic plan are set out in this report.

Compliance

33. There are no compliance issues as part of the report.

IMPACT ASSESSMENTS

Equalities

34. There are no equalities impact identified as part of this report. Any development that are carried out as the result of budget approval will be screened for impacts.

CONCLUSION

35. Council is asked to consider the draft budget for 2024/25. A final draft budget will be submitted to the March Council meeting with any changes to the indicated position noted.

Table 1

	Approved Budget 2023/24 £000	Draft Budget 2024/25 £000	Movement 2023/24 to 2024/25 £000
Staff costs	15,270	16,389	1,119
Panel member fees	673	680	7
Accommodation	538	192	(346)
Administration	891	1,135	243
Travel	76	53	(23)
Supplies & Services	458	441	(17)
Digital BAU	1,380	1,529	148
Digital developments	80	376	296
Operating expenditure	19,367	20,795	1,428
Postgraduate bursaries	2,655	2,655	0
Practice Learning Fees	2,352	2,352	0
Skills for Care & Devt	15	15	0
Total expenditure	24,389	25,818	1,428
Grant in aid	(11,028)	(11,028)	0
Postgraduate bursaries	(2,655)	(2,655)	0
Practice Learning Fees	(2,352)	(2,352)	0
Registration fees	(3,310)	(3,310)	0
LA Reg Fee refund	(2,593)	(2,593)	0
Other income	(385)	(344)	41
Total income	(22,323)	(22,282)	41
Spending pressure	2,066	3,536	1,470
Required funding from SG	18,101	19,571	1,470

Permanent posts	FTE	24/25 £k
Senior Intelligence Analyst	1.0	60
Intelligence Analyst	1.0	51
Intelligence Researcher	1.0	56
Disbursement Assistant	1.0	34
Head of HR (previously approved)	1.0	76
Total	5.0	277

Temporary post	FTE	24/25 £k
Total	10.0	516

Future years & Scenario

	2025/26	2026/27
GIA	16,035	16,035
Budget required	20,222	20,626
Spending pressure	4,187	4,591

GIA 5% reduction scenario

	2024/25 £k
GIA	15,233
Budget required	19,571
Spending pressure	4,338

Title of report	People Management Policies
Public/Confidential	Public
Summary/purpose of report	To ask Council to approve the updated Disciplinary Policy. To ask Council to approve the updated Whistleblowing Policy.
Recommendations	To ask Council to approve the updated Disciplinary Policy. To ask Council to approve the updated Whistleblowing Policy.
Author	Calum Kennedy, Senior Business Partner – 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 Risks as of 01 April 2023	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	Appendix 1 Disciplinary Policy Appendix 2 Whistleblowing Policy
Background papers	None

EXECUTIVE SUMMARY

1. We have revised and updated our Disciplinary Policy to make sure that it remains current and up-to-date.
2. We have revised and updated our Whistle-blowing Policy to make sure that it remains current and up-to-date.
3. Council is asked to approve the updated Disciplinary Policy and Whistle-blowing Policy.

DISCIPLINARY POLICY

4. This updated policy sets out the arrangements we have for investigating potential disciplinary matters, suspending employees and taking disciplinary action. This policy has been updated to refine language and clarify its applications.
 - Clarify that the Disciplinary Chair instructs the Investigating Officer regarding the investigation of scope and remit.
 - Specifies details on Employee, Investigating Officer and Disciplinary Chair responsibilities.
 - Clarifying that we investigate serious matters only.
 - Clarifying that managers can and should undertake an initial enquiry regarding concerns and that this is not an investigation.
 - Making sure that the Counter fraud position is clear and more prominent in the policy.
 - Stating that our preferred option is to address matters informally and at the lowest sanction.
 - Prompts consideration of other policies to be alert to e.g. values, digital, fraud, dignity at work.
 - Introduces a detailed protocol and requirement surrounding suspension of employees.
 - Provides additional detail regarding convening and conducting a disciplinary hearing.

The employment appeals panel will hear and decide on the merits of appeals against dismissal.

5. Once approved, this policy will take effect from 1st April 2024. We will deliver awareness sessions on changes to the policy for managers and staff as part of our implementation process. The code of corporate governance will require to be updated to reflect the change of remit of the employment appeal panel as set out in the policy. Currently within the code any appeal against the disciplinary procedures would be heard by the Appeal panel not just dismissals.

WHISTLE-BLOWING PERFORMANCE POLICY

6. This updated policy sets out the arrangements we have for 'whistle-blowing' where individuals can raise concerns regarding actual or perceived wrong-doing. This policy has been updated to clarify our position and language. This policy has been updated in terms of language with minor clarifications to the text to make it more readable.
7. Once approved, this policy will take effect from 1st April 2024. We will deliver awareness sessions on the policy for managers and staff as part of our implementation process and we will develop specific communications to promote the role of the Whistleblowing Champion. Our Whistleblowing Champion is Council Member, Rona King. Rona will be invited to do a broadcast for staff on her role.

CONSULTATION

8. We conducted internal consultation with UNISON and agreed the wording of the revised Disciplinary Policy and Whistle-blowing Policy.
9. We benchmarked externally using XPERTHR and ACAS on each of these policies.
10. We consulted with OMT and 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.
11. We have consulted with the Short-Life Working Group prior to Council and incorporated its feedback. We will prepare separate guidance documents (ie flowcharts) in respect of the Disciplinary Policy for managers and employees to make reference to. These will not form part of the policy. We will deliver awareness sessions on both policies for managers and staff as part of our implementation process.

RISKS

12. We have an averse risk appetite for risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
13. 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.
14. 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 policies mitigate these risks by establishing clear principles, processes and guidance.

IMPLICATIONS

Resourcing

15. There are no expected additional financial or staffing implications regarding these policies. There is no extra resourcing required.

Compliance

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

IMPACT ASSESSMENTS

Equalities

17. 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

18. We ask Council to approve the updated Disciplinary Policy.
19. We ask Council to approve the updated Whistleblowing Policy.

Disciplinary Policy

April 2024

Document governance and management

Document owner/author/lead	Director of Workforce, Education and Standards
Version number	V2
Current version referred for approval to	Council February 2024
Date of next review	February 2027
Date of equality impact assessment (mandatory)	
Date of privacy impact assessment (if required)	Not applicable
Date of environmental impact assessment (if required)	Not applicable

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

Officer name	Date of change	Description of change	Confirm upload of revised document
N/A – full consultation log completed.			

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1. Introduction

Purpose

The Disciplinary Policy and procedure is designed to help all employees to achieve and maintain standards of conduct and to encourage and support relevant employees to improve as appropriate. Excellent conduct and high standards of behaviour are essential to ensure we have a confident and competent workforce that are equipped to help us to achieve the strategic objectives set out in our Strategic Plan and statutory functions.

It is also essential that standards of employee conduct and behaviour are consistently maintained across the organisation for the safety and well-being of all employees. This policy supports fair and consistent treatment of all employees while maintaining the standards of conduct expected and encouraging improvement where necessary.

Any minor misconduct will be dealt with informally. Where matters have not been resolved informally or when allegations have been received that require investigation, employees will be managed through this Disciplinary Policy.

Scope

This policy applies to all temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members. This policy does not apply to social service employers, workers or social work students.

It applies to alleged misconduct in and out of the workplace where the alleged behaviour is still in the course of the employment relationship eg at work related courses, conferences or meetings out-with normal working hours, social events or whilst working from home.

The policy also covers behaviour outside work which has a bearing on working relationships, has an impact on the reputation of the SSSC or on an employee's position with the SSSC or affects another employee or stakeholder of the SSSC (examples of conduct are in Appendix 5).

Definitions

Misconduct

The Disciplinary Policy can be implemented at any stage if an employee's alleged behaviour is considered to be unreasonable or unacceptable. This is called misconduct. Examples of misconduct and gross misconduct can be found in Appendix 5.

Discipline should not be confused with incapability. A lack of capability exists where no matter how hard an employee tries, they are simply unable to perform the job to the standard required. If during the process of following the Disciplinary Policy it becomes apparent that alleged misconduct is attributable to capability (poor performance) this will be dealt with through the Work Performance Policy.

Where we believe poor performance is the result of deliberate negligence / insubordination (an act of wilfully disobeying reasonable management instructions), or where the employee has made serious errors, we will use the Disciplinary Policy.

Legislation, codes of practice and guidance

- Employment Rights Act 1996
- Employment Relations Act 1999
- Data Protection Act 2018
- UK General Data Protection Regulation (2016/679 EU)
- ACAS code of practice on disciplinary and grievance procedures, and related guidance.

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

Policy specific

In operating this policy the following principles will be followed as well as making sure that we comply with the ACAS Code of Practice.

- All parties treat any information communicated to them in connection with an investigation or disciplinary matter as confidential. Involvement and awareness of the cases being dealt with under this policy will be restricted appropriately.
- No disciplinary action will be taken without a full investigation being carried out, where possible, and a formal Disciplinary Hearing being held. To make sure all cases are dealt with fairly and impartially, different parties will carry out the investigation and any subsequent hearing.
- Where matters of governance are evident, appropriate advice will be sought from the Legal and Corporate Governance.
- Where an employee has left or resigns during a disciplinary investigation, the investigation may still take place and the alleged misconduct referred to a professional body where relevant and appropriate, eg the Law Society of Scotland or other regulatory bodies.
- Where unsatisfactory conduct is found to be a result of ill health, or poor performance from a lack of ability, skill and / or experience then this can also be dealt with through other policies eg Maximising Attendance Policy, Work Performance Policy.
- Any outcome of the formal discipline procedure will be proportionate to the allegation and will take into account any mitigating circumstances.

When applying this policy we require our staff and our managers to treat each other with dignity and respect by acting in accordance with our values.

Recognition and respect for others

- We treat each other with kindness and respect and value the contribution every member of staff makes.
- At every stage of the process there will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010.
- All employees will be treated fairly and consistently under this process and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.

Working together

- We recognise the value of positive and constructive involvement and participation from the trade unions. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.
- Employees have the right to be accompanied at formal stages of the policy by a work colleague or a trade union representative. We will allow support at the informal stages where appropriate.
- Other than in exceptional circumstances, no action in terms of a trade union representative will be taken until a full-time official has been informed.

Accept responsibility and accountability

- The timescales detailed in this procedure may be extended with the agreement of both parties and likely timescales discussed.
- Respecting confidentiality and only sharing information, as appropriate, with relevant people.
- Deal with issues kindly, sensitively and showing compassion.
- All disciplinary investigations into potential misconduct will be carried out without unreasonable delay where possible.
- Informal action will be used to resolve matters of minor misconduct, if appropriate.

3. Roles and responsibilities

3.1 Council

Council is responsible for:

- approving this policy and procedure
- making sure that the application of this policy does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of employees
- making sure those policies and procedures are applied fairly and in accordance with the law
- identifying an Employment Appeals Panel to hear and decide on the merits of appeals against dismissal made under this policy.

3.2 Executive Management Team

The EMT is responsible for:

- the implementation of the policy and to create a culture in which staff 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 staff receive appropriate development, support and training to implement the policy appropriately
- reporting to people management policies not retained for the specific approval of the Council to the Council on a quarterly basis for endorsement
- suspending an employee on a precautionary basis pending an investigation into alleged misconduct and obtaining advice from HR before suspending an employee and notifying Council of any suspension.
- decisions to dismiss can only be taken by a member of the EMT (or in exceptional circumstances someone appointed to act on their behalf).

3.3 Operational Management Team

The heads of service are responsible for:

- making sure their managers and staff are aware of the processes to be followed within this policy and procedure
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual
- suspending an employee on a precautionary basis pending an investigation into alleged misconduct and obtaining advice from HR before suspending an employee.

3.4 Line manager

The line manager is responsible for:

- setting clear standards of behaviour
- acting in a fair and consistent way, being open and honest about conduct matters
- always acting promptly to deal with any misconduct on the part of their employees
- notifying other organisations of misconduct where this is a requirement (eg Law Society of Scotland)
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- considering our responsibilities under the Equality Act 2010 and, where appropriate, make reasonable adjustments for any individual who may have a disability or other protected characteristic
- considering any health impact and considering supports such as occupational health.

3.5 Employees

We expect the highest standards of integrity and conduct from all employees. Employees must comply with the [SSSC Code of Conduct for Employees](#).

Employees must:

- promptly raise concerns about their own behaviour, or that of others to the relevant person (see section 5).
- co-operate fully and promptly with an investigation. This includes informing the Investigating Officer of the names of any relevant witnesses, disclosing any relevant documents and attending investigatory meetings, as required.
- inform the Investigating Officer if they are unable to attend any meetings, advise them if they are medically unfit to participate or if they require any reasonable adjustments to allow them to participate fully in the process.
- respond fully and in a timely manner to questions asked by the Investigating Officer.
- respect that the role of management is to make a balanced judgement.
- confirm their attendance in advance to the Disciplinary Chair, arrange for their own representative and advise the Disciplinary Chair who will be accompanying them. If they cannot attend advise the Disciplinary Chair straight away so that a further date can be arranged.
- advise the Disciplinary Chair if they would like to bring any witnesses.

3.6 Witness responsibilities

Witnesses should not discuss the events being investigated with any other witnesses. Witnesses should make sure their evidence is factual and directly related to the matter under investigation. Witnesses are expected to attend meetings including the Disciplinary Hearing and any subsequent Appeal Hearing if requested to do so by management.

Witnesses can refuse to be a witness if requested by a fellow employee but must attend if asked by management. We understand that being a witness can be difficult for some individuals. Witnesses should seek support from their trade union rep, line managers and / or HR if required. If a witness has a clear reason for not wanting to be identified or attend a hearing they should speak to the Investigating Officer or Disciplinary Chair. In the case of whistleblowing we will, when asked to do so, try to preserve the witnesses' anonymity but this may not always be possible.

Any attendance will be within working hours and therefore witnesses should be at no financial detriment for attending the hearing, ie they can claim their working time and any reasonable travel expenses.

3.7 Human Resources (HR)

HR are responsible for:

- updating this policy and procedure in line with the agreed schedule, or as changes occur, to comply with employment and other pertinent legislation, best practice and the SSSC people strategy
- developing this process and procedure collaboratively to meet legal and business requirements
- keeping all parties up to date, and will make sure that everyone follows the Disciplinary Policy and that all are aware of their rights and responsibilities
- developing template letters, forms and guidance
- offering advice on how to apply the Disciplinary Policy
- making sure the process is followed in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy and procedure, if required
- no formal investigation will take place into alleged misconduct without full discussion with HR and reference to this Disciplinary Policy.
- all Disciplinary Hearings will have a member of HR in attendance to provide advice and guidance.
- monitoring use of the policy and processes and reporting any non-compliance to Heads of Service / Directors
- it is not the function of HR to make or unduly influence the final decision and outcome, which is the responsibility of the Disciplinary Chair / Employment Appeals Panel
- provide Council with an overall picture of number of disciplinary suspensions, the duration of these on an annual basis.

3.8 Investigating Officer

Is responsible for:

- gathering all the relevant facts promptly or as soon as is practicable
- establishing the exact nature of what has happened / what the employee is alleged to have done, the circumstances surrounding this and why it has occurred
- summarising their findings in an investigation report and recommend whether the allegations should be considered at a Disciplinary Hearing
- being thorough, objective and fair
- presenting their report, the supporting evidence and witnesses at a Disciplinary Hearing and answer questions as required
- attending any subsequent Appeal Hearing as a witness if required

- keeping a timeline of contact with all parties involved and where delays are caused by either party record these along with the reasons.

3.9 Disciplinary Chair, Appeal Chair and Employment Appeal Panel Members

Are responsible for:

- appointing an Investigating Officer to investigate
- instructing the investigation and managing the hearing process, they are ultimately responsible for making sure the process is fair and proportionate
- considering the allegations and any potential risk to the organisation
- considering the report prepared by the Investigating Officer, considering the recommendations and determines whether a Disciplinary Hearing is required
- inviting the employee to a Disciplinary Hearing and sharing relevant information with them
- chairing the Disciplinary Hearing and make sure all participants have a reasonable opportunity to participate
- instructing the Investigating Officer to investigate further if required
- solely determining the appropriate sanction (if any) for the employee and communicating this to the employee and other relevant individuals.

3.10 Appeal Chair and Panel Members

Are responsible for:

- managing the appeals process
- considering the grounds of appeal and determining whether these should be upheld or not
- instructing the Investigating Officer to investigate further if required (see 3.9)
- inviting the employee to an Appeal Hearing and sharing relevant information with them
- chairing the Appeal Hearing and make sure all participants have a reasonable opportunity to participate
- solely determining the appropriate outcome (if any) for the employee and communicating this to the employee and other relevant individuals (see 3.9).

4. Policy

We operate a Disciplinary Policy to make sure the proper operation of our business and the health and safety of our employees. We will apply the following procedure in all instances where management regards disciplinary action as necessary, other than in cases of minor misconduct where an informal caution may be appropriate.

We reserve the right to implement the procedure at any stage as set out below taking into account the alleged misconduct. We aim to address misconduct issues in a timely and proportionate manner. Where a hearing is appropriate, we provide advance written notice of the case against the employee and will not ordinarily dismiss for a first disciplinary offence.

The time limits outlined in this procedure are guidelines and may be varied, if there is a reasonable justification. We always seek to strike a balance between the need for timely

resolution with fairness for all, and to allow the employee reasonable notice and time to engage meaningfully in the process.

Unsatisfactory job performance related to capability or termination of employment for reasons other than misconduct (for example redundancy) can be dealt with through other appropriate procedures.

5. Procedure

Where an employee has a concern regarding the potential misconduct of another person it is essential that they raise this at the first opportunity **with the relevant person**. The relevant person in most cases is the line manager of the employee suspected of misconduct or their own manager. Employees can raise concerns directly to HR.

In each case the employee must be clear and specific as to what their concern is, who it relates to, what evidence (if any, that they have) and that they are reporting their concern in line with this policy. It is **not** acceptable to make an indirect or passing reference to a concern and to consider that as having raised an issue.

5.1 Investigation

Investigating potential misconduct

The purpose of any investigation is to establish, as best we can, what happened and whether there is an issue that needs to be addressed.

Conducting any investigation requires significant resource and can be disruptive to achieving our outcomes as well upsetting for those involved. We conduct investigations where there is a clear requirement to do so. We do not investigate on a speculative basis or for non-serious matters.

Where criminal or fraudulent or corrupt activities are alleged police, NHS Counter Fraud Services and / or auditors may be involved or appointed to undertake an investigation. Details of who (Fraud Liaison Officer or Counter Fraud Champion) and how to do so are detailed in appendix 3 of our [Counter Fraud, Bribery and Corruption Framework](#).

Do not conduct any initial enquiry or investigation until this is reported. The accountable officer (our Chief Executive) must be informed if the case involves financial irregularities.

When assessing how to deal with a conduct issue it is important to consider our other statutory and non-statutory reporting duties eg Child and adult protection reporting regarding safeguarding matters, notifying the Data Protection Officer in the event of data breaches, notifying the Head of Digital in terms of security breaches etc. Our [Protecting People Policy](#) contains more details.

Where the employee being investigate is an accredited representative of a recognised trade union, we will notify the full-time official of the union prior to our taking action under this procedure wherever possible. We will not seek to discuss the circumstances with them until we have the employees consent to do so.

We differentiate between an initial enquiry and a formal investigation. An initial enquiry is not an investigation, it is normal management day-to-day practice of seeking to

understand what has happened to determine whether an investigation is required. It may also be necessary to preserve evidence that would otherwise be lost.

Initial enquiry

When an issue arises it is not always clear what has happened or why. To understand what has happened and whether an investigation is required or to preserve evidence, a manager may:

- require employees or witnesses to write a factual statement of events that occurred
- require employees or witnesses to send copies of documentation or other evidence that they have
- gathering documentary or digital evidence to protect it from being lost or destroyed (whether through routine administration, intentionally destroyed or otherwise).

When Managers are conducting an initial enquiry they must not 'take a statement' (ie ask a series of preprepared questions, record the answers and then ask them to sign in agreement). They can and should ask exploratory questions to make sure they understand the circumstances. Managers will make clear that they are not conducting a formal investigation. Managers will often identify at this stage an appropriate explanation for the circumstances and that no formal investigation or action under this policy is required.

Where there has been misconduct that is not serious and the manager is satisfied that it can be satisfactorily addressed through informal action, action under another policy or through some another means, then no formal investigation or action under this policy is required.

Our preference is to address matters informally where possible and appropriate to do so. This can be through:

- 1-2-1 meetings
- additional training or development
- clarifying roles, expectations
- coaching
- counselling
- informal discussions
- letter of concern
- mentoring
- peer support
- reflective practice.

Any informal action and support is **not** a formal disciplinary sanction and this will be confirmed to the employee concerned. A record of these interventions is maintained by their line manager and can be shared with relevant others eg HR.

Formal investigation

If the manager is satisfied after the initial enquiry that there is serious misconduct or further investigation is required, they must discuss instigating any disciplinary investigation with their head of service and HR. If as a result of the assessment of the facts available it is decided that investigation is required the employee concerned will be notified.

A Disciplinary Chair will be identified to instruct the investigation, usually by HR, consider the outcome of the investigation and chair a Disciplinary Hearing if required. The

Disciplinary Chair is responsible for overseeing all aspects of the disciplinary process including suspension, investigation and any hearing.

An Investigating Officer will be appointed to conduct an investigation in accordance with the instructions of the Disciplinary Chair. The Investigating Officer will conduct the investigation in line with the instructions of the Disciplinary Chair only. Where the employee being investigated thinks the Investigating Officer should investigate other aspects they must tell the Investigating Officer and make their request to the Disciplinary Chair.

If the allegations are serious and potentially fall under the scope of gross misconduct and subsequently could result in dismissal, the Disciplinary Chair will need to be a member of the EMT.

Depending on the circumstances, employees from other departments may be appointed to these roles and in exceptional circumstances, external parties may be used.

Having investigated all the facts, available information and witnesses, the Investigating Officer will prepare a report for the Disciplinary Chair and HR with recommendations based on the outcome of the investigation, eg deal with the matter informally or convene a Disciplinary Hearing. The Investigating Officer must be clear on whether they consider the allegations to be evidenced or not and the level of seriousness (eg misconduct, serious, or gross misconduct).

Other SSSC policies or guidelines are considered as part of the investigation process, eg our values, dignity at work, fraud, digital etc. Where criminal or fraudulent activities are alleged police and / NHS Counter Fraud Services or auditors may be involved or appointed to undertake an investigation. The Investigating Officer will be a point of contact and will have agreed updates and handover of relevant information and outcomes.

A guide to carrying out a disciplinary investigation is attached at Appendix 1. This guide sets out our expectations but the Investigating Officer can vary their different approach where they consider it necessary and appropriate in the circumstances to do so taking into account any detriment that it may cause those involved.

The Disciplinary Chair is responsible for notifying the employee that either the investigation has concluded and that no Disciplinary Hearing will take place and specifying any other arrangements that will occur. Where a Disciplinary Hearing will take place they will notify the employee as described below under Disciplinary Hearing.

5.2 Precautionary suspension

Wherever possible, we supported employees to continue to at work while the alleged misconduct is being investigated. Precautionary suspension is considered where the matter being investigated:

- potentially amounts to gross misconduct, or
- it is considered that if the employee remains at work it could worsen the situation, or
- compromise the investigation or make it difficult to carry out the investigation, or
- puts the employee or other employees at risk, or
- any other sufficiently serious reason that means they should not remain in the work environment.

Prior to suspending an employee we consider and record the following alternatives:

- restricting their duties
- restricting their access to systems / files
- restricting their access to locations
- restricting their access to individuals / organisations
- transferring them temporarily to another department or role
- varying their hours or times of work.

Precautionary suspension should be discussed with HR before any action is taken.

Precautionary suspension is not a disciplinary sanction. It is an option available that temporarily removes the employee from the work environment while disciplinary matters are investigated, the facts determined and decisions made. Precautionary suspension is on full pay and should be for as short a period as possible.

When an employee is suspended from all or part of their activities, they are notified verbally of the following by their EMT / OMT manager and this is confirmed in writing.

- The reason/s for the suspension or restriction of their activities.
- That they must not contact other SSSC employees (where applicable).
- That they must not access the SSSC's premises or documents, including remotely, without the prior consent of the manager who made the decision to suspend them (where applicable).
- That they must attend all meetings as part of the investigatory or hearing process (that do not occur during pre-approved annual leave).
- Regular monthly reviews of the suspension will take place by the manager suspending them (or a nominated deputy).
- Whether they are required to return equipment for the duration of the suspension period (where applicable).
- Whether network and IT access may be or is disabled or restricted (where applicable).

The SSSC will take account of the employees need to prepare for any investigation or Disciplinary Hearing and contact any witnesses they require as part of that defence. Where the employee wishes to contact a witness they must only do so in accordance with the suspension letter.

During the period of precautionary suspension, they will remain on full pay. Any prebooked annual leave or other absence will continue to occur during this period. The suspended employee is required to follow the normal absence reporting procedures but to their nominated point of contact (who may or may not be their manager).

The Director of the employee will notify Council of any staff on full suspension (anonymised), the duration of the suspension and the rationale for the decision.

The suspension period will be for as short a period as possible but can extend until the conclusion of the disciplinary process and any relevant decisions are made. The SSSC will make sure that periods of suspension are for as short a period as possible. Suspensions are reviewed **monthly with a presumption of lifting the suspension**. It is for the Manager to justify any continuation. A record of this review is maintained and why the suspension must be continued (where applicable).

We recognise there are occasions where a manager requires an employee to remain away from work or the work environment 'for the rest of the day'. This can be due to their being upset, to reduce the opportunity for further disagreement in the workplace or to give the manager an opportunity to seek further advice. Nothing in this section prevents a manager from taking such action and such time off is not suspension.

5.3 Disciplinary hearing

The purpose of a Disciplinary Hearing is to review the investigation report, to hear and consider the employee response and to determine whether any disciplinary sanction or other action is required and if so, what that sanction or other actions are.

To make sure the employee is well prepared the Disciplinary Chair will set out the following in writing to them at least 14 calendar days prior to the hearing date:

- Date, time and location of the meeting
- A summary of their employment history with us
- A narrative statement of their role and its key duties
- A copy of their training record (where relevant)
- Copies of occupational health reports (where relevant)
- A statement of the allegation(s) against them
- Description of the impact of the misconduct
- Copy of the investigation report
- Copy of any supporting evidence or relevant policies
- List of vacancies
- A clear statement that we are considering issuing them with a disciplinary sanction or, where relevant, ending their employment
- That they have the right to be accompanied by a companion
- That they can call relevant witnesses
- That they can present or refer to evidence
- Provide a copy of this policy.

The meeting will be chaired by a senior manager or where dismissal is being considered a member of the EMT, with support from HR in both cases and will discuss the following (at a minimum):

- Identity and role of those present
- Purpose and structure of the meeting
- Remind them of the role of the companion
- Check that they have received the documentation provided
- The allegations against them
- How serious we consider these allegations
- The employees response to these allegations
- Whether the employee wishes to present any further evidence
- Whether there are witnesses to call
- What if any reasonable adjustments can be made
- Redeployment opportunities that are available (where appropriate)
- The Occupational Health advice that has been provided (where appropriate)
- The view of the companion (where attending)
- When a decision will be made and details of any appeals process.

At the Disciplinary Hearing both management and the employee have the right to call witnesses. It is the employees responsibility to arrange for any witnesses that they wish to call and to produce any documentary evidence that they intend to rely on. The employee must provide details of both to HR and the Chair at least five calendar days before the hearing date.

The following actions are considered in response to the allegations being found to be fully or partly substantiated. We adopt a presumption in favour of the least severe sanction that will address the misconduct.

- No action
- Informal action or support (eg reflective practice)
- Provision of mediation, counselling and / or additional support
- Provision of training
- Written warning (up to 12 months from date of hearing decision)
- Final written warning (up to 18 months from date of hearing decision)
- Adjustment of role, hours, times or place of work
- Exclusion from benefits (eg use of flexi scheme)
- Redeployment to another role (with or without pay protection)
- Ending employment (with or without notice)
- Any other action that is reasonable in the circumstances.

Once a warning has expired, it will no longer be considered live and will not automatically lead to an increase in the level of any further disciplinary action. The facts of the previous circumstances, including any correspondence and outcome, may be relevant and considered in future cases as evidence of prior knowledge.

Certain behaviour will generally be regarded as gross misconduct (see Appendix 5 for definitions) which will normally warrant dismissal without notice (or payment in lieu of notice) despite the absence of previous warnings. We pay in lieu of accrued but untaken annual leave. We will not normally dismiss employees for a first offence unless gross misconduct has been established.

A representative from HR will attend any Disciplinary Hearing. The employee accused of misconduct may be accompanied by a Companion.

A record of the hearing and any decision will be communicated to the employee usually within 10 working days of the hearing. The Chair will notify them, their head of department and (usually) their line manager of the outcome of the hearing. They will not usually notify anyone else of the decision but can do so where they consider there is a reason to do so. The employees manager is responsible for making any notifications to other bodies eg Law Society of Scotland.

Where we issue notice to the employee this is paid at their normal 'at work' rate of pay throughout their notice period. They are required to take any accrued annual leave during this period. Where they are paid in lieu of notice they will receive a payment in lieu of notice and a separate payment in lieu of accrued but untaken annual leave. Where they are dismissed for gross misconduct no notice is due or paid.

Appeal

If the employee wishes to appeal a decision made at a Disciplinary Hearing they must submit their written grounds of appeal and their 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 behaviour has materially changed since the hearing and this may have an impact on the decision.

The 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 the employee 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 the appeal is against a decision to dismiss the appeal will be conducted by an Employment Appeals Panel comprising of three Council Members.

The Appeal Hearing may be a complete re-hearing of the matter or it may be a review of the fairness of the original decision in the light of the procedure that was followed and any new information that may have come to light. This will be at our discretion depending on the circumstances of the case.

The employee 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 the employee does not confirm that they will attend the appeal we will make reasonable attempts to contact them by telephone and email. Having made these attempts and where we do not receive a satisfactory reason for their 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. The employee 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 Disciplinary 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.

The employee accused of misconduct may be accompanied by a Companion. A record of the hearing and any decision will be communicated to the employee usually within 10 working days of the hearing.

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

5.4 Meetings

The sooner the employee lets us know if they think they 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) the employee 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.

We prefer to meet with employees directly to discuss matters. Where we cannot meet within a timescale that we consider reasonable we can make a decision in their absence. Where the decision is whether to issue a disciplinary sanction or not (including dismissal) we will notify the employee in writing that a decision may be made in their absence.

5.5 Companions

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

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

The meetings or hearing will not be unreasonably delayed to accommodate a request to be accompanied by a companion (ie more than one reorganising of a date).

Investigation and Disciplinary Chairs

We can bring in an external consultant or party to undertake the investigation, chair the disciplinary or appeal. In these instances we will make sure that our processes are followed and are conducted in line with ACAS codes of practice. If an external consultant or party is sought an internal contact will be appointed, usually a member of HR will liaise with them.

The officers should not have been directly or indirectly involved in the case, that is, they should not have been a witness to the alleged misconduct. In any event there should be no conflict of interest as this may jeopardise the perceived fairness of the investigation or the hearing. Where a conflict of interest becomes clear an alternative officer will be identified where possible.

5.6 Special circumstances

Health or disability

Where the employee is unfit to attend work this does not necessarily mean that they are unfit to attend an investigatory meeting or hearing. We prefer to take a statement or to discuss matters with employees directly wherever possible. We will make decisions based on the information that we have, balancing this against their right to engage in the process fully and meaningfully. Where they cannot do so due to their health and this is evidenced by the provision at their cost of a statement from an independent medical Consultant (not

their GP) we will consider suspending proceedings until they are well enough to do so. We have obligations to resolve matters in a timely manner and we can choose to proceed to make a decision on the basis of the information we have.

We want to support employees as fully as possible and will consider reasonable adjustments for them. Where they have a disability under the Equality Act we have a legal obligation to make reasonable adjustments. Where an employee knows of a reasonable adjustment that would help please suggest this at the earliest opportunity to the Investigating Officer or Disciplinary Chair.

Where the employee or their manager consider that the employee's health may be a contributing factor to their conduct we will seek medical advice from our Occupational Health provider (unless the employee agrees it is not necessary or that any impact is trivial).

Past trauma

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

Multiple procedures

Where different procedures could be involved eg overlapping grievance, dignity at work, 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.

Fraud and financial abuse

The SSSC condemns any breaches and abuses of its financial systems and procedures and is committed to deterring all intentional breaches and abuses. In all cases where it is in the public interest, the SSSC will instigate investigations in pursuit of criminal or civil action in collaboration with NHS Counter Fraud Services and the police as appropriate. Any cases where prosecutions are successful will be published to act as a further fraud and corruption deterrent.

The SSSC works actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. Further information can be found in the Counter Fraud, Bribery and Corruption Framework and the Financial Crime Action Plan.

Staff may use the CFS Reporting Line 08000 151628 (powered by Crimestoppers) or report their suspicions (anonymously if desired) through the [CFS Website](#). Alternatively staff may choose instead to contact the charity "Public Concern at Work" on 0207 404 6609 or via their website – www.pcaw.co.uk, or free, confidential phone line, 0800 008 6112 who would offer the employee advice on how to proceed.

We will not tolerate fraud. Employees found to be committing fraud or corrupt acts face dismissal under the disciplinary process as well as potential sanctions following criminal and / or civil action. Employees and any other parties suspected of committing fraud or corrupt acts will have their cases referred to NHS Counter Fraud Services and the police (where appropriate) when this is in the public interest.

The SSSC has devised in collaboration with NHS Counter Fraud Services, a Financial Crime Action Plan which provides detailed fraud and corruption response arrangements to enable any information gained or allegations made to be properly and effectively dealt with. The plan explains how any fraud allegations will be dealt with and who is responsible for their investigation. Further information can be found in the Counter Fraud, Bribery and Corruption Framework and the Financial Crime Action Plan.

Where employees have committed a fraudulent or corrupt act consideration will be given in each case to determine whether any prosecution is undertaken at the same time as internal disciplinary processes are undertaken. So called “parallel action” will be undertaken wherever possible and this is in the public interest.

In all cases where it is in the public interest, criminal or civil action will be taken by the SSSC in collaboration with the police and NHS CFS as appropriate.

Behaviour outside of work

We recognise that we all have a right to a private life and do not want to impinge on this however, how an employee behaves outside of work can have an impact on their employment.

Where their behaviour has or could have an impact on their ability to perform their duties or to work with others (or them to work with the employee) or on their suitability to work for us we may take disciplinary action. We only do so where their conduct merits actions because of its employment implications.

External investigations

Where an employee is subject to an investigation or prosecution by a statutory service (eg Police, Fiscal) we may take disciplinary action based on the information available to us prior to the conclusion of such a process. Investigations and prosecutions can take months and years to conclude and we cannot necessarily wait until for these to conclude prior to taking action.

Where the conduct requires prompt attention we will not wait for the outcome of the criminal prosecution before taking fair and reasonable action.

The manager will need to establish the facts of the case and consider whether the matter is serious enough to warrant starting the disciplinary procedure. The main consideration should be whether the offence, or alleged offence, is one that makes the employee unsuitable for the type of work or damages the reputation of the SSSC. An employee will not be dismissed because of absence from work as a result of being remanded in custody for short periods. Where an employee is absent for a prolonged period (ie 4 weeks or longer) we may need to take formal action.

Some workplace disciplinary offences may also be criminal offences such as theft, fraud, or sexual offences. In these instances, there may be a duty to inform the police and / or appropriate professional / regulatory body – even if no action is taken. The accountable officer must be informed if the case involves financial irregularities.

Some matters may warrant a criminal investigation, if criminal proceedings do commence, we may decide that the investigation must be put on hold.

EMT Members

If a Disciplinary Hearing is required for a Chief Executive, the Disciplinary Chair will normally be the Convener. HR advice may be sought from an external source.

If a Disciplinary Hearing is required for another EMT member, the Disciplinary Chair will normally be the Chief Executive but in exceptional circumstances a Council Member or someone external to the organisation may be asked by the Convener to perform that role. HR advice may be sought from an external source. In all cases, the decision maker will be a SSSC employee or Council member.

6. Further information

6.1 Learning and development

To support the fair and consistent application of this policy, we will ensure full awareness and understanding of the issues relating to disciplinary for managers by incorporating training on this policy within line management development programmes and ensure that all managers have participated in such a programme.

6.2 Sources of support

- The Employee Assistance Programme
- Unison or other trade union representative
- ACAS
- Human Resources
- Occupational Health

6.3 Related documents

- [Alcohol and Drugs Misuse Policy](#)
- [Capability Policy](#)
- [Code of Conduct](#)
- [Corporate Health and Safety Policy](#)
- [Counter Fraud, Bribery and Corruption Framework](#)
- [Maximising Attendance Policy](#)
- [Whistleblowing Policy](#)

Appendix 1 – Guidance for carrying out a disciplinary investigation

The purpose of a disciplinary investigation is to make sure that the facts are fully explored and to collect all relevant information, including any mitigation, to allow the Investigating Officer to make an informed decision about what did or did not happen. A representative from HR is available to advise and guide the Investigating Officer throughout the investigation. This does not prevent the HR representative from supporting at the Disciplinary Hearing as they are not a decision maker.

As Investigating Officer you will discuss terms of reference so you understand the detail of what you are being asked to look at, whether a recommendation is required and who you should report to.

Carrying out an investigation

- Review the ACAS code of practice and guidance on disciplinary matters
<https://www.acas.org.uk/acas-code-of-practice-on-disciplinary-and-grievance-procedures>
- <https://www.acas.org.uk/acas-guide-to-discipline-and-grievances-at-work>
- Make sure the investigation is carried out within as reasonable timescales as possible.
- Decide how best to conduct the investigation. This will depend on the complexity of the case eg in some circumstances a witness statement will suffice, in others you may need to meet with witnesses to have a full discussion.
- Talk to the employee(s) at a suitable point to establish the full facts, take a statement and keep notes from the meeting.
- Talk to other employees / individuals that are involved to establish the full facts at the appropriate time in the investigation. Take statements from witnesses and keep notes of investigatory meetings. A template is available.
- Gather any other relevant information from appropriate sources including relevant policies and procedures and advice from other SSSC officers eg Head of Legal and Corporate Governance, Head of Finance. Remain impartial and objective, do not make assumptions.
- An investigation should include evidence which is exculpatory; this means evidence favourable to the employee in determining that the allegation(s) are not substantiated.
- Compare statements and notes and attempt to resolve any discrepancies.
- Maintain confidentiality at all times.
- If external parties are involved you must agree regular contact with them and agree a formal handover of recommendations and outcomes.

Preparation

- Plan your investigation before you begin – consider what information you need to gather; plan the questions you need to ask.
- Templates for statements, letters and reports are available from HR, so consider the layout and content of these at an early stage in your preparation.
- The order in which you meet witnesses and the employee will depend on what information you gather.
- You can meet with them more than once if necessary.
- Plan where to hold the investigation meetings – a private place free from interruptions.

- Take notes of key points raised at the meetings. The notes do not need to be verbatim, but you should prepare a statement of the evidence given and send a copy of the statement to the employee / witness following the meeting. Ask them whether the statement is an accurate reflection of their discussion with you and if they have anything to add. Both you and the employee should sign the agreed statement.
- Where the employee / witness provides alternative notes of the meeting both versions should be included in the evidence supporting your investigation report.
- Agree format, contact and handover with any external parties involved.

Meet the employee

- Encourage the employee to have someone with them as a support. This should be a work colleague or trade union representative unless otherwise agreed with HR. Make sure that the employee understands the issues / concerns that you are investigating and ask them for an initial response.
- Use open questions to gain information and clarify the issues. Summarise and check your understanding of what has been said.

Meeting witnesses

- At the outset, explain that you are conducting a disciplinary investigation as part of the disciplinary procedure and that as a witness you need a statement from them. Explain to them that they may be called to further meetings as a management witness.
- Make sure witnesses understand that confidentiality must be maintained at all stages of the investigation and afterwards.
- Ask the witness to provide clarification or information on the incident/behaviour. Use open questions to gain information. Always check your understanding of what has been said. Without leading the witness, encourage them to concentrate on the main issues.
- Gather all other evidence and information that is relevant and which will substantiate information provided by witnesses and/or the employee. Keep copies to use as supporting documentation.
- Make witnesses aware that should the outcome of the investigation result in a Disciplinary Hearing they will be required to attend the hearing and potentially any subsequent Appeal Hearing to answer questions relating to their statement.
- Advise them that they may be questioned on their statement by the Disciplinary Chair and the other parties present at the hearing. Witnesses will only be present for the relevant part of the Disciplinary / Appeal Hearing and will not be advised of the outcome of the hearing.
- Witnesses can seek support from their line manager and/or HR if required. Advise the employee and any witnesses of the support available from the Employee Assistance Programme (EAP).
- Some witnesses may be reluctant to provide evidence and as an Investigating Officer you should explore why an employee is reluctant and try to provide reassurance where you can. Should a witness have a clear reason for not wanting to be identified or attend a hearing to give evidence, you should contact HR for advice.
- Where you do not believe a legitimate reason has been given you should remind the employee that failure to attend a meeting may be viewed as refusing to obey a reasonable request.
- You may decide it is not necessary to interview every witness; a written and dated statement may suffice. If so, you need to be sure that you have all the information you require. You can always re-interview witnesses to ensure there are no areas of confusion or unanswered questions.

Gathering evidence

In gathering your evidence, you need to ensure that you cover evidence not only that supports the allegations but also includes evidence which does not support the allegations. You should consider:

- what does the evidence reveal?
- are there any doubts over the credibility and reliability of the evidence?
- is the evidence supported or contradicted by the evidence already collected?
- does it suggest any further evidence should be collected?

Preparing an investigation report

Once the investigation is complete, a report must be produced, which should go to the nominated Disciplinary Chair with your recommendations. This report will be included in the documentation used at any subsequent Disciplinary Hearing.

Your report should be clear, concise and presented in a logical format as described below. Where you consider the report will be significantly clearer with a different structure you can modify this format with the agreement of the Disciplinary Chair.

Introduction

- background to the case, the areas of concern and potential allegations
- how the investigation was carried out
- who was interviewed
- what evidence was considered
- what statements and evidence are attached to the report
- any other sources of information that may have been accessed.

Statement of case

- present the information that you have gathered as a sequence of events cross referencing to documents/statements within the appendices as appropriate
- which facts have been established and which facts have not
- whether there are any mitigating factors to consider
- set out the employee's explanation of what happened
- highlight the salient points from witness statements
- highlight the main points from the evidence that support your recommendation below.

Recommendations

- deal with each allegation separately
- state what you recommend happens in relation to each allegation and why, cross referencing to the evidence, you have considered reaching your conclusion
- whilst you should endeavour to reach conclusions about what did or did not happen, even when evidence is contested or contradictory, you will need to decide whether, on the balance of probabilities, you could justifiably prefer one version of the matter over another and explain why
- copies of all documents collected and referred to in the report should be included and clearly referenced.

Recommendations unrelated to the investigation matter

During an investigation you may identify other issues that, whilst outside the scope of the investigation, may require action. You should note what other matters may require further action and report these to the Disciplinary Chair in a separate document.

Appendix 2 – Sample suspension letter

Precautionary suspension / Restriction of activity

[Further to our conversation]this letter is to [notify / confirm] that you have been placed on suspension with immediate effect. OR [Further to our conversation]this letter is to [notify / confirm] that we have restricted your activities as described below with immediate effect.]

I have taken this action because [insert reasonable grounds for concern]. Please note that this [suspension / restriction] is not a disciplinary sanction and that no view has been formed or decision made regarding your position.

You will remain [suspended / on restricted duties] until notified in writing that you are no longer [suspended / on restricted duties]. I have considered alternative options and concluded that this is the only viable option. I will review on a monthly basis whether there remains sufficient reason for the [suspension / restrictions] to continue and notify you of my decision.

I have enclosed a copy of the Disciplinary Policy which outlines the protocol regarding suspension [of activities].

During this period the following provisions will apply:

- You remain on full pay and current terms and conditions of employment.
- You must not carry out your duties or come to work unless this has been authorised by myself. [where applicable]
- You must not access our premises without my prior consent. [where applicable]
- You must not access the following records, even remotely, without my prior consent. [where applicable]
- [Your digital access has been suspended / Your digital access has been amended such that you can only access certain files.]
- You are [not] required to return any digital equipment during this time.
- You are required co-operate fully in our investigations and attend any meetings as notified unless you are on pre-approved annual leave or other absence.
- You must not communicate with [the following / any of our] employees, contractors or customers unless authorised by myself. You can of course contact a union representative. [where applicable]
- You should be available for recall to SSSC during your normal working hours to attend meetings or work. [where applicable]
- If you are sick you should follow the normal sickness reporting processes. Please notify [NAME].

All details regarding your suspension and any information regarding your work should remain confidential.

I recognise that during the suspension you may wish to access documents or speak to witnesses. Where you wish to do so, please make your request to me by email and I will consider this and make appropriate arrangements.

Support

I recognise that you may benefit from additional support at this time and would like to remind you of the Employee Assistance Programme that is available to you. This is a free to use and confidential service. You can contact them on 0800 032 9849 or use their website <https://sgcp.optimise.health>.

Also available is a service funded by Access to Work and delivered by Able Futures which focus on those who would benefit from additional mental health support. You can contact them on 0800 321 3137 or use their website <https://able-futures.co.uk/mental-health-support>.

In addition to the above support you can also contact one of our mental health first aiders through our intranet [Mental health first aiders \(sharepoint.com\)](#).

If you require additional support at this time you can contact a member of HR **or** your Trade Union Representative.

cc Disciplinary Policy

Appendix 3 – Procedure to be followed by the Employment Appeals Panel

The Disciplinary 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

- You 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

- 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 Disciplinary Hearing, the employee is deemed to have been reinstated to the SSSC with effect from the date of the dismissal.

Appendix 4 – Investigation report

Investigation report

Report prepared by [NAME and JOB TITLE] and presented on [DATE].

Introduction

- Background eg what was being investigated
- Brief description of department and nature of work
- How investigation conducted eg paper review of policy / process, collation of evidence, interview of key personnel
- Refer to list of evidence presented in appendix
- Identify evidence / interviews considered but discounted and note why eg emails presented by [XX] did not relate to the matter investigated; [XX] was uncontactable by telephone / email / post.
- [State why witness statements have been anonymised]

Statement of case

- Present summary of evidence presented – factually describe events
- Identify key facts that are in dispute or that are not evidenced
- Identify mitigating factors that have been identified / presented [often useful to recognise these may be incomplete]
- Refer / identify the employee's explanation of events

Recommendations

- Make a recommendation for each allegation eg no action required, informal action through line management, reflective practice, further training, proceed to a formal hearing.
- State clearly whether each allegation is evidenced on the balance of probabilities
- Do not recommend a sanction.

[Timeline identifying key dates and events in sequence]

Appendices

1. List of interviews conducted including date, name and job title
2. List of evidence presented
3. ...

Appendix 5 – Examples of misconduct and gross misconduct

Misconduct

The following list provides examples of offences which are normally regarded as misconduct. This list is not exhaustive.

- Breaches of the employee Code of Conduct.
- Poor timekeeping.
- Absence from work without reasonable cause or authorisation or failure to comply with absence reporting procedures.
- Negligence or carelessness in carrying out duties.
- Refusal to carry out reasonable instructions.
- Minor misuse of SSSC property or resources.
- Minor breaches of safety regulations.
- Minor misuse of IT / internet / email / telecommunications.

Gross misconduct

Gross misconduct is misconduct of such a serious and fundamental nature that it breaches the contractual relationship between the employee and the SSSC. The following list gives examples of behaviour which will normally be regarded as gross misconduct. This list is not exhaustive.

- Fraud or theft.
- Deliberate deceit or failing to tell the truth.
- Falsification of records including timesheets.
- False declaration of experience, qualifications or professional registration.
- Deliberate damage to SSSC property.
- Physical violence or assault (or the threat of).
- Bullying, harassment and/or discrimination.
- Serious negligence.
- Serious insubordination.
- Significant disregard for a reasonable management instruction or repeated refusal to carry out a management instruction which is within the individual's capabilities and which is in the interests of the SSSC.
- Serious breach of corporate or financial governance processes and procedures.
- Breach of confidentiality of SSSC information including information relating to stakeholders, registrants and education and training providers.
- Inappropriate use of digital systems, email, telephones or the internet that is a serious breach of the SSSC's Digital Security Policy.
- Submitting false medical certification.
- Incapability at work brought on by alcohol or drugs.
- Comments made on social media platforms such as Facebook, X (formally Twitter), Instagram, TikTok, Reddit which could bring the reputation of the SSSC into disrepute.
- Inappropriate behaviour at work that is contradictory to the Code of Conduct or the SSSC Codes of Practice.
- Behaviour outside work which has a damaging impact on the reputation of the SSSC, the employee's own position with the SSSC or affects another employee or stakeholder of the SSSC that is contradictory to the Code of Conduct or the SSSC Codes of Practice.
- Serious breach of confidence or data protection breach.
- Serious misuse of the organisation's property or name.

Appendix 6 – Witness statement

You have been asked to provide a witness statement as part of a disciplinary investigation and we believe you have relevant information that we need. It is important that you co-operate with this investigation as fully as you are able to.

Please note the following.

- It is very important that you maintain confidentiality regarding this subject and do not discuss this with others either now or in the future.
- Your statement may be shared with other people with a reason to have sight of it (including the subject of the investigation).
- You may be required to attend further investigations or hearings to provide further information or respond to questions.
- You must answer as fully as possible and provide all relevant information. It is essential that you are truthful and factual in your statements. Where you are unsure of an answer please say so.
- If you do attend a Disciplinary Hearing as a witness, you will **not** normally be notified of the outcome.
- You can ask your manager, HR or union representative for support. We also provide confidential access to the Employee Assistance Programme.
- Where you are reluctant to co-operate or are unable to do so, you must tell us why you feel this way. We will discuss and seek to address any concerns that you have.
- Where you do not co-operate with the investigation, without a reason acceptable to us, this could become a conduct issue for you. We are keen to avoid this wherever possible.
- If you have any relevant information or documents please share these with the Investigating Officer.

The Investigating Officer will maintain a record of your statement on this document and ask you to review it carefully, annotate any amendments and sign that it is correct. Please do so promptly and within two days of receipt (excluding weekends).

[QUESTIONS AND RESPONSES]

This is a fair and accurate record of statement of my statement.

Your full name:

Signature:

Job title:

Email address:

Date statement taken:

Investigating officer full name:

Details of others present:



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Compass House
11 Riverside Drive
Dundee
DD1 4NY

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

If you would like this document in 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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Whistleblowing Policy

April 2024

Document governance and management

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Date of environmental impact assessment (if required)	

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

Officer name	Date of change	Description of change	Confirm upload of revised document
N/A – full consultation log completed.			

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1. Introduction

Purpose

In employment, whistleblowing refers to a worker making a disclosure or raising a concern or wrongdoing that affects others. This could be about a colleague's conduct in the course of employment, or about the employer's practices. As a whistleblower you are protected by law in that you should not be treated unfairly or lose your job for speaking up.

Legally whistleblowing is known as "making a disclosure in the public interest". The Scottish Social Services Council (SSSC) supports our employees who raise a qualifying disclosure under the Public Interest Disclosure Act 1998 (The Act). This means employees know when and how to raise a concern regarding a work-related situation which they feel may present a danger to themselves and / or others. Employees may also have concerns regarding professional misconduct or financial malpractice which they believe may put colleagues or the organisation itself at risk.

Most employee concerns can be easily resolved however, there may be times when it is believed that their concerns are serious enough that they must raise them officially through the appropriate channels. This can be a daunting prospect as they may feel that they are being disloyal to colleagues or that their concerns will not be treated with the appropriate level of seriousness.

We are committed to creating an environment in which everyone feels they can raise concerns at an early stage when still a concern rather than feeling that they must wait for proof of wrongdoing before being able to raise the issue. By doing this, issues can be resolved swiftly and any damage to individuals or the organisation kept at a minimum. We are also committed to providing opportunities for employees to discuss informally any initial concerns they have with a manager they trust before resorting to any formal routes through this policy.

The policy outlines the different steps and stages of raising a concern so that any concerns are raised the appropriate way and dealt with quickly. If, however, staff are concerned with how they are being treated, they should refer to the [Grievance Policy](#) and/or [Dignity at Work Policy](#) for advice on how best to deal with their issue.

It may be helpful for those who are concerned about a particular issue to refer to the [SSSC's Code of Conduct](#).

Counter Fraud Service (CFS), in partnership with the SSSC will work actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. Further information can be found in the [Counter Fraud, Bribery and Corruption Framework](#).

Scope

This policy applies to all temporary and permanent Scottish Social Services Council employees, Council Members, Panel Members, agency workers and contractors. This policy does not apply to social service employers, workers or social work students.

Employees should be aware that there is a separate process for raising concerns in the social service sector. The SSSC is a prescribed person listed in the Prescribed Persons

(Reports on Disclosures of Information) Regulations 2017. Those working in social services should follow their employer's process first and only report concerns to a prescribed person such as the SSSC or Care Inspectorate if their employer fails to take appropriate action. Further information can be found in a '[Raising concerns in the workplace](#)' leaflet developed by the SSSC and Care Inspectorate.

Reporting

As a prescribed person, we publish details of referrals that qualify as whistleblowing and the actions we took each year. These reports cover a 12 month period from 1 April of each year and should be published by 30 September. We include information on internal (our employees) and external cases in our report. The report is developed by Legal and Corporate Governance and is included within our annual report. HR are responsible for recording any concerns raised by employees and are responsible for providing accurate figures for the inclusion in the annual report.

Legislation, codes of practice and guidance

- [Employment Rights Act 1996](#)
- [Employment Relations Act 1999](#)
- [Public Interest Disclosure Act 1998 \(The Act\)](#)
- [Data Protection Act 2018](#)
- UK [General Data Protection Regulation \(2016/679 EU\)](#)

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

Policy Specific

Our principles are underpinned by legislation.

Open

- We will handle concerns openly and transparently throughout the process. At the same time, recognise and respect that everyone involved has the right to confidentiality.
- Following an investigation, we will make sure that any lessons learned are shared locally and more widely across the organisation. This should include telling people what improvements have been made as a result of the investigation.
- Concerns will be dealt with promptly, discretely, openly, consistently and in a confidential manner in line with this policy.

Focused on improvement

- Actively encourage employees to report any concerns.
- Have systems in place to make sure all reported whistleblowing concerns are investigated quickly and appropriately, and to monitor how they are handled.

Objective, impartial and fair

- Procedures for raising concerns will be objective, based on evidence and driven by the facts and circumstances. They will not be based on assumptions.
- Those investigating concerns will be impartial, independent and accountable. They will not be involved in investigations where they have a conflict of interest or may be seen to have a conflict of interest.
- Procedures for raising concerns will be fair to the person raising the concern, people investigating concerns, and anyone else involved in the investigation.
- If it becomes apparent that an employee has knowingly raised a false or vexatious concern, then this will be dealt with through the [Disciplinary Policy](#).

Accessible

- The procedure will be easy to understand and accessible to everyone.
- Management will welcome concerns and make sure they are handled by people who have the appropriate skills and knowledge to investigate the concern and are authorised to take action.
- We will actively support colleagues to raise concerns of wrongdoing and unethical behaviour and will treat all concerns seriously.

Supportive to people who raise a concern or are involved in the process

- Offer support and protection to all employees who raise a concern or who are directly involved in a concern, at all stages of the process.
- When someone raises a concern, we will listen, support, treat them with dignity and respect, and be sensitive and professional.
- Offer alternative methods to people who may not want to raise concerns with their line manager.
- Harassment or victimisation of anyone raising a concern will not be tolerated.
- If an allegation is made in good faith, which is not confirmed by subsequent investigation, no action will be taken against (anyone raising a whistleblowing concern) the member of staff raising the concern.

Simple and timely

- Timescales will be clear, agreed and met wherever possible.
- Investigations into a reported concern should be thorough. In particularly complex cases this may mean it is not possible to keep to timescales. If timescales are not met for a good reason, we will agree a revised timescale for completing the investigation.

Thorough, proportionate and consistent

- All concerns will be treated seriously.
- Investigation methods and approaches to handling concerns will be thorough and consistent, but proportionate and appropriate to the circumstances of the case.
- Findings and conclusions will be based on analysing evidence and weighing up the facts and circumstances. Decisions will explain the reasons and show clearly how findings and conclusions were used.

Recognition and respect for others

- At every stage of the process there will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010.
- All employees will be treated fairly and consistently under this process and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010 they will be accommodated appropriately.
- We will value all disclosures made by our employees and protect and respect their needs.

Working together

- We recognise the value of positive and constructive involvement and participation from the trade unions. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.
- We will support our employees who have made a disclosure and who are involved in this process. Support can be received from trade union representatives.

Accept responsibility and accountability

- Deal with issues kindly, sensitively and showing compassion.
- Respecting confidentiality and only sharing information, as appropriate, with relevant postholders.

3. Roles and responsibilities

3.1 Council

Council is responsible for

- approving this policy and procedure
- making sure that the application of this policy does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of staff
- making sure those policies and procedures are applied fairly and in accordance with the law
- appointing a designated Whistleblowing Champion should any employee feel they cannot raise any concerns of a whistleblowing nature with management

- having a responsibility to carry out investigations if there are complaints about the Chief Executive
- monitoring the annual report in which we include information on internal (our employees) and external cases and to hold officers accountable for that information and any associated actions.

3.2 Executive management team

The EMT is responsible for:

- the implementation of the policy and to create a culture in which staff can flourish through interesting and rewarding work and employees feel safe to whistle blow
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and staff 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
- making sure training is provided to all employees such that they are familiar with the whistleblowing policy. Provide additional training to individuals appointed as recipients and investigators of concerns.

3.3 Operational management team

The heads of department are responsible for:

- making sure their managers and staff are aware of the processes to be followed within this policy and procedure
- making arrangements for investigations to be carried out when concerns are raised
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

3.4 Line managers

The line manager is responsible for:

- considering and responding to all concerns raised in a sensitive, supportive, confidential, and timely manner
- checking all complaints received under Public Interest Disclosure Act 1998 to find out if they are covered under whistleblowing and check with the employee raising the concern for clarification if it is a whistleblowing complaint to make sure the correct process is followed.

3.5 Employees

Employees must:

- comply with the [SSSC Code of Conduct for Employees](#). We expect the highest standards of integrity and conduct from all employees
- discuss all genuine concerns with their line manager, another appropriate manager or human resources
- provide information that is truthful and accurate.

3.6 Human resources

Human resources are responsible for:

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

4. Policy

4.1 What is whistleblowing?

Whistleblowing is where an individual raises a concern about fraud, misconduct, or wrongdoing. Whistleblowing is all about ensuring that if you see something wrong in the workplace, you can raise this within your organisation, to a regulator, or wider.

Whistleblowing protects employees and the organisation itself by identifying fraud, misconduct, or wrongdoing at the earliest opportunity.

The legislation protecting individuals who make a concern, or 'protected disclosure' applies not only to employees but also to any person who undertakes or performs work for services to the organisation (workers). This includes:

- permanent and temporary employees
- council members
- agency workers
- contractors
- non-employees undergoing training or work experience as part of a training course.

As an organisation, we attach great importance to maintaining high standards of honesty, openness, integrity, and accountability. We want individuals to feel safe and confident to come forward with a genuine concern.

4.2 What type of concerns can you raise

A "qualifying disclosure" means any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show one or more of the following:

- that a criminal offence has been committed, is being committed or is likely to be committed
- that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject

- that a miscarriage of justice has occurred, is occurring or is likely to occur
- that the health or safety of any individual has been, is being or is likely to be endangered
- that the environment has been, is being or is likely to be damaged
- that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

Please note that this list is not exhaustive but provides guidance around the types of concerns that you can raise.

In cases where you are raising a concern regarding fraud or bribery, please refer to the [Counter Fraud, Bribery and Corruption Framework 2023](#). You may also find it helpful to read the guidance produced by [Audit Scotland](#). Audit Scotland is a prescribed person in law for the organisations they audit (which includes the SSSC).

Example of whistleblowing in the workplace

Tim is concerned that his manager is hiring a friend of his to deliver training. The fees for the training are high, more courses have been booked than are needed and his friend is always paid when a course was cancelled.

Joe raises a concern about a serious breach of Health & Safety which has been ignored.

Michelle sees a colleague being overly familiar with a co-worker who looks to be uncomfortable.

Jack overhears a colleague discussing with a friend a complex case at work and shares the details and names of those involved.

Each should be reported and investigated under the whistleblowing procedure. They might also be reportable under other policies eg [Data Protection Policy](#).

Example of non-whistleblowing workplace issue

Mark is unhappy at work because a person in his team made an offensive and discriminatory comment about him. This is not a whistleblowing concern. Mark should raise this with their line manager through the [Dignity at Work Policy](#).

June has found out that a colleague has been gossiping about her. This is not a whistleblowing concern. June can raise it to her manager or through another policy.

Frank was unsuccessful for his application for a promoted post and thinks the process must have been unfair. This is not a whistleblowing concern. Frank should speak to the recruiting manager in the first instance.

5. Procedure

5.1 How do I blow the whistle?

It is important to speak up in the public interest so that you can be reassured that the appropriate action will be taken. You will be protected by the Public Interest Disclosure Act 1998 where you reasonably suspect that the alleged malpractice has occurred, is occurring or is likely to occur.

If you have a concern about a risk, malpractice, or wrongdoing at work, you should raise the issue informally with your line manager either verbally or in writing. You should include how you think the issue should be resolved and if you have any personal interest in the matter.

If your line manager thinks that your concern falls within the scope of another SSSC policy, this will be discussed with you.

If you are unsure about raising a concern or do not wish to discuss the concern with your line manager, you can seek advice from the Human Resources team, your trade union representative or you can discuss the concern informally with another a member of the Executive Management Team (EMT) or Operational Management Team (OMT).

If you feel the matter is very serious, you can contact the Chief Executive directly who will meet with you to assess your concern. As a result, they may appoint an investigating officer to investigate your concerns or may refer the concern back to your line manager if they feel that they can more appropriately deal with your concern.

It is important to raise a concern as close as possible to the time that you became aware of the concern.

Other ways to raise a whistleblowing concern

As we are now working in an agile way we recognise that some employees may not feel as able to make disclosures internally. There are other external routes or prescribed people that we can contact. If you decide to go down this route you must make sure you have chosen the correct person or body for your issue. The link below is a document that lists the prescribed persons and bodies you can make disclosures to:

[Whistleblowing: list of prescribed people and bodies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614442/Whistleblowing_list_of_prescribed_people_and_bodies.pdf)

You may also use the Counter Fraud Services (CFS) Reporting Line 08000 151628 (powered by Crimestoppers) or report their suspicions (anonymously if desired) through the [CFS website](#).

Alternatively, employees may choose instead to contact the free, confidential, charity "Protect" on 020 3117 2520 or via their [website](#) who would offer advice on how to proceed.

We also have a Whistleblowing Champion details in 5.3 below.

The different routes are summarised in the flowchart in Appendix 1.

5.2 Will my concern remain confidential / anonymous?

If you raise a concern confidentially your identity will be disclosed to those who need to know it for the purposes of the investigation or this policy. We may also need to share information about your identity with other agencies involved in the prevention, detection, investigation or prosecution of crime or other unlawful activities. We may also share this information with other agencies which have a role in the protection of vulnerable people, including local authorities and other regulatory bodies.

We will not otherwise identify an employee or share their identity with others unless they have given their permission for this to happen or that it is required by law.

You can also raise a concern anonymously. This is where you do not give your name at all. If you raise a concern anonymously, we will treat the information just as seriously. We recognise that many people are worried about being identified when they report concerns. However, if you do not tell us who you are it may be harder for us to investigate. It may also be difficult for you to access the protection available to you under the whistleblowing legislation. We will assess the anonymous information as best we can to establish whether there is substance to the concern and whether it can be investigated.

5.3 Council member contact

A Council member will be designated a whistleblowing champion. This role is predominately an assurance role with oversight in making sure the responsibilities of the organisation are acted upon effectively. Where this does not happen the whistleblowing champion will bring this to the attention to the Council.

In exceptional circumstances, if an employee does not feel it is appropriate to raise their concerns with management or human resources they can raise their concern directly with the Whistleblowing Champion.

The Whistleblowing Champion is responsible for:

- assuring that staff at all levels have access to support to report or discuss any concerns they may have
- ensuring that reported concerns are being investigated and that regular updates are provided on the progress of investigations to the member of staff raising the concern and to the council, while maintaining confidentiality
- ensuring that the Council is advised of reported whistleblowing cases and the outcomes
- ensuring the nature, number of concerns and outcomes are discussed at the partnership forum regularly.

The Whistleblowing Champion should not:

- normally be a direct contact for raising concerns, except in exceptional circumstances where all other routes are either inappropriate or have failed
- be involved in the investigation of cases.

The Whistleblowing Champion is:

Rona King, Council Member
Email address: Rona.King@sssc.uk.com

5.4 How will we handle an internal disclosure?

5.4.1 Stage one

- after checking that the complaint falls under whistleblowing remit of The Act, we will appoint a manager to carry out an investigation of your complaint and to make recommendations to the appropriate member of OMT / EMT or Chief Executive
- where the complaint does not fall under the whistleblowing remit of The Act, an appropriate manager will meet with you to explain why we consider that to be the case, what action if any we will take and confirm our position in writing to you.
- we will send a written acknowledgement to you within seven calendar days (or earlier in exceptional circumstances). This will advise you who will handle the matter, how they can be contacted, and whether we require further information from you.
- we will carry out an investigation to establish the relevant facts prior to making any recommendations
- you will have the right to have support from either a representative from your trade union or a co-worker at meetings discussing the case
- we will update you during the process but if you would like to know how the investigation is going, please contact your line manager or the senior manager. There may be instances where we are unable to tell you how the matter may be handled, or precisely what action will be taken. To do so could be a breach of our duty and confidentiality.
- we will complete the investigation within reasonable timescales. We will act as quickly as reasonably possible so that we respond to high risk cases in the most appropriate timescale.
- you will be given a timeframe for resolution and receive written feedback on the outcome
- we will present a report to the Chief Executive and to the Council's Whistleblowing Champion about how we have addressed the issues raised through your whistleblowing complaint.

5.4.2 Stage two

If you believe that the issue has not been resolved at stage one, the manager who dealt with it at stage one will pass your concerns to a more senior manager who will appoint a different investigating officer, if necessary.

5.4.3 Stage three

If, after stage two, the investigation finds the concerns unfounded and all internal procedures have been considered but you are still not satisfied with the outcome of the investigation, the SSSC recognises your lawful rights to make a disclosure to a prescribed person or body. Here is a list of all [prescribed people and bodies](#)

5.5 Complaints about the Chief Executive

If the concern is about the Chief Executive, then it should be made direct to the Convener who will decide on what action should be taken.

5.6 What happens if I make an external disclosure to a prescribed person?

The internal route should be the first course of action where the concern is about the SSSC as this is the quickest means of resolving matters. This does not prevent you from raising a concern externally.

If you believe there is malpractice or wrongdoing happening in a public body and want to make an external disclosure to a prescribed person, there are several external bodies to which qualifying disclosure may be made, one of which is SSSC. Here is contact information on [prescribed people and bodies](#) for raising external whistleblowing concerns.

If you are still unhappy once you have gone through the internal procedure or need to make a complaint about the SSSC, then you can contact [SPSO](#) (Scottish Public Services Ombudsman).

Information on this can be found at the link below:

If you would like to complain to the SPSO you can:

- write to them using their complaint form found on www.spsso.org.uk where it can be filled in online or printed off to complete
- you can also phone their freephone helpline number 0800 377 7330.

5.7 Independent Advice

If unsure whether to use this policy, or if you require confidential advice at any stage, you can get advice from your trade union representative, professional body or the Human Resources team.

6. Further Information

6.1 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.

6.2 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.

Raising a concern under this policy or being subject to investigation or being involved in an investigation as a witness can be stressful. The Employee Assistance Programme offers a free, confidential counselling service that is open 24 hours a day, seven days a week. They can be contacted on 0800 5875 670.

6.3 Related Documents

- [Code of Conduct](#)
- [Dignity at Work Policy](#)
- [Grievance Policy](#)
- [Raising concerns in the workplace: Guidance for employers, social service workers and social work students](#)

Appendix 1 – Whistleblowing routes

Internal disclosure



Stage one

Raise concern informally with line manager either verbally or in writing.

If this is not possible you can seek advice from the HR Team, Trade Union, EMT or OMT manager.

If you feel the matter is very serious, you can contact the Chief Executive directly.

If the concern is about the Chief Executive, then it should be made direct to the Convener who will decide on what action should be taken.

If you do not feel it is appropriate for the concern to be raised through the routes described in this policy you may contact, by exception the designated Whistleblowing Champion who is a Council Member, directly.



Stage two

If not resolved, advise manager who will pass over to senior manager for further investigation.



Stage three

If you are not satisfied with outcome you can make external disclosure to Scottish Public Services Ombudsman

External disclosure



You can raise concern directly with appropriate external body

<https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies>



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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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Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C23/32 Appointment of AAC Chair and Vice Chair	Council 23 November 2023	In progress	Corporate Governance Coordinator	Sep-24	Minutes 5.2 and 8.1: Peter Murray apptd as Chair, Lindsay MacDonald apptd as Vice Chair to take effect 1 September 2024, but to shadow at catch up meetings etc as of now	
C23/31 Qualifications of Workers	Council 23 November 2023	In progress	Acting Chief Executive	2024	Minute 7.2: 1)Meeting between CEOs of SSSC and CI re supervisors in the care sector who are not qualified. 2)bring an action plan to Council setting out proposals to ascertain reasons and factors leading to low numbers of qualified workers, especially in specific roles	
C23/30 Development session on agile working	Council 23 November 2023	In progress	Head of Legal and Corporate Governance	2024	Minute 10.3: set up a development session for Members on agile working and performance and wider issues of agile working in the employment sector	
C23/29 Qualification Timescales -further report	Council 23 November 2023	Completed	Acting Director Workforce Education and Standards	Feb-24	Minutes 11.8,11.9 and 11.10: a further report to include all information, requested in the discussion, to allow Members to be comfortable making a decision on the proposal (to change a previous decision about timescales for obtaining qualifications)	
C23/28 Registration Fees	Council 23 November 2023	Completed	Acting Chief Executive	Feb-24	Minute 12: Submit a further report to Council on possible review of registration fees	
C23/26 Shared Services	Council 24 August 2023	In progress	Director Strategy and Performance	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	Acting Director Regulation	May-24	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. Report delayed to May 2024 meeting	
C18 Invitation to Minister to visit	Council 27 February 2023	Completed	Acting Chief Executive	Feb-24	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. Meeting took place on 6 Feb 2024	
C6 Joint development session with CI re the Promise	Council 25 August 2022	In progress	Corporate Governance Coordinator	tbd	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. 18 Jan session cancelled/postponed due to bad weather	

Council Calendar of Business 2023/24 and 2024/25

Report/meeting dates	26 Feb 2024	25 March 2024 (Budget)	23 May 2024	22 August 2024	29 October 2024 (ARA)	21 Nov 2024
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				✓		

Report/meeting dates	26 Feb 2024	25 March 2024 (Budget)	23 May 2024	22 August 2024	29 October 2024 (ARA)	21 Nov 2024
Chief Executive Appraisal (Private Report)			✓			
Draft Budget 2024/25	✓					
Budget Setting 2024/25		✓				
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	✓					
Future Proofing Programme (<i>various matters as necessary</i>)	✓					
Codes of Practice	✓					
Qualifications for Adult Social Care - timescale	✓					
People Strategy Delivery Plan						
United Nations Convention on Rights of a Child		✓				
Care Experienced Report		✓				
Procurement Strategy						
Appointment of Panel Members	✓		✓			
Code of Conduct (Employees)			✓			
Digital Strategy			✓			
Disposal of urgent business – CEx retiral	✓					

Policy Timetable

Policy/Strategy etc name	Owner	Hyperlink to Document	Date of Last Review	Date of Next Review	Approval by
Agile Working Policy	Director of Workforce Education and Standards	Agile Working Policy	2023 August	2026 August	Council
Business Continuity Policy	Director of Strategy and Performance	Business Continuity Policy	2022 August	2025 August	Council
Code of Conduct (Employees)	Director of Workforce Education and Standards	Code of Conduct (Employees)	2021 May	2024 May	Council
Code of Conduct for Members of SSSC	Director of Finance and Resources	Code of Conduct for members of the SSSC	2022 February	2025 February	Scottish Government and agreed by Council
Code of Corporate Governance	Director of Regulation	Code of Corporate Governance	2023 February	2026 February	Council
Codes of Practice for Social Service Workers and Employers	Director of Workforce, Education and Standards	Codes of Practice for Social Service Workers and Employers	2016 August	2024 April	Council
Communications Strategy 2021-2024	Director of Strategy and Performance	Communications Strategy 2021-2024	2021 May	2024 May	Council
Corporate Health and Safety Policy	Director of Strategy and Performance	Corporate Health and Safety Policy	2026 August	2026 February	Council
Criteria and Principles for Assessing Qualifications Sector Guidance	Director of Workforce, Education and Standards	Criteria and Principles for Assessing Qualifications Guidance	N/A	2023/24	Council
Data Protection Policy	Director of Regulation	Data Protection Policy		2024 November	Council
Digital Strategy 2021-2024	Director of Strategy and Performance	Digital Strategy 2021-2024	2021 May	2024 May	Council
Dignity at Work Policy	Director of Workforce Education and Standards	Dignity at Work Policy	2022 November	2025 November	Council
Disciplinary Policy	Director of Workforce Education and Standards	Disciplinary Policy	2021 February	2024 February	Council
Equality, Diversity and Inclusion Policy	Director of Strategy and Performance	Equality Diversity and Inclusion Policy	2026 August	2026 August	Council
Family Friendly Policy	Director of Workforce Education and Standards	Family Friendly Policy	2022 August	2025 August	Council
Financial Strategy	Acting Chief Executive	Financial Strategy 2023-2026	2023 February	2026 February	Council

Fitness to Practise Thresholds Policy	Director of Regulation	Fitness to Practise Thresholds Policy	2022 March	As required	Council
Grievance Policy and Procedure	Director of Workforce Education and Standards	Grievance Policy	2021 August	2024 August	Council
People Strategy	Director of Workforce Education and Standards	People Strategy	2021 August	2024 August	Council
Procurement Strategy	Acting Chief Executive	Procurement Strategy 2023-2026	2023 February	2026 February	Council
Records Management Policy	Director of Regulation	Records Management Policy	2021 August	2024 August	Council
Redeployment Policy	Director of Workforce Education and Standards	Redeployment Policy	2021 August	2024 August	Council
Retirement and Severance Policy	Director of Workforce Education and Standards	Retirement and Severance Policy	2021 November	2024 November	Council
Risk Appetite Statement	Director of Strategy and Performance	Risk Appetite Statement 2023-24	2023 February	2024 February	Council
Risk Management Policy	Director of Strategy and Performance	Risk Management Policy Feb 2023	2023 February	2025 February	Council
SSSC Decision Guidance Policy	Director of Regulation	Decisions Guidance	2016 August	As required	Council
Whistleblowing Policy	Director of Workforce Education and Standards	Whistleblowing Policy	2021 February	2024 February	Council
Work Performance Policy	Director of Workforce Education and Standards	Work Performance Policy	2023 November	2026 October	Council
Workforce Change Policy	Director of Workforce Education and Standards	Workforce Change Policy	2021 August	2024 August	Council