








**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--


## SECTION ONE – GUIDANCE AND STANDARDS

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
<p><b>1 Standards and competence and conduct reflect up to date practice and legislation. They prioritise patient and service user safety and service user centred care,</b></p> <p><b>Additional guidance helps registrants apply the regulators standards of competence and conduct to specialist or specific issues and includes addressing diverse needs.</b></p> <p><b>In development and revision of standards and guidance the regulator takes account of stakeholders view and experience external events in the four countries.</b></p> <p><b>The standard and guidance are published in accessible formats.</b></p>	<ul style="list-style-type: none"> <li>The standards of competence and conduct and information on how they reflect up-to-date practice and legislation, prioritise patient and service user safety and patient and service user centred care.</li> <li>Guidance produced or being developed and how this will help registrants apply the regulators' standards of competence and conduct to a particular issue</li> <li>Plans for reviewing or developing guidance and standards, including what stakeholders were approached and how their views and experiences were taken into account alongside external events and learning from other areas. The outcomes of the revision or development and how the learning from this work is used within and outside of the standards and guidance function.</li> <li>Details of how the regulators ensure that the documents are</li> </ul>	<p> Revised codes of practice published in November 2016. The revised codes take account of developments in social services policy and practice including legislation and were introduced following an extensive and wide-ranging consultation, including consultation with people who use services and carers, and learning from fitness to practise.</p> <p> The SSSC operates a qualifications based register. All qualifications are mapped to the National occupational standards.</p> <p> All qualification design and delivery of social services qualifications incorporate the codes of practise into the curriculum.</p> <p> The development of national occupational standards across the UK requires explicit reference to the codes of practice. They require registrants to demonstrate a commitment to inclusion diversity social justice and anti discriminatory practice.</p> <p> The PRTL guidance requires registrants to cross reference to the SSSC codes of practise.</p> <p>The codes of practice have been produced and published in a range of formats to take account of the diversity of the sector. The codes have been equality impact assessed.</p> <p> The SSSC is a member of the UK skills for care and development partnership. This work is goverenced by a exec/convenor group. There is a MOU in place that sets out the areas of joint working across the UK. These include</p> <p> The SSSC as part of the skills for care and development partnerships is part of the European Social Network (ESN) is the network for local public services in Europe. ESN brings together people who regulate, plan, manage and deliver public services across Europe and is a network of 120 organisations in 35 countries. The European Social Services forum brings together commissioners, regulators and managers across the social services and social welfare sectors in Europe</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

	understandable and accessible. For example, publication in different languages, easy read, plain English and circulation in GP practices and CAB.	 Planning has started on an approach to developing practice guidance	<b>Codes materials all statistics from 1 November 2016 (or publication date if later) to 31 December 2017</b>				
	<ul style="list-style-type: none"> <li>Evidence of work undertaken to take account of the developments in Europe and international regulation.</li> <li>The mechanisms used by the regulator to assess how they are performing and how they use the results to inform practice.</li> </ul>		<b>Title</b>	<b>URL</b>	<b>Views</b>	<b>Downloads</b>	<b>Page visits</b>
			Codes web page	<a href="http://www.sssc.uk.com/codes">http://www.sssc.uk.com/codes</a>			176,136
			Codes of Practice PDF	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers</a>	50,511	29,731	
			Codes of Practice epub format	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2281-codes-of-practice-in-epub-format">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2281-codes-of-practice-in-epub-format</a>		1,018	
			Codes of Practice mobi format	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2282-codes-of-practice-in-mobi-format">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2282-codes-of-practice-in-mobi-format</a>		167	
			Codes of Practice large print version	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/sssc-codes-of-practice-large-print-version">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/sssc-codes-of-practice-large-print-version</a>	294	0	
			Codes of Practice Easy Read version	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-easy-read-version">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-easy-read-version</a>	29	13	
			Codes of Practice in Gaelic	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-in-gaelic">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-in-gaelic</a>	4	0	
			Codes of Practice	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-in-gaelic">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-in-gaelic</a>	8	5	

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required
------------------	--------------	-------------------------------------	--

EVIDENCE LEGEND:	✓ Already Doing	I Improvement in progress	X Action needed
------------------	-----------------	---------------------------	-----------------






	in Polish	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-polish">sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-polish</a>			
	Codes of Practice in Punjabi (Gurmukhi)	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-punjabi-gurmukhi">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-punjabi-gurmukhi</a>	2	4	
	Codes of Practice in Spanish	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-spanish">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-spanish</a>	0	0	
	Codes of Practice in Urdu	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-urdu">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-urdu</a>	4	1	
	the Codes audio slideshow	<a href="https://www.youtube.com/watch?v=lxpu8qwx_qs">https://www.youtube.com/watch?v=lxpu8qwx_qs</a>	1,397		
	Codes animation	<a href="https://www.youtube.com/watch?v=uXQao2o7uxI">https://www.youtube.com/watch?v=uXQao2o7uxI</a>	2,738		
	BSL version video	<a href="https://www.youtube.com/watch?v=CpkHBxHsLW8">https://www.youtube.com/watch?v=CpkHBxHsLW8</a>	289		
	Social media guidance for social service workers web page	<a href="http://www.sssc.uk.com/registration/registrant-responsibilities/social-media-guidance-for-social-service-workers">http://www.sssc.uk.com/registration/registrant-responsibilities/social-media-guidance-for-social-service-workers</a>			7366
	Social media guidance for social workers document	<a href="http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/67-social-services-workforce/68-guides-and-resources/social-media-guidance-for-social-service-workers">http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/67-social-services-workforce/68-guides-and-resources/social-media-guidance-for-social-service-workers</a>	596	777	
	<b>Print materials</b>	<b>Total number sent out since launch 1/11/16</b>			
	A5 Codes of Practice booklets	149,690			
	Codes of Practice zcard	41,396			

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--








## SECTION TWO – EDUCATION AND TRAINING

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
<b>1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.</b>	<ul style="list-style-type: none"> <li>The standards to be met by students and how they link to the standards of competence and conduct for registrants</li> <li>Where available, evidence of the regulator's mechanisms, which enable them to be aware of action taken by training establishments against students on fitness to practise issues and a system for learning from these outcomes, for example are outcomes taken into account in the quality assurance process and revision of standards.</li> <li>The standards to be met by education and training providers, how these reflect patient and service user centred care and protect the public, and how they link to standards of competence and conduct for registrants.</li> <li>Guidance given to education and training establishments to help ensure that disabled students do not face unnecessary barriers to successful careers in health</li> <li>The plans for reviewing or development standards for</li> </ul>	<p> Action is taken through the quality assurance process through the application of requirements to ensure that providers take action to address any shortfall that may exist. There is also capacity within the SSSC Rules to call a programme review at any time if there is sufficient concern. In addition an investigation can take place where there is serious concern about a programme.</p> <p>All Social Services learning programmes in Scotland are approved by the SSSC under the rules and requirements of Section 54 of the Regulation of Care (Scotland) Act 2001. The SSSC's role in the approval and quality assurance of social work and specialist awards was last reviewed in 2013. Prior to 2013 the SSSC carried out annual monitoring reviews which aligned to Universities and Colleges internal quality assurance reviews and based on a five year reporting cycle. The annual monitoring reviews were also enhanced by annual monitoring returns from Learning Providers</p> <p> requirement to commence analysis of student fitness to practise cases for themes.</p> <p> Service users and carers currently contribute to SSSC approvals as panel members, and are also involved in assessing and approving and learning programmes. Service user and carer experience is used to inform changes and improvements to both the teaching and practice learning component of the learning programmes. The learning and development team will continue to work with learning providers and employers to support the existing cohort of service users and carers who contribute to this work and help to further uptake in this area.</p> <p> A review of the Standard for Childhood Practice standard took place in 2015. During the review the SSSC worked with learning providers, academic staff and the wider sector to integrate proposed changes.</p> <p> The Standards in Social Work Education (SiSWE) are currently being revised as part of the Review of Social Work Education. The revised SiSWE has been co-produced with Higher Education colleagues and has been put out to consultation with the sector. Further refining of the SiSWE is currently taking place with HEI colleagues who have strong links to Practice Learning. An inter-university service user and carer led forum have also contributed to the SiSWE and further guidance is currently being developed with the aim of providing further clarity for those new to the Standards. In addition, a working group has been developed to look more closely at how the Key Capabilities in Child Care and Protection can be incorporated into the framework and the main body of the Standards and to extend this to Adult Support and Protection to ensure that safeguarding across</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

	<p>students and education and training providers, including what stakeholders were approached, how their views and experiences and other areas of learning are taken into account. The outcomes of this work and how the learning from this work is used within and outside the education function.</p>	<p>the life span is an integral to practice.</p> <p> Learning programmes approved by the SSSC have a Link Learning and Development Adviser who routinely meets with learning programmes on a regular basis. The evaluation highlighted the value and importance of the relationship between the advisor and provider in working on a partnership basis to provide support and advice on a range of issues. Equally the evaluation highlighted the benefits of focusing on improvement and outcomes for students rather a disproportionate amount of time spent on process..</p> <p> Learning programme leads are required to advise the SSSC of any material changes to any aspect of the teaching programme and are proactive in doing so. Learning and Development are also engaging with learning providers leads through the continuing work of the Review of Social Work Education including the supported year in practice, practice learning placements and the revision of the social work standards.</p> <p> There are current recommendations for Childhood Practice providers following Quality Assurance approvals and reviews to consider more widely how service user and carer involvement could be enhanced.</p> <p> Service user and carer representatives are routinely part of approval panels and have attended programme reviews. Additional recruitment took place in 2017 with specific training for representatives.</p>
<b>2. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration.</b>	<ul style="list-style-type: none"> <li>Details of the monitoring and approval processes for the education and training providers including how the views and experiences of stakeholders and other quality assuring bodies are taken into account.</li> </ul>	<p> Action is taken through the quality assurance process through the application of requirements to ensure that providers take action to address any shortfall that may exist. There is also capacity within the SSSC Rules to call a programme review at any time if there is sufficient concern. In addition an investigation can take place where there is serious concern about a programme.</p> <p> The SSSC quality assurance and enhancement process was evaluated in 2016-17. The recommendations arising from the evaluation include rebalancing the review frequency to ensure that it is more proportionate to the level of presenting risk through becoming aligned to provider reviews which will streamline activity and prevent duplication. This is in response to stakeholder feedback and recognition of over burdening wider stakeholders such as service users, students and employers who are requested to attend all events. Providers' are required to report annually on progress and are enhancement themes to demonstrate that they continue to meet the Rules.</p>
<b>3. Action is taken if the quality assurance process identifies concerns about education and training establishments.</b>	<ul style="list-style-type: none"> <li>Details of how many assessments were undertaken, how many concerns were identified through the quality</li> </ul>	<p> Enhancement themes are introduced following review to ensure that legislation and practice are up to date.</p>



**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--












	assurance process and what action was taken to address these concerns.	 The approval process is integrated into the overall quality assurance handbook published on the SSSC website.
<b>4. Information on approved programmes and the approval process is publicly available.</b>	Details of how stakeholders can access the regulator's final assessments of education and training providers and the regulators' approval process. For example, through publication on its website.	 All quality assurance reports are presented annually to Council and published on the SSSC website.

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--













## SECTION THREE – REGISTRATION

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
<b>1 – Only those who meet the regulator’s requirements are registered</b>	Details of the checks carried out by the regulator to ensure that only those who are fit to practise are registered including revalidation/CPD checks	 1-2% sample of PRTL, currently under review  Qualification checks carried out in 100% of cases, where no qualification is held the worker is registered subject to a condition  Renew registration every 3-5 years when a full check is carried out to ensure the worker continues to meet the standards  Fitness to practise process for those where there is a concern
	Evidence of activity undertaken to ensure that only EEA and international registrants that meet the regulator’s standards, within the legal framework are registered	 Process in place to assess all international qualifications for social work applicants  Process in place to assess all EEA qualifications for all non-social work applicants  A full review of these processes is currently being undertaken
	How the case management system/process enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator	 Schedule of exception reports which are run regularly to identify any cases which have not followed the agreed process  Validation built into the system to prevent actions being taken which are outside the agreed process
<b>2 - The registration process, including the management of appeals, is fair, based on the regulator’s standards, efficient, transparent, secure and continuously improving</b>	Details of the registration process, including the management of appeals and how the regulator ensures that applications are processed efficiently	 Registration processes are all documented in detail in REGI the online registration manual  Appeals are to the Sheriff Court in Dundee and this is outlined in writing in every decision sent to an applicant or registrant

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--














		 Through running reports and analysing the data to identify areas for improvement, for example, looking at the further information requests and looking at ways to help people provide information first time round   Application panels dealt with by the fitness to practise process   Although processes are under constant review to identify efficiencies, a scheduled annual review of the end to end process should be undertaken
	How many registration applications were considered? How many appeals were considered? How many appeals were upheld?	 100% of applications are considered   No appeals of qualification conditions within the last 12 months.   Fitness to practise data on the number if application panel hearings held in last 12 months.
	How the processes and procedures in place are fair, objective and free from discrimination	 It is not a mandatory requirement that applicants/registrants provide equal opportunity information.   Equal opportunity information about an individual cannot be seen by anyone dealing with their application/registration   All changes to our processes follow a change procedure, included in that procedure is the requirement to undertake an Equality Impact Assessment.   Where fitness to practise concern, fitness to practise process is invoked.
	The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices	 Monthly operational performance reports run and reported to the Operational Management Team.   Joint working groups with employer representative bodies – Scottish Care, CCPS, SPDS this has resulted in changes to our system for example including the NI number on MySSSC for employers.



**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---











<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		 Analysis of repeated telephone calls and assessing what changes may be required.   Consult with other regulators on their processes and measure against our performance. This is currently done on an ad hoc basis. We need to look at a more formal process of doing this.
<b>3 - Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice</b>	The level of detail included on the register and the reasons for this, for example a Council decision, legislation, rules or the regulator's disclosure policy	 The public facing register is governed by statutory instrument number 2001/303. Name, register part, register number, town and whether registered, suspended or removed are visible. We are considering whether we should request that Scottish Government amend the legislation to permit warnings and conditions to be visible on the public facing register.   Publicity policy covers the approach to health removals.   warnings and conditions are currently available on the website
	Evidence of the regulator's compliance with its information security policies and with the relevant legislation. How many data loss/breach incidents have occurred?	 Data breaches are recorded. 9 data breaches in the last year.   Specific departmental procedures to be followed – such as always taking address from Sequence, carrying out security checks when phone calls are received   Regular review of data breaches, including a quarterly report to managers which is discussed at the Directorate Meeting. Stats are also monitored on a regular basis by a manager.   Data Protection policy for organisation   Mandatory annual training for all staff on data protection   Data Protection training carried out at the point of induction with all new staff   Dedicated information governance team in CGH, and embedded data breach procedure.   Clear desk policy, all information stored securely.

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---





<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

<b>4 - Employers are aware of the importance of checking a health professional's and social worker's registration. Patients, service users and members of the public can find and check a health professional's and social workers registration</b>	The activities undertaken to communicate to employers the importance of checking that a professional is no longer registered or not registered.	 Safer Recruitment guidance provides information to employers about employing registered workers  Joint guidance with the Care Inspectorate issued in August 2017  Employers have access to live registration data in MySSSC about their employees  Specific employers section on the website provides guidance
<b>5 - Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner</b>	How the regulators make their register available to the public, patients and service users. Evidence of the amount of contacts from public, patients and service users about the regulator's register.	 Public Facing Register is published on our website.  Public Register information can be provided through out enquiries line.  Information available from Comms on how many searches have been performed.
	Activities undertaken to identify non-registrants using a protected title or undertaking a protected act. Details of proportionate and risk based action taken to reduce the risk of harm to the public and damage to public confidence in the profession of non-registrants using a protected title or undertaking a protected act. For example, increasing public awareness of health professional and social worker registration and regulation, sending cease and desist letters, and fostering relationships with organisations that have a shared interest in preventing title misuse.	 Produced and distributed leaflets for members of the public about the Register. These were sent out to public libraries and doctors surgeries.  Where we are aware of a worker using a protected title whilst not being registered, they are referred to FtP.  Information available from Comms on how many searches have been performed.

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--












<b>6 – Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise</b>	Details of the regulator’s revalidation proposals	 A full review of PRTL is being undertaken.
	Details of how the regulator ensure that continuing professional development is targeted towards the registrant development their skills and knowledge in their areas of practice and that public protection ins priorities. For example, how many audits were carried out, were issues identified and how were those addressed?	 The Registration Rules state “Every social service worker registered with the Council shall, within the period of registration, complete a specified number of hours of study, training, courses, seminars, reading, teaching or other activities which could reasonably be expected to advance the social worker’s professional development, or contribute to the development of the profession as a whole.”   Requirement for Registrants to record their CPD activity to meet the minimum hours for their part of the register. Social Workers and Newly Qualified Social Workers need to demonstrate how they protect both children and adults from risk of harm in addition to wider CPD requirements. PRTL’s are verified by Learning and Development Advisers with resubmission requested where this is not achieved.   Alternative to PRTL being developed to more effectively address CPD within the sector through involvement of employer revalidation.

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--






## SECTION FOUR – FITNESS TO PRACTISE

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
<b>1 - Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant</b>	Activities undertaken to publicise how all individuals, including those with particular health or language needs, and organisations can raise concerns about the fitness to practise of health professionals and social workers and the evaluation of this work. For example, publication of public information/employer leaflets, information available via the telephone or email and liaison with other organisations.	 Guidance on website including dedicated guidance for employers, Higher Education Institutions and members of the public/users of services.  No restrictions on how these concerns can be raised (such as requirement to put it in writing or provide evidence).  Intake and Engagement team take enquiries and provide advice/guidance.  Table 1 – referral medium – demonstrates that we accept referrals from a wide variety of mediums and no requirement to fill in specific form etc.  Information on third party websites about the SSSC and how to make a referral: Scottish Public Services Ombudsman (SPSO), Citizen's Advice Bureau (CAB).  Care Inspectorate (CI) does not have clear signposting information on their website. This has been highlighted to them.  Chase up CAB to improve info on their website.
	Examples of where the regulator has raised and taken forward a fitness to practise concern itself. For example, the number of cases taken forward and the reasons for this.	 Table 2 – referral source – shows 295 cases in last year as a result of internal referrals. This is 11% of all referrals and demonstrates that we take forward cases even where there is no external referral.  Table 3 – internal referral outcome. 3% of cases have resulted in a sanction/refusal of registration.  Table 4 demonstrates the referral grounds for internal referrals (mostly failure to register, late application etc).  Work planned to identify any referrals arising from the Scottish Child Abuse Inquiry and progress these

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
**Jan 2017**

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		appropriately.
	Examples of the regulator's work with other relevant bodies on when to refer fitness to practise complaints. For example, evidence of liaison with other organisations and feedback from these organisations on the effectiveness of this help.	 Regular stakeholder engagement with focussed discussion on referrals: <ul style="list-style-type: none"> <li>• Jan/Feb 2017- 4 -Awareness raising session for the Care Inspectorate staff across the country</li> <li>• Own referral form and guidance for Care Inspectors to make referrals to SSSC – on our website and their own intranet</li> <li>• SPSO-Nov16-Feb17 Steering group for new social work complaints handling model, Feb 2017 drafted Memorandum of Understanding (getting signed w/c 15 Jan 18), March 2017 met with SPSO staff to agree process of info sharing, signposting and understanding each other's referral criteria and who goes first /when, May 17- SPSO staff shadow I&amp;E staff, November 17- I&amp;E staff shadowing SPSO staff</li> <li>• April 2017- Citizens Advice Service- Updated training module for staff re when and what to refer to SSSC for MoP complaints and overview of process if supporting reg/ apps subject to our proceedings</li> <li>• Info sharing with Disclosure Scotland re Protection of Vulnerable Groups (PVG) scheme members</li> </ul>  Recent survey to identify how effective the available guidance is and where stakeholders are sourcing it from. Results to be analysed and improvements identified.  Ongoing work with Care Inspectorate complaints team to improve referrals rate from CI – hope to demonstrate improvement over the coming months via report to joint Executive Management Team.  We have received 0 complaints about our referrals process.  We have considered whether we need to do some work on service user/carer/family ability to reference (awareness raising). This is a difficult balance to be struck as so few complaints from this source result in a sanction that we do not wish to raise expectations. The nature of social care is also such that service users are often by default vulnerable and we do not wish to raise concern or alarm amongst people that carers may be "bad". We consider that the existence of appropriate sign-posting from other organisations (such as CAB, CI and SPSO) provides a good balance.












**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

**2 - Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within relevant legal frameworks**

Examples of information that has been shared between the regulators and other relevant bodies, within legal requirements, on the fitness to practise of individuals and the results of this work. For example, exchange of information through memoranda of understanding and, where possible, discussion on what use was made of this data











-  44 referrals to CI
-  3 referrals to PVG
-  11 requests for information from Police Scotland processed. Four of these related to historical child abuse. We have released information (where it is available to us) in all but one of those instances. In the one where we did not share information, this was an employer's investigation report and we directed the police to request that from the employer.
-  We post alerts to the European Union under the European Alert System, about social workers who are removed or suspended from our register, or who have Fitness to Practise conditions placed on their registration. We also share information with the three other UK social services regulators.
-  Ongoing cases where we are sharing information with / working alongside Northern Ireland Social Care Council and Social Care Wales.
-  MOU with General Teaching Council Scotland, Care Inspectorate.
-  We actively notify the Care Inspectorate about any managers who are removed or suspended from our register (whether or a temporary or permanent basis).
-  Between 1 December 2016 and 30 November 2017, we opened 1456 cases that were not referred to us by an employer. In those cases, we wrote to the employer to advise them that a referral had been received.
-  All Notices of Decision are sent to the worker's most recent employer
-  Between 1 December 2016 and 30 November 2017, we dealt with 369 complaints from members of the public. 80 cases were opened as a result of this. Of those that did not result in a case being opened, 141 were signposted to other agencies and 20 were referred by us to a third party.
-  Work progressing with CI in particular to assess helpfulness of referral information and develop to share intelligence



**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---








<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

<p><b>3 - Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate direct the person to another relevant organisation</b></p>	<p>Examples of where serious cases have been identified, prioritised and, where possible, referred to an interim orders panel. For example, the number of cases identified and the process for how this is carried out</p>	<p> Table 6a and control chart 11 shows that for all referrals received by Fitness to Practise, an initial risk assessment is carried out within around two days.</p> <p> Table 6b shows that the number of "high risk" cases identified by Fitness to Practise is stable and has not decreased as a result of the model move to fitness to practice.</p> <p> Between 1 December 2016 and 30 November 2017, 606 Level 2 risk assessments (L2RA) were completed. Table 9 shows that 152 (25%) resulted in a request for a temporary order and that 84% of those applications were successful, either by the worker consenting or the panel granting the order. This shows that we are only referring cases for temporary orders when it is appropriate for us to do so.</p> <p> Table 6 shows that it takes an average of 29 days from the receipt of the complaint to reach a decision about whether to seek a temporary order. Table 11 also shows that it takes on average 85 days from the initial notification date to get a decision on whether a temporary order is to be imposed or not. This shows that high risk cases are progressed quickly within Fitness to Practise but the majority of delay in imposing an order comes from the practicalities thereafter. We do have to review this data.</p> <p> 721 cases that were closed by I&amp;E because they were below thresholds, not misconduct or there was no impairment showing a proportionate, risk-based early filtering.</p> <p> The decision form used by case holders includes a detailed analysis of the allegation, the evidence and the appropriate outcome.</p> <p> Quality Assurance (QA) process for staff before they can make independent decisions about cases.</p> <p> Certain types of case require sign off by a senior due to type of impairment or complainant type.</p> <p> For screening decisions – all referrals reviewed and signed off by a senior solicitor or a senior investigator/manager with social work experience or experience of a management position in the sector.</p> <p> Between 1 December 2016 and 30 November 2017, we dealt with 441 complaints from members of the public. 72 cases against registered worker were opened as a result of this. Of those that did not result in a case being opened, 141 were signposted to other agencies and 20 were referred by us to a third party</p>
---	--	---

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---







<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	<b>I</b> <b>Improvement in progress</b>	<b>X</b> <b>Action needed</b>
-------------------------	---	---	-------------------------------

		<b>I</b> We don't currently carry out any external quality assurance of screening decisions or external quality assurance of case decisions – the Professional Standards Authority have reviewed similar processes and placed a lot of weight on this to show compliance with this standard. We have a project this financial year to commence external audit. Team are currently considering options and costs.
<b>4 - All fitness to practise complaints are reviewed on receipt and serious cases are priorities and where appropriate referred to an interim orders panel</b>	Examples of where serious cases have been identified, prioritised, and, where possible, discussion on what use was made of this data.	<p> Control chart 11 shows that cases are assessed by Fitness to Practise's Intake and Engagement Team within around two days of receipt. This demonstrates that all cases are assessed timeously.</p> <p> Control chart 14 shows that of the cases assessed as high risk, they are assessed by a solicitor within 48 hours. This demonstrates that high risk cases are urgently considered by a solicitor to decide where a temporary order can/should be requested.</p> <p> T1 form requires an assessment of risk to be made by a Senior Investigator and reasons for this. There is a QA process for T1 forms.</p> <p> A Level 2 Risk Assessment (L2RA) form is completed in all high risk cases. This requires an assessment of risk and evidence by an Investigator and Solicitor. There is a QA sign off process for L2RAs.</p> <p> PSA comparator No.5 - timescales from receiving a complaint to making a decision about an IO. This shows that we take significantly more time to do this than other regulators – around 22 weeks. We are followed by HCPC, who take around 19 weeks. It should be noted, however, that our Fitness to Practise Rules provide that we have to give workers a minimum of 28 days' notice prior to a temporary order hearing. Most other regulators do not have this same requirement. There are also comparison issues. For some of our cases risk arises during the lifetime of the case when information is received.</p> <p> Table 7 – timescales from decision to seek an order to decision on whether to grant an order. This shows that from the point a decision is made to seek a temporary order, it takes an average of 43 days for a decision to be made on whether to grant the order. The table below, however, also shows that hearings are requested within around 3 days of a decision to seek an order, so there is no delay in terms of requesting the hearing itself. 28 days' notice of the hearing is required and a further 7 days is allowed for the notice to be issued. Therefore only 8 days additional time is required, which is appropriate for paperwork and scheduling.</p> <p> Table 8 – number of adjournments of interim order hearings and reasons. This shows that only 18 out of 117 requests for a temporary order resulted in the hearing being adjourned – so most panels conclude without adjourning and make a quick decision in relation to the application for a temporary order.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---












<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		<p> Table 9 –rates of applications for temporary orders being granted. This shows that only 16% of overall applications for TOs are refused by panels. Too many refusals and consideration should be given to the proportionality of the approach. Too many grants of an order would suggest that we are not erring on the side of public protection. There is no magic number but 16% feels reasonable.</p> <p> Table 5 shows that it takes on average 25 days from Initial Notification Date for an IO to complete a L2RA. This includes cases which were not identified as high risk where the case was initially referred to us. More work needs done to look at the time taken both situations.</p> <p>Health and Care Professions Council (HCPC) has been criticised by the PSA for high IO success rates on basis that this suggests applications are only being made where there is a certainty that an order would be imposed (instead of when a case presented a risk that warranted an interim order). It's unclear, however, whether this is based on a prediction that the panel would not impose an order, as opposed to there being a lack of evidence to support an order being granted. If it is the latter, then this would not sit alongside the legal requirement to have a <i>prima facie</i> case. As discussed above, only 16% of our overall applications are refused by panels. We are not concerned about this as it shows we are not referring cases unnecessarily and not compromising public protection.</p> <p>PSA have also been critical where risk assessments result in a low risk rating on the basis of a lack of information, as opposed to an assessment of the seriousness of the concerns. This was previously an issue for us but we introduced a new L2RA form as part of the model move which we think has addressed this issue.</p>
<b>5 - The fitness to practise process is transparent, fair, proportionate and focused on public protection</b>	How the case management system /processes enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator.	<p> Current CRM system (Sequence) allows us to collect and view data in real time. We are able to pull a huge variety of statistics to show how cases are being progressed and specific dashboard have been created to allow managers/seniors to appropriately manage workloads and address any performance issues. This includes comparison of case outcomes by case holder, thus showing whether any particular case holders have a grossly different number of outcomes to others.</p> <p> Table 10 – 63.3% of hearings resulted in the outcome that the Fitness to Practise Department considered to be appropriate at the conclusion of its investigation. This shows that in the majority of cases, we are making defensible decisions that are consistent with the standards applied by panels.</p> <p> 78% of cases where a temporary order was granted concluded with a sanction. 75% of those sanctions were removals. This shows that we are not needlessly taking cases to a temporary order hearing.</p> <p> In 2016, the organisation published detailed statistics on its work which included data on the profession and fitness to practise proceedings. An updated version of this document will be published in due course.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---












<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		<p> The system is heavily reliant on user input of data, sometimes in multiple places which can lead to user error. The new case management system should address this.</p>
	How the processes and procedures in place are fair, objective and free from discrimination.	<p> Anyone can make a referral via any medium – prevents any discrimination with relation to language / disability barriers etc.</p> <p> Decisions Guidance used by solicitors/investigators is publicly available. Helps to ensure consistent and objective decision-making which is not based on bias or discrimination.</p> <p> L2RA and decision forms specifically require the case holder to think about and outline any public protection concerns.</p> <p> L2RA and decision forms specifically require case holder to outline what factors they have considered and why the proposed action/sanction is appropriate.</p> <p> Conditions bank in I&amp;E and process for the Learning and Development team to draft where more complex.</p> <p> Publication of decisions on the website and the Public Facing Register (PFR) including details of any conditions that have been imposed.</p> <p> Analysis of evidence is required for each allegation, therefore ensuring a defensible, reasoned decision if any part is “dropped”.</p> <p> Workers are encouraged to get support from the beginning of the FtP process, through the factsheet that is sent out with the initial correspondence.</p> <p> We seek worker’s comments on allegations and these are taken into account as part of the case decision.</p> <p> We have a departmental equalities group who has identified that men are disproportionately represented in FtP proceedings. Work is ongoing to understand the reasons for this and to identify any action that we may need to take as a result.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---












<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		<p> All decisions to impose a sanction are signed off by seniors and the draft offer is approved by a manager.</p> <p> Appeal is by summary application to the Sheriff Court and therefore available to all without requiring legal representation.</p> <p> PSA look at practice notes as part of this. Introduction of ours is planned but has not commenced due to staff changes and focusing on introduction of legally qualified chairs. Interesting to note that they recently criticised the HCPC "proceeding the absence" practice note because it did not specify whether public protection or fairness to the worker was the priority for panels (presumably, because the answer will not always be the same and has to be decided on a case by case basis).</p>
	Activities undertaken to meet the individual needs of parties to the fitness to practise process, particularly those who are vulnerable, and the outcomes of this work. For example, use of video link facilities, witness support arrangements, participant feedback surveys and number of complaints from participants about lack of support.	<p> Targeted materials on the website for those participating in the FtP process, including workers and witnesses – includes factsheets and hearings video to demonstrate who will be present and what their roles are.</p> <p> Requirement under the Fitness to Practise Rules for parties to send information about vulnerable witnesses and whether any special arrangements should be made for them.</p> <p> Use of video conferencing, remote locations, witness supporters, screens, interpreters .</p> <p> Use of witness feedback form – currently being reviewed/updated.</p> <p> Due to carry out survey of those involved in the process (workers, complainants, witnesses, employers).</p> <p> We regularly meet with stakeholders and note face to face feedback on our processes. There is a system in place for us to record this and taken any action we consider to be appropriate (for example, recent feedback from a worker's witnesses identified a gap in our processes which we are working with CGH to resolve).</p> <p> There is a strong focus in the current Strategic Plan on supporting people through our processes (see Strategic Priority 2).</p> <p> We are working alongside trade unions and law clinics to improve access to representation for workers.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--







		 Staff in CGH have received training from Victim Support Scotland.   Case holders give special consideration to support methods when interviewing vulnerable witnesses, such as the use of a supporter.
<b>6 - Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders</b>	Examples of how the case management system and case management process helps prevent excessive delay and manages identified delays. Information on current timeframes and/or delays in the system.	 Average stats.  Exception reports on cases not moving.  PSA comparator No.3 - timescales from receipt of initial complaint to final investigating committee/case examiner decision. This shows that we are concluding cases (on average) more quickly than most other health regulators, with the exception of the General Osteopathic Council and the Northern Ireland Social Care Council – both of whom are smaller than the SSSC.  PSA comparator No.4 – timescales from receipt of initial complaint to final fitness to practise hearing. This shows that we are concluding our investigations and referring to a hearing more quickly than most other regulators.  PSA comparator No.5 - timescales from receiving a complaint to making a decision about an IO (discussed above).  Table 12 - number of cases that are over 1 year, 2 years and 3 years, comparison to previous two years. This shows that these have significantly reduced over the last three years.  Table 13 - number of review temporary orders, comparison to previous two years (need to take into account longer periods of initial orders being granted and differences in systems – e.g. some regulators get 18 months and have to apply to court after this time for a review).  Introduction of impairment reviews to ensure cases are being reviewed regularly and closed if there is no longer an allegation of current impairment.  Introduction of a new case management system in 2018 which will assist case holders with managing their case loads and speed up/improve many of our processes (such as sending updates automatically, permitting



**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	<b>I</b> <b>Improvement in progress</b>	<b>X</b> <b>Action needed</b>
-------------------------	---	---	-------------------------------

		electronic exchange of information, slicker management for caseholders and oversight for seniors).
<b>7 – All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process</b>	Examples of how the regulator ensures that all parties are regularly updated on progress of the fitness to practise case. How many complaints are received about lack of update notification	<p> Case holders required to update workers every two months – box in Sequence to enter last contact and generates when next update is due. Number of outstanding updates monitored by seniors/managers.</p> <p><b>I</b> Project ongoing at the moment to identify how best to keep other stakeholders informed (such as witnesses).</p> <p> Hearings guide for unrepresented workers – sent by clerks and explains the hearing process.</p> <p> Use of interpreters in hearings / translation of documents.</p> <p> Up to date guidance on website for witnesses coming to a hearing.</p> <p><b>I</b> Due to carry out survey in the new year of those involved in the process (workers, complainants, witnesses, employers).</p> <p> Workers are notified as standard when a complaint is received/case opened.</p> <p> Quality of correspondence – approved by Communications department, written in plain English, standardised font/size, no use of justification. Also reviewed by stakeholders for comment. Use of factsheets.</p> <p><b>I</b> Introduction of a new case management system in 2018 which will assist in improving our interaction with workers and ensure that regular updates are given. We also hope to introduce a portal that will allow automated updates to workers, including via text message.</p> <p><b>I</b> We have received 5 (out of 52) complaints about lack of updates. Case management will improve and automate this process.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---














<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	<b>I</b> <b>Improvement in progress</b>	<b>X</b> <b>Action needed</b>
-------------------------	---	---	-------------------------------

<b>8 - All fitness to practise decisions made at the initial and final states of the process are well reasoned, consistent, protect the public and maintain confidence in the profession</b>	<p>The appointment and appraisal process for committee members, panellists and advisors to fitness to practise cases. Relevant training, guidance and feedback provided to committee members, panellists and advisors to fitness to practise cases. How this has helped improve decision making.</p>	<p> Panel members and Legally Qualified Chairs (LQCs) appointed through fair and open recruitment, based on merit.</p> <p> Regular training twice per year for panel members and LQCs.</p> <p> Feedback mechanism to deal with issues of concern in place. New appraisal system to be put in place following the appointment of LQCs.</p> <p> Guidance and materials given to panel members at induction and subsequent training.</p> <p> Head of FtP and Head of Corporate Government and Hearings (CGH) meet every month to discuss cases and improve decision-making of panels. Controversial decisions are fed in via the hearing notes prepared by solicitors .</p> <p><b>I</b> No formal system of quality assurance of panel decisions. Issues dealt with an individual basis. Plan to improve the system to provide constructive, arms' length scrutiny.</p>
	<p>Evidence of steps taken to identify and mitigate risks in fitness to practise decisions, for example, outcomes of the regulators' quality assurance of decisions, number of appeals and their outcomes. How learning from this process is used to improve decision making.</p>	<p> Only one appeal ran to substantive hearing during this time period – appeal was dismissed. (One appeal has concluded following time-period covered which was successful. Waiting on detailed decision to identify learning)</p> <p> We recently took external legal advice on the possibility of judicially reviewing a panel decision.</p> <p> QAing of all case holder decisions until signed off as competent. Feedback given to case holder by senior, to assist them in improving their decision-making.</p> <p> Structured decision-making through departmental decision form – specifically requires the case holder to consider the decisions guidance, which helps to ensure consistent and well-reasoned decisions.</p> <p> All draft Notices of Decision for sanctions/temporary orders are signed off by Managers.</p> <p> All high risk/member of the public complainant/practice failing/historic abuse cases require senior sign-off at point key decisions are made.</p>

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
Jan 2017

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---








<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		 All cases that are referred to a panel have a case conference with a senior at the point of making the decision to refer to a hearing where high risk areas are discussed in detail and recorded.   Project due to start which will look at how we can learn from outcomes of cases and improve how we investigate them.   Practice notes to be implemented.   Quality Assurance of decisions to be implemented.
<b>9 - All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders</b>	The regulator's disclosure policy in relation to fitness to practise proceedings and the disclosure of fitness to practise information to third parties.	 Public Information Policy on website.   Notices of Decision for registered workers are published on website. These are redacted, in line with our data protection obligations.   Notices of Decisions are sent to workers, employers, complainants and (if applicable) Higher Education Institutions.   Inclusion of case outcomes in the eBulletins – targeted at particular stakeholders.   Ongoing work on publishing applicant decisions and appeals in a redacted way.   Case holders liaise with employers to identify if any service users may be adversely affected through the publication of a decision and what steps can be taken to mitigate this.
<b>10 -Information about fitness to practise cases is securely retained</b>	The regulator's information security policies and compliance with the relevant legislation. How many data loss/breach incidents have occurred.	 Data breaches are recorded. 39 data breaches in the last year. Only one "serious" breach that was reported to the Information Commissioner's Office (ICO).   Specific departmental procedures to be followed – such as always taking address from Sequence, carrying out security checks when phone calls are received.   Regular review of data breaches, including a quarterly report to managers which is discussed at the

**EDUCATION AND TRAINING - MAPPING TO STANDARDS**  
**Jan 2017**

<b>STANDARD LEGEND:</b>	<b>Standard met</b>	<b>Standard met but improvement needed</b>	<b>Standard not met, urgent action required</b>
-------------------------	---------------------	--	---

<b>EVIDENCE LEGEND:</b>	 <b>Already Doing</b>	 <b>Improvement in progress</b>	 <b>Action needed</b>
-------------------------	---	--	--

		<p>Directorate Meeting. Stats are also monitored on a regular basis by a manager.</p> <ul style="list-style-type: none"> <li> Data Protection policy for organisation.</li> <li> Mandatory annual training for all staff on data protection.</li> <li> Regular training sessions: <ul style="list-style-type: none"> <li>Publicity – 3 March, 10 March, 22 March, 22 April – mandatory for all case holders, Strategic team and 2 pool assistants who cover the website. 48 attended out of 53 (90.5%).</li> <li>General Data Protection Regulations– 31 August, 7 September, 11 September, 5 October – mandatory for all staff. 60 out of 74 (81%).</li> <li>ICT data security – 28 August, 21 September, 30 October - 62 out of 74 (83.7%).</li> </ul> </li> <li> Dedicated information governance team in CGH, and embedded data breach procedure.</li> <li> Clear desk policy, all information stored securely.</li> <li> Decision of ICO to uphold SSSC decision not to release hearing transcripts.</li> <li> Case Management system will reduce manual input and duplication of data, alongside enabling secure sharing of data which should reduce the number of data breaches.</li> </ul>
--	--	---