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# Directorate for Internal Audit and Assurance

## Internal Audit Report

### Social Security Scotland 2023-24

#### Safeguarding

Directorate for Internal Audit and Assurance

Issue Date: 9-02-2024

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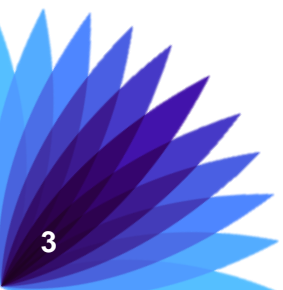
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\* Final Report only

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## 1. Introduction

### 1.1. Introduction

This Internal Audit review of Safeguarding formed part of the Audit Plan agreed by the Accountable Officer and noted by the Audit and Assurance Committee on 21st March 2023. The Accountable Officer for Social Security Scotland is responsible for maintaining a sound system of governance, risk management and system of internal control that supports the achievement of the organisations policies, aims and objectives.

### 1.2. Audit Scope

The scope of this review was to evaluate and report on the controls in place to manage the risk surrounding Social Security Scotland’s safeguarding arrangements.

The agreed Terms of Reference for this review is attached at [Annex B](#).

### 1.3. Assurance and Recommendations

Assurance Category	Limited		
Recommendations Priority	High	Medium	Low
	4	4	0

Our review has identified four high and four medium priority recommendations. A limited assurance rating has been provided. There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.

The rationale for this is that while the process and a system for identifying and reporting risk of harm concerns in Social Security Scotland is in place, our review found that there are gaps in the governance and control arrangements and the established processes are not sustainable in the longer term. The legal gateway for sharing safeguarding information by Social Security Scotland is still to be

established; as a result, some operational policies and documented procedures have not yet been developed and an interim process is currently being followed. Current safeguarding guidance and training for staff in Social Security Scotland is insufficient and our review found instances of noncompliance with safeguarding procedures and inefficiencies in the referral process due to lack of understanding. The tool used by the Safeguarding team to manage safeguarding referrals was launched with limited functionality which resulted in the Safeguarding team developing manual processes (i.e. using Outlook as a case management tool and manual spreadsheets to manage cases and to produce statistics and reports). Furthermore, there is a system disconnect between the safeguarding tool and SPM and the safeguarding tool does not allow for sharing safeguarding risk of harm concerns with third parties which both result in resource intensive manual processes being required. We however note that there are planned improvements to the safeguarding tool/system which will allow for more efficient case management of safeguarding referrals.

Safeguarding is currently on the Social Security Scotland strategic risk register and being discussed by the Risk Group on a monthly basis, which demonstrates that risks associated with the safeguarding function have been escalated. We would also like to praise the efforts of the Safeguarding team who, while waiting for improvements that are outwith their control, have developed ways of working until a legal gateway is clarified, operational policy is in place and until systems are developed to fit the needs of the Safeguarding team and the organisation.

Findings are summarised against recommendations made in the [Management Action Plan](#).

Full details of our findings, good practice and improvement opportunities can be found [in section 3 below](#).

Please see [Annex A](#) for the standard explanation of our assurance levels and recommendation priorities.

## 2. Management Action Plan

### 2.1. Management Action Plan

Our findings are set out in the Management Action Plan below:

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
1	<p><u><a href="#">Social Security Scotland's Safeguarding Role and Supporting Legislation</a></u></p> <p><b>Issue:</b></p> <ul style="list-style-type: none"> <li>The legal gateway and methods for data sharing are still to be formally established.</li> <li>There are conflicting views on the role of Social Security Scotland and the responsibilities of the Safeguarding team, especially in relation to which organisations safeguarding information should be shared with.</li> </ul>	<p>A) Management to review and clarify the strategic intent and role of Social Security Scotland and its Safeguarding function to ensure established arrangements enable the organisation to meet its Duty of Care responsibilities and registered staff adhere to the relevant professional bodies codes of conduct.</p> <p>B) The outcome of the review should be communicated to all relevant stakeholders to</p>	H	<p><b>Management Response:</b> Recommendations accepted</p> <p><b>Action Owner:</b> Deputy Director H&amp;SCO Gayle Devlin [Redacted]</p> <p>Cross-Agency co-dependency responsibilities: Stakeholders Scottish Government Policy: [Redacted] Social Security Scotland Policy: [Redacted] Social Security Scotland, Chief Digital Office: [Redacted] Product Owner, [Redacted] Information Governance (Programme) [Redacted]</p> <p>A) &amp;C)</p>	<p>June 2024</p>

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>Please see paragraphs 3.2.1 – 3.2.3 for more detail.</p> <p><b>Risk(s):</b> Inadequate arrangements for data sharing impacting Social Security Scotland’s ability to meet its duty of care responsibilities and/or increased risk that a data breach occurs.</p>	<p>prevent any further misunderstandings.</p> <p>C) Once agreed management should ensure appropriate legislation is in place to support the delivery of the service. This should include legislation which provides an appropriate legal gateway for the sharing of relevant information with appropriate stakeholders.</p>		<p>A formal review paper will be produced to outline options and requirements, to incorporate newly established legal requirements for presentation to Executive Leadership to seek direction on proposed interim/future model of Safeguarding delivery within Social Security Scotland</p> <p>B) Direction arising from Executive team review will be shared across all stakeholder groups, with implementation of actions commenced</p> <p>C) Programme Information governance currently engaging with COSLA and Local Authority representation to establish data sharing agreement requirements to facilitate information sharing with local authorities and DWP</p>	<p>June 2024</p> <p>June 2024</p> <p>June 2024</p>
2	<p><a href="#">Safeguarding Policy and Guidance</a></p> <p><b>Issue:</b></p>	<p>A) Management should ensure appropriate policy and/or</p>	H	<p><b>Management Response:</b> Recommendations accepted</p>	<p>June 2024</p>

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>Operational policy and guidance for deciding outcomes of safeguarding assessments and sharing safeguarding information have not yet been developed.</p> <p>Insufficient or ineffective processes for assessing safeguarding needs and ensuring referrals are made to the appropriate organisations.</p>	<p>strategy and operational guidance is in place to support the delivery of the safeguarding service. This should include guidance on deciding outcomes of safeguarding assessments and methods for sharing relevant information with appropriate stakeholders.</p> <p>B) Appropriate training should also be put in place to ensure all staff are aware of the correct practices to be followed.</p>		<p><b>Action Owner:</b> [Redacted] [Redacted] (Policy) [Redacted] (product owner)</p> <p>A) This will be obtained from policy colleagues for review and will encompass legal requirements</p> <p>B) This will be included in new training development for cross organisational roll out Guidance will be reviewed to reflect process identified in review at 1A&amp;C</p>	
3	<p><a href="#">Guidance for staff outwith the Safeguarding Team</a></p> <p><b>Issue:</b> Findings from our testing highlighted that guidance for staff across Social Security Scotland is not sufficient to ensure staff making</p>	<p>Management should ensure all relevant colleagues have access to appropriate guidance and know where to find further information in relation to Safeguarding and Risk of Harm, should it be needed.</p>	H	<p><b>Management Response:</b> Recommendation Accepted</p> <p><b>Action Owner:</b> [Redacted]</p>	August 2024



No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>referrals, and those approving safeguarding referrals, fully understand when, or when not, to make a safeguarding referral and the level of detail required when submitting a referral.</p> <p><b>Risk:</b> Insufficient guidance in relation to safeguarding and risk of harm resulting in Social Security Scotland being unable to meet its duty of care responsibilities.</p>			<p>Guidance will be reviewed as part of recommendation and action owners in 2 A)&amp; B)</p> <p>Work underway to ensure guidance is on Saltire as well as IKM to ensure this is accessible by all in Agency</p> <p>This will additionally be referred to within new training delivery</p>	
4	<p><a href="#">Safeguarding Training</a></p> <p><b>Issue(s):</b></p> <ul style="list-style-type: none"> <li>Current training in relation to safeguarding is insufficient to ensure all staff are aware of and comply with the processes to be</li> </ul>	A) Planned action to improve the training for colleagues across Social Security Scotland in relation to safeguarding and risk of harm should continue to be progressed.	H	<p><b>Response:</b> Recommendations Accepted</p> <p><b>Action Owner:</b> [Redacted]-Learning &amp; Leadership [Redacted] – Communications</p>	June 2024

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>followed for making a safeguarding referral.</p> <ul style="list-style-type: none"> <li>There is no formal feedback mechanism to provide feedback to staff who raise safeguarding referrals</li> </ul> <p>Please see paragraphs 3.2.7 to 3.2.9 for more detail.</p> <p><b>Risk:</b> Lack of training, knowledge and understanding of safeguarding and risk of harm by colleagues across Social Security Scotland resulting in referrals not made timely or not at all.</p>	<p>As part of this management should ensure all relevant colleagues have completed any required training and know where to find further information should it be needed.</p> <p>B) Management should consider developing a feedback mechanism for staff who raise safeguarding referrals to aid continuous improvement and better inform learning and development needs.</p>		<p>A)</p> <ul style="list-style-type: none"> <li>Evidence based, mandatory NHS NES Public Protection e-learning, that meets the recommendations will be implemented across the agency</li> <li>Separate, supplementary cross-agency, practical facilitated training, with guidance resource and Safeguarding cases &amp; referral information will be produced through cross collaboration with CSD and delivery will commence</li> </ul> <p>B)</p> <ul style="list-style-type: none"> <li>Development of feedback mechanism to be implemented to support continuous improvement and development of appropriate referrals</li> </ul>	<p>June 2024</p> <p>June 2024</p>
5	<p><a href="#">Raising Awareness of Safeguarding Roles and Responsibilities</a></p>	<p>Management should take action to ensure there is sufficient</p>		<p><b>Recommendations Accepted</b> <b>Action Owner:</b> [Redacted]</p>	

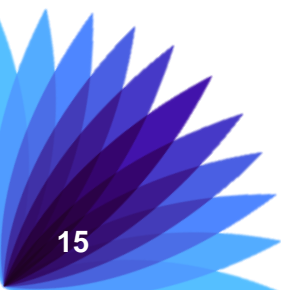
No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p><b>Issue:</b> Arrangements for raising awareness of Social Security Scotland and individual staff roles and responsibilities in relation to safeguarding are in need of improvement</p> <p><b>Risk:</b> Lack of understanding of roles and responsibilities in relation to safeguarding and risk of harm by colleagues across Social Security Scotland resulting in increased risk to clients' safety.</p>	<p>awareness of individual and collective roles and responsibilities in relation to safeguarding clients at risk of harm.</p> <p>This could include development of a specific saltire page for staff to access for further information and links to relevant policy, guidance and training.</p>		<p>[Redacted]- Communications</p> <ul style="list-style-type: none"> <li>• Design &amp; Development of a Safeguarding Saltire Page giving access to guidance, promote utilisation of this space to maintain awareness of roles/service/guidance to minimise risks</li> <li>• This will be re-iterated across all training sessions</li> </ul>	September 2024
6	<p><a href="#">Resource management and Key Performance Indicators</a></p> <p><b>Issues:</b></p>	A) Assumptions used for future projections/resource modelling should be reviewed to ensure that	M	<p><b>Management Response:</b> Recommendations Accepted</p> <p><b>Action Owner:</b></p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<ul style="list-style-type: none"> <li>Future projections/resource modelling does not include estimates of when volumes are expected to level off/decrease or the impact that improving safeguarding guidance and training may have.</li> <li>Data in relation to time spent on each safeguarding case is being recorded, but this is not yet used to identify longer term resource needs and no specific key performance indicator and means of reporting against this were in place. This would be helpful for managing performance, quality, and productivity.</li> </ul> <p><b>Risk:</b> Established processes, controls and resource modelling arrangements</p>	<p>these consider future estimates of safeguarding referrals based on i.e. new Social Security Scotland benefits being introduced and impact of improving safeguarding guidance and training, etc.</p> <p>B) The Safeguarding team should consider introducing key performance indicators that are specific, measurable, attainable, relevant, and timely, to help measure performance, quality and productivity, to inform longer term resource needs and to allow for reporting against established targets.</p>		<p>[Redacted] [Redacted] – Social Security Scotland Modelling [Redacted]</p> <p>A) Progress/produce modelling requirements outlined in recommendation</p> <p>B) Key Performance/Quality Indicators. Development and Introduction to Safeguarding Delivery following review approval outlined in 1 A) &amp; C)</p> <p>Strategic Workforce Planning will assist in assessing how/if any modelling outputs and longer term resource needs can be accommodated across the overall organisational complement.</p>	<p>April 2024</p> <p>October 2024</p>

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	are not sustainable in the long term as the organisation, the number of benefits delivered and the volume of clients continues to grow.			Organisation Design will support work in developing performance and measures.	
7	<p><a href="#">Approval checks</a></p> <p><b>Issue:</b> All safeguarding referrals require sign off by a Senior Safeguarding Practitioner however this may not be the most efficient and effective use of resources.</p> <p><b>Risk:</b> Established processes and controls are not sustainable in the long term as the organisation, the number of benefits delivered, and the volume of clients continues to grow.</p>	Current arrangements for approving 100% cases by a Senior Safeguarding Practitioner should be reconsidered as a monthly quality check by the Safeguarding senior team is already in place and this has not been identifying a significant number of issues.	M	<p><b>Management Response:</b> Recommendation Accepted</p> <p><b>Action Owner:</b> [Redacted]</p> <p>Processes will be reviewed with additional randomised audit activity to be introduced for delivery by the Safeguarding Senior Practitioners to maintain oversight of quality.</p> <p>System design has this process built in, interim arrangement to implement suggestion will be put in place. Longer term will look at process to be removed from PP-CM system</p>	June 2024
8	<p><a href="#">Safeguarding tools/systems</a></p> <p><b>Issues:</b></p>	A) Management should investigate to determine if there are	M	<p><b>Response:</b> Recommendation Partially Accepted</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<ul style="list-style-type: none"> <li>Processes being established in relation to High Value Payments. is limited by the functionality of SPM,</li> <li>There is a system disconnect between SPM and Public Protection Case Management meaning safeguarding cases cannot be flagged in SPM.</li> <li>Once regulations and operational policy are agreed changes may be needed to systems and their use to meet the needs of the Social Security Scotland.</li> </ul> <p>Please see paragraph 3.2.15 to 3.2.18 for more detail.</p> <p><b>Risks:</b> Systems and tools for managing risk of harm referral caseloads are</p>	<p>possible solutions to the deficiencies with PPCM and SPM.</p> <p>B) Once regulations, operational policy and the role of the Safeguarding function in Social Security Scotland are formally agreed, user research should be undertaken to help ensure that current systems and their use meet the needs of the service.</p>		<p><b>Action:</b> Gayle Devlin, [Redacted] , Chief Digital Office &amp; Internal Policy</p> <p>Competing business priorities and finite resources will influence the ability to progress this recommendation.</p> <p>PP-CM &amp; SPM Systems have been designed consciously to be separate due to the high sensitivity of PP-CM information, to maintain organisation values, manage bias and Data Protection requirements</p>	September 2024

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>not fit for purpose resulting in manual processes and workarounds being established leading to processes which are inefficient, ineffective and do not meet both client and staff needs.</p> <p>Established systems, processes and controls are not sustainable in the long term as the organisation, the number of benefits delivered, and the volume of clients continues to grow.</p>				



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### 3. Findings, Good Practice, and Improvement Opportunities

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#### 3.1. Good Practice

##### Governance

- 3.1.1. An organogram for the Health and Social Care Operations has been documented which shows the structure of the directorate and reporting lines.
- 3.1.2. Job descriptions for the Safeguarding Practitioner and Senior Practitioner have been drafted and role objectives for the Safeguarding Team are being set. These will need to be reviewed and updated on a regular basis when and as safeguarding processes develop and safeguarding regulations, policy and operational guidance are put in place.
- 3.1.3. A Business Support team is in place to support the Safeguarding Team and a Business/Product Owner for Safeguarding in Social Security Scotland has recently been appointed and will be responsible for overseeing the development of the Minimal Viable Product delivered by the Social Security Directorate.
- 3.1.4. A risk relating to insufficient arrangements for safeguarding is currently on the Social Security Scotland Strategic Risk Register and this is being reviewed and discussed monthly.

##### Resources

- 3.1.5. Work has been undertaken by Health and Social Care colleagues in relation to resource needs for Safeguarding, this has led to the approval of business cases for further recruitment to ensure business continuity.
- 3.1.6. There is a daily Health and Social Care call for senior leaders to review workforce and workloads, identify and highlight any issues impacting on service delivery and to action any concerns. This helps allocate resources appropriately.
- 3.1.7. Resource needs and pressures are also discussed at Health and Social Care Professional Governance Meetings.

##### Safeguarding Processes and Guidance

- 3.1.8. Guidance for line managers approving safeguarding referrals has been developed and this is now available to staff on Internal Knowledge Management.
- 3.1.9. There is an automated workflow in place with a built-in approval process for submission of safeguarding referrals.



- 3.1.10. A Saltire news article was published recently aimed at raising awareness of safeguarding and providing links to guidance on Internal Knowledge Management hub.

#### Quality Assurance

- 3.1.11. The Safeguarding team have an established mechanism for quality assuring safeguarding activities which reviews consistency, accuracy, objectivity, professional record keeping and the overall case management by members of the Safeguarding team.
- 3.1.12. Issues identified through quality assurance checks are recorded in the Continuous Improvement/Escalated Cases Log and monitored for implementation.

#### Reporting

- 3.1.13. The Safeguarding team have established processes for reporting on safeguarding activities which includes weekly and monthly reports that are circulated within the Safeguarding team and shared at the Health and Social Care Professional Governance monthly meetings that are attended by stakeholders from Health and Social Care and Client Service Delivery. Routes for escalation have also been established.

#### Lessons learned and continuous improvement

- 3.1.14. Social Security Scotland Operational Policy colleagues are currently monitoring developments of the UK Governments Work and Pensions Committee to ensure any recommendations from current inquiries are understood and the impact on Social Security Scotland's approach to safeguarding is considered.
- 3.1.15. The Safeguarding team has an established process for recording and managing system and process improvements.
- 3.1.16. Our review found several examples showing analysis and lessons learned from safeguarding referrals to identify areas for improvement and learning requirements.

#### Stakeholder engagement

- 3.1.17. We were able to evidence effective ongoing stakeholder engagement and networking in relation to safeguarding enabling improved working with Local Authorities and other partner organisations.

## 3.2. Improvement Opportunities

### Social Security Scotland's Safeguarding Role and Supporting Legislation

- 3.2.1. The legal gateway and methods for data sharing, enabling Social Security Scotland to engage and share relevant safeguarding information with appropriate stakeholders, i.e. Police, Local Authorities, GPs etc. is still to be formally established. An interim process is being followed with safeguarding information being shared under the National Health Service (Scotland) Act 1978.
- 3.2.2. Our review found that the role of the Safeguarding team has expanded beyond the original intention and the Minimal Viable Product developed by Social Security Programme. We were provided conflicting views on the current responsibilities of Social Security Scotland and the Safeguarding team, especially in relation to the sharing of safeguarding information and with which organisations. The Safeguarding team consists of registered nurses and social workers who advised that to maintain their registration they need to comply with the code of conduct of their professional body. As an example the Scottish Social Services Council code of practice states that registered staff need to 'take all necessary steps to reduce the risks of people who use services harming themselves or other people'. The code also states rules for social service employers who 'must have the culture and systems in place to support social service workers to meet their Code of Practice'. On this basis colleagues advised that sharing information only with Local Authorities and the Office of the Public Guardian would not be sufficient to meet this requirement.
- 3.2.3. It is essential that management review and clarify the strategic intent and role of Social Security Scotland and its Safeguarding function with specific focus on determining the actions that must be taken to ensure Social Security Scotland meets its Duty of Care responsibilities and registered staff can comply with their professional bodies codes of conduct. This should include consideration of the organisations with which the safeguarding team can share information and the means by which this is done. The outcome of the review should be communicated to all relevant stakeholders to prevent any further misunderstandings. Appropriate legislation should be in place to enable the delivery of a consistent and effective safeguarding service.

Please see [Recommendation 1](#)

### Safeguarding Policy and Guidance

- 3.2.4. Policy Instructions on Data Sharing in relation to Safeguarding are in draft. This only covers sharing safeguarding information with Local Authorities and the Office of the Public Guardian, as determined by the Scottish Government Legal Directorate. Feedback from Health and Social Care colleagues suggests that this may not meet Social Security Scotland’s Duty of Care responsibilities and it does not reflect current safeguarding processes adopted by the Safeguarding team that were agreed by Senior Management.
- 3.2.5. The process the Safeguarding team follows when deciding the outcome of a referral is not documented. Decisions are being made based on the Safeguarding team’s professional judgement. As such there is increased risk that there may be inconsistencies in treatment and incorrect actions may be taken.

Please see [Recommendation 2](#)

### Guidance for staff outwith the Safeguarding Team

- 3.2.6. The Internal Knowledge Management hub, where all operational guidance is held, includes guidance which sets out the formal process for identifying and recording risk of harm concerns. This includes scenarios and subsequent actions for suspected risk of harm cases. Our review however identified that guidance was not sufficient to ensure staff and those approving the referrals understood when, or when not, to make a safeguarding referral and the level of detail required when submitting a referral.
- From a sample of ten safeguarding referrals reviewed we found that:
    - Six did not contain sufficient information;
    - Two were inappropriate referrals, e.g. referrals that did not contain a safeguarding issue.
  - Root cause analysis, undertaken by the Safeguarding Team, of a recent safeguarding incident highlighted that all colleagues involved struggled to identify the correct procedures and/or did not recognise that it was an immediate risk of harm situation.

This highlights the need for further action to improve the guidance to ensure all relevant staff are aware of the safeguarding processes in Social Security Scotland that they should be following to make safeguarding activities as efficient and effective as possible and minimise the risk of harm to clients.

Please see [Recommendation 3](#)

#### Safeguarding Training

- 3.2.7. Steps have been taken to provide colleagues in client facing roles training in relation to Safeguarding and Clients at Risk of Harm. However lessons learned and instances of non-compliance with the referral process suggest that this needs to be improved. We note that this has already been identified by the Safeguarding team who have highlighted that training and upskilling of staff in relation to suicide and safeguarding is required.
- 3.2.8. The Safeguarding team is working with the Learning and Leadership team to improve the training offer and to make this mandatory for all staff in Social Security Scotland. Until this is in place, there is an increased risk that referrals may not be made when they should be and/or referrals that are made are inappropriate or do not include sufficient information which could result in harm to clients and an inability to meet duty of care responsibilities.
- 3.2.9. Feedback can be provided on a one-to-one basis via a safeguarding referral assessment discussion with the member of staff who raised the referral. However, there is no formal feedback mechanism for staff who raise safeguarding referrals. This is something that the Safeguarding team may want to consider introducing to inform learning and development and aid improvement of safeguarding referrals. Please see [Recommendation 4](#)

#### Raising Awareness of Safeguarding Roles and Responsibilities

- 3.2.10. From our review we noted that arrangements for raising general awareness of safeguarding, the role and responsibility of Social Security Scotland and the individual roles and responsibilities of staff within the organisation were insufficient. As part of this we also noted that Saltire, the organisations intranet, did not contain a page for Safeguarding. If such a page was in place this could aid ensuring that staff who use Saltire for information gathering and to search for guidance are directed to the appropriate material. We note that this finding was accepted by the Team during the fieldwork and they have already requested that a Saltire page for Safeguarding be developed. Please see [Recommendation 5](#)

#### Resource management and Key Performance Indicators

- 3.2.11. The business cases for resourcing and recruitment contain analysis based on actual referral volumes to date, graphs showing the increase in referrals over time and future projections of a further increase following the roll out of new benefits. The future projections however did not show estimates of when volumes were expected to level off or potentially decrease or reflect the impact that improving safeguarding guidance and training could have on the number of referrals.
- 3.2.12. The Safeguarding Team has started to measure the time spent on cases, but this is not used to identify longer term resource needs based on timescales for dealing with cases. Furthermore, while time spent on safeguarding referrals is now being monitored, no specific key performance indicator and means of reporting against this were in place. This would be helpful for managing performance, quality, and productivity.

Please see [Recommendation 6](#)

#### Senior Practitioner Approval checks

- 3.2.13. The Safeguarding team consists of Health and Social Care professionals who have relevant qualifications and experience. All safeguarding cases currently need sign off by a Senior Safeguarding Practitioner, which is resource intensive. Monthly quality checks of ten safeguarding cases are completed by the Senior Safeguarding team and our review found that these checks have not been identifying significant issues. Furthermore, our review showed that due to the backlog of safeguarding referrals that needed processing, sign off/approvals by a Senior Practitioner on the Public Protection Case Management tool were not done timely. Out of the ten cases sampled only one was marked as closed with nine awaiting approval. This suggests that the current process is not effective. Management should consider reviewing the 100% approval process and if appropriate consider reducing the percentage of cases subject to approval checks to ensure effective and efficient use of resources and ways of working whilst maintaining good control and minimising risk of inconsistency or error in how safeguarding cases are dealt with.

Please see [Recommendation 7](#)

#### Safeguarding Tool and Systems

- 3.2.14. Our review found that Public Protection Case Management (PPCM), the tool used for administering Safeguarding cases, is not fit for purpose for Safeguarding. As

with all new products delivered by Social Security Directorate, the tool was launched as a Minimum Viable Product with a continuous improvement backlog that contained system functionality requests that were fed back by the Safeguarding team prior to the launch. Examples of issues due to limited functionality include:

- The tool does not allow for effective case management leading to the Safeguarding Team using Outlook to triage, prioritise and allocate safeguarding referrals;
- A separate Excel spreadsheet is maintained manually to track referrals, monitor caseloads and to produce Management Information. Manual reporting is linked with risks such as human error, and inefficient use of resources; however, we would like to praise the efforts of the team who are doing the best they can with the resources available.
  - Our sample selection of ten safeguarding referrals found that one safeguarding outcome was recorded incorrectly on the tracker and one referral was not discussed with a Senior Safeguarding Practitioner before a referral to a Local Authority was made.

3.2.15. We were able to confirm that since the ownership of the tool was transferred from Programme to the Chief Digital Office there have been several fixes and improvements made and further improvements are due to be implemented. We are content that the functionality of the safeguarding case management tool is now actively being reviewed and improved. Furthermore, a Business/Product Owner for Safeguarding in Social Security Scotland has recently been appointed who will be responsible for overseeing all outstanding development work. As such we believe the risk of inefficient and ineffective working practices caused by deficiencies within the safeguarding case management tool are now being mitigated and therefore, no recommendation will be made on this point.

3.2.16. Policy and guidance is currently being developed for High Value Payments. However, development of this is limited by the functionality of SPM, Social Security Scotland's case management system, as the system currently does not allow for split payments or flags for payments over a certain value, etc. We would encourage the client to investigate if there are possible solutions to these issues, especially as these may help reduce risk of harm cases caused by large sum payments to vulnerable clients. Please see [Recommendation 8](#)

- 3.2.17. There is a system disconnect between SPM and Public Protection Case Management and we were provided contrasting views on this. Some felt that being able to tag SPM cases with a safeguarding indicator would be helpful to prevent duplicate safeguarding referrals and aid staff understanding when they are dealing with clients with safeguarding concerns. Conversely others intimated that SPM should not include this information due to this being sensitive information. Please see [Recommendation 8](#)
- 3.2.18. Once the legal gateway and methods for sharing safeguarding information are established this will further impact requirements of the systems used for safeguarding. Once regulations and operational policy are agreed management should ensure that current systems and their use meet the needs of the Social Security Scotland. [Recommendation 8](#)

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## Annex A Definition of Assurance and Recommendation Categories

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### Assurance Levels

<b>Substantial Assurance</b> <b>Controls are robust and well managed</b>	Risk, governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible.
<b>Reasonable Assurance</b> <b>Controls are adequate but require improvement</b>	Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.
<b>Limited Assurance</b> <b>Controls are developing but weak</b>	There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.
<b>Insufficient Assurance</b> <b>Controls are not acceptable and have notable weaknesses</b>	There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action.

### Recommendation Priority

<b>High</b>	Serious risk exposure or weakness requiring urgent consideration.
<b>Medium</b>	Moderate risk exposure or weakness with need to improve related controls.
<b>Low</b>	Relatively minor or housekeeping issue.



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**Annex B – Terms of Reference**

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# **Directorate for Internal Audit and Assurance**

## **Internal Audit Terms of Reference**

### **Social Security Scotland 2023-24**

#### **Safeguarding**

## Key Audit Contacts

<b>Audit Year:</b>	2023-24
<b>Client Accountable Officer:</b>	David Wallace
<b>Deputy Director</b>	Gayle Devlin, Deputy Director Health and Social Care
<b>Client Audit Contact(s):</b>	[Redacted] - Professional Advisor & Governance Lead [Redacted] - Service Manager [Redacted] - Social Security Directorate Programme Manager
<b>Lead Senior Internal Audit Manager:</b>	[Redacted]
<b>Internal Audit Manager:</b>	[Redacted]
<b>Internal Auditor</b>	[Redacted]

## Estimated Reporting Timescale

<b>Fieldwork Starts:</b>	10 <sup>th</sup> July 2023
<b>Fieldwork Ends:</b>	31 <sup>st</sup> August 2023
<b>Draft Report Issued:</b>	7 <sup>th</sup> September 2023
<b>Final Report Issued:</b>	28 <sup>th</sup> September 2023
<b>Estimated Resource Days:</b>	30

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## 1. Introduction

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- 1.1. This Internal Audit review forms parts of our planned audit coverage set out in our Annual Internal Audit plan issued on 21 March and agreed by the Accountable Officer and noted by the Audit and Assurance Committee.
- 1.2. The Care Quality Commission defines Safeguarding as ‘protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect’. As such, Social Security Scotland has a role to play in relation to safeguarding the health, wellbeing and human rights of their clients and staff. The Health and Social Care division within Social Security Scotland, which is a fairly new division that is still under development, take the lead role in relation to safeguarding for the organisation, however all colleagues and divisions have a role to play. The division aims to ensure that where there are safeguarding concerns the organisation ensures the right referrals are made and that the individuals have the support of the relevant organisations.
- 1.3. It is important to acknowledge that development and delivery of the systems and processes for Social Security Scotland is being undertaken following an agile methodology and as such it is recognised that initial systems and processes will be based on minimum viable products.
- 1.4. Social Security Scotland must ensure it has sufficient arrangements in place so that risk of harm concerns are effectively identified, escalated and any relevant referrals made without compromising the safety of Social Security Scotland clients or colleagues.
- 1.5. We held a planning meeting on 5 June 2023 with key contacts to discuss relevant risks and scope of this review. Our key risks below have been developed through this discussion and our knowledge of Social Security Scotland and its objectives.

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## 2. Scope

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2.1. To evaluate and report on the controls in place to manage the risk surrounding Social Security Scotland's safeguarding arrangements.

### **Remit Item 1 – Governance and Management Oversight**

To evaluate if appropriate governance and risk management arrangements are in place and to ensure controls and processes are suitable considering roles, responsibilities, guidance and support.

Key Risks:

- Roles, responsibilities, and accountabilities for safeguarding have not been clearly defined, communicated and understood both within the Health and Social Care division and across the wider organisation.
- Lack of process for identifying resourcing needs to deliver safeguarding processes leading to ineffective use of resources and/or poor quality services which do not enable the achievement of strategic objectives.
- Lack of policies, procedures and guidance in relation to safeguarding arrangements, both within Health and Social care division and across the wider organisation, that would reflect appropriate legislation and Social Security Scotland corporate requirements.
- Risks and issues in relation to safeguarding have not been appropriately recorded, managed or escalated.
- Lack of management oversight and insufficient arrangements for reporting and escalating safeguarding issues.

### 2.2. **Remit Item 2 – Processes, systems and controls**

To review existing safeguarding processes, systems and controls in place and their current sufficiency and sustainability in the longer term. We will also undertake some substantive testing to evaluate whether officers are complying with safeguarding policies, procedures and guidance and whether appropriate systems and controls are in place.

Key Risks:

- Insufficient processes for identifying and recording risk of harm concerns and making referrals.
- Lack of training, knowledge and understanding of safeguarding and risk of harm by colleagues across Social Security Scotland resulting in referrals not made timely or not at all.
- Systems and tools for managing risk of harm referral caseloads are not fit for purpose resulting in manual processes and workarounds being established leading to processes which are inefficient, ineffective and do not meet both client and staff needs.
- Insufficient processes for assessing safeguarding needs and ensuring referrals are made to the appropriate agencies/organisations.
- Inadequate arrangements for data sharing and data protection which impacts Social Security Scotland's ability to engage and share relevant information with appropriate stakeholders, i.e. Police, Local Authorities, and/or increases the risk that a data breach occurs.
- Insufficient or inadequate management information and reporting, leading to an inability to effectively manage the service and support effective decision making.
- There is no process in place to identify lessons learned or provide feedback on referrals made increasing the risk that Social Security Scotland is unable to effectively learn and continuously improve the safeguarding and risk of harm processes.
- Insufficient quality assurance arrangements leading to an inability to provide effective high quality services which meet the needs of both staff and stakeholders.
- Established systems, processes and controls are not sustainable in the long term as the organisation, the number of benefits delivered and the volume of clients continues to grow.

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### 3. Approach

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- 3.1. We will undertake the audit in compliance with the Internal Audit Charter and Memorandum of Understanding agreed between Internal Audit and Social Security Scotland.
- 3.2. At the conclusion of the audit a customer satisfaction questionnaire will be issued to the main client audit contact. Internal Audit appreciate feedback and to facilitate continuous improvement, we would be grateful if you could complete and return the questionnaire.
- 3.3. Social Security Scotland is reminded of our need for timely access to people and responsiveness to information requests, to enable the reporting timetable to be met.