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Directorate for Internal Audit and Assurance

Internal Audit Report

Social Security Scotland 2024-25

Quality

Directorate for Internal Audit and Assurance

Issue Date: 29-04-2025

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1. Introduction

1.1. Introduction

This internal audit review of Quality formed part of the Audit Plan agreed by the Accountable Officer and noted by the Audit and Assurance Committee on 27th March 2024. 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 organisation's 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 quality arrangements. With three risks appearing on the Strategic Risk Register, Social Security Scotland are committed to improving controls supporting quality throughout the Organisation. Noted within their 2024/25 Business Plan is a goal to implement a Quality and Performance Framework. This Framework will demonstrate the organisations links with National Outcomes, the Scottish Government's Social Security Programme's Measurable Improvements Strategy and Evaluation Activity and the Charter Measurement Framework.

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

1.3. Assurance and Recommendations

Assurance Category	Reasonable		
Recommendations Priority	High	Medium	Low
	0	5	0

Our review has identified five medium recommendations. A reasonable assurance rating has been provided. 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.

The rationale for this is that although there is work going on to establish an overarching quality framework for Social Security Scotland, this has yet to be finalised, approved or implemented. There are, however, pockets of good practice happening throughout the organisation. For example, Client Services Delivery have developed a Quality Framework, with a Quality Support Team who are responsible for checking cases within the area. In addition, other business areas have industry standards and practices they must abide by.

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>Strategic Quality Framework</u></p> <p>Issue 1: There is currently no organisation wide Quality Framework across Social Security Scotland which sets out the organisation's approach to quality.</p> <p>Issue 2: There is no definition of what 'good quality' looks like or quality standards resulting in an inability to assess whether these have been achieved.</p> <p>Risk 1: Lack of clear strategy or framework, resulting in a lack of clarity over the organisation's approach to quality, leading to</p>	<p>A strategic Quality Framework should be developed for the organisation which appropriately defines what 'good quality' looks like and how it should be achieved.</p>	M	<p>Response:</p> <p>Management understands and are tolerating the risk.</p> <p>This report demonstrates that there is a Quality Framework in place within benefit delivery, which is the core purpose of the organisation. This was an objective of our 2024/2025 Business Planning Priorities.</p> <p>In addition there is an agency strategic risk specifically managing Quality.</p> <p>This recommendation will be considered as part of the prioritisation under our</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>an inconsistent approach across the organisation.</p> <p>Risk 2: Lack of, or unclear, definition of quality (i.e. 'what good looks like') and/or quality standards resulting in an inability to assess whether these have been achieved and quality realised.</p>			<p>Annual Business Planning process and assessed in line with other organisational priorities.</p> <p>Action: N/A</p> <p>Action Owner: [Redacted], Head of Performance, Analysis and Strategy</p>	
2	<p><u>Roles and Responsibilities</u></p> <p>Issue 1: There are no documented roles and responsibilities regarding the development of an overarching Quality Framework.</p> <p>Issue 2: While some business areas have best practice industry standards they must abide by, specific quality responsibilities and objectives at an operational level (such as Quality Leads to drive forward development</p>	<p>A. Consideration should be given to documenting roles and responsibilities to drive the strategic Quality Framework forward.</p> <p>B. While we recognise that quality</p>		<p>Response: Management understands and are tolerating the risks.</p> <p>The recommendations will be considered at an appropriate time and assessed in line with wider delivery priorities.</p> <p>Our approach to performance and quality that is being embedded within Operational</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>and implementation) are not established throughout the organisation</p> <p>Issue 3: There is no formal management oversight, or forum, for reporting quality to.</p> <p>Risk 1: Lack of, or unclear, roles and responsibilities leading to a lack of accountability, oversight and ownership for quality.</p> <p>Risk 2: Insufficient and/or ineffective management oversight and management information in relation to quality assurance, leading to an inability to address weaknesses, make informed decisions and mitigate risks.</p>	<p>is everybody's responsibility, it would be beneficial for lead roles to be established across divisions/business areas to ensure quality activities are progressed and developed.</p> <p>C. As part of the development of quality frameworks, consideration should also be given to ensuring sufficient management oversight of quality is in place.</p>		<p>areas does identify responsibilities and objectives. Quality assurance reports and management information are available within benefit delivery areas.</p> <p>In addition, the recent appointment of a Head of Performance, Quality and Planning within Client Services Delivery Division will further strengthen our approach and oversight.</p> <p>Action: N/A</p> <p>Action Owner: [Redacted], Head of Performance, Analysis and Strategy</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
3	<p><u>Quality Approaches</u></p> <p>Issue 1: The Quality Frameworks created by the Fraud and Error Resolution Unit and the Quality Support Team are going to inform the development of the Organisation-wide approach, however these remain in draft.</p> <p>Issue 2: Quality activities across the organisation are not all documented or consistent across business areas.</p> <p>Issue 3: Training and guidance regarding quality approaches have yet to be developed across all areas, particularly in areas where quality approaches are less developed and roles and responsibilities in relation to quality have not been clearly defined.</p>	<p>A. It is recommended that any Quality Frameworks currently in draft be finalised to aid the strategic approach.</p> <p>B. When designing quality approaches across the organisation consideration should be given to ensuring that local arrangements are in alignment with the overarching/strategic framework, once this has been developed.</p>	M	<p>Response:</p> <p>Management partially accept the recommendations.</p> <p>The Quality Framework which is in place within Client Services Delivery and Fraud and Error Resolution Unit have been developed and implemented over the last 12 to 18 months.</p> <p>This has included developing a network of Quality Champions, standardisation of reporting tools, calibration sessions to ensure consistency, development of management information to understand trends and specific challenges and comprehensive feedback loops.</p> <p>Action:</p>	June 2025

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>Risk 1: Lack of a clear local approach/plan, resulting in a lack of clarity over the area's approach to quality and quality assurance activities, leading to inconsistent approach throughout the areas.</p> <p>Risk 2: Any local plan or approach does not align with the overarching organisational approach, leading to inefficient and/or ineffective quality measures and quality assurance activities, resulting in measuring and reporting on quality which is not aligned with business plan or organisational objectives.</p> <p>Risk 3: A lack of training, guidance or standardised checking templates in place for staff undertaking quality assurance activities and a lack of calibration regarding the application of these leading to an inconsistent</p>	<p>C. When developing approaches to quality within divisions/ business areas, appropriate training and guidance should be provided to staff.</p>		<p>A. Documented Quality Frameworks are being finalised.</p> <p>B & C. Management will consider these points, when relevant, as part of the prioritisation under our Annual Business Planning process.</p> <p>Action Owner:</p> <p>A. [Redacted], Head of Error Control and Debt Management</p> <p>[Redacted], Head of Performance, Quality and Planning</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	approach being taken which could result in inaccurate or inconsistent reporting on quality outcomes.				
4	<p>Management Oversight</p> <p>Issue 1: As quality approaches are yet to be developed across divisions, it is not yet clear where oversight of this will sit at an operational level.</p> <p>Issue 2: The Error Control Working Group Terms of Reference requires updating to reflect current membership and their job titles.</p> <p>Risk 1: Inability to accurately measure quality due to a lack of, or inaccurate, management information, resulting in ineffective quality management and a failure to identify when quality measures have been met, or areas where improvement is required.</p>	<p>A. As part of the development of quality approaches, suitable management oversight should be established at a Divisional level, together with appropriate MI, to monitor quality and identify any trends.</p> <p>B. Forums for management oversight should review and update</p>	M	<p>Response: Management partially accept the recommendations.</p> <p>Action: A. Management understand and are tolerating the risk. Management will consider these points, when relevant, as part of the prioritisation under our Annual Business Planning process.</p> <p>Our approach to performance and quality within our benefit delivery areas does consider management information and identifying trends.</p>	September 2025

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	Risk 2: Lack of, or unclear, roles and responsibilities leading to a lack of accountability, oversight and ownership for divisional quality approaches/plans and quality assurance activities.	Terms of References as appropriate and set review schedules.		B. The Error Control Working Group Terms of Reference will be updated and a review schedule set. Action Owner: B. [Redacted], Head of Error Control and Debt Management	
5	<u>Risk-based Approaches</u> Issue 1: The Fraud and Error Resolution Unit completed a project which highlighted the quality checking differences between themselves and the Quality Support Team demonstrating how undertaking different risk-based approaches could provide Social Security Scotland with more thorough quality assurance. Thirteen recommendations were made, however due to a lack of Action Owners none of these have been progressed. Issue 2: [Redacted],	A. Where relevant, action should be taken to implement suggested improvements by the Fraud and Error Resolution Unit to improve quality and performance. B. Consideration should be given to applying risk-based	M	Response: Management accept the recommendations. Action: A & B. Suggested improvements will be reviewed and implemented where appropriate, and an approach to applying risk-based methodologies is currently being developed within benefit delivery areas. Action Owner:	December 2025

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>Issue 3: With a lack of quality assurance activities across the organisation it could not be ascertained that risk-based methodologies are being deployed across the Organisation in other business areas.</p> <p>Risk: [Redacted],</p>	methodologies within the Quality Support Team and across the organisation as a whole when developing quality assurance activities.		<p>A & B. [Redacted], Head of Error Control and Debt Management</p> <p>[Redacted], Head of Performance, Quality and Planning</p>	

3. Findings, Good Practice and Improvement Opportunities

3.1. Good Practice – Organisational Approach

- 3.1.1. Quality and quality assurance activities are recognised within Social Security Scotland's risk management process and have been reflected appropriately in the Strategic Risk Register. Three strategic risks which concern quality have been identified: CR-004, CR-009 and CR-012. Each of these risks have appropriate risk and action owner(s) with planned actions which includes MI migration from Social Security Programme.
- 3.1.2. While there is no overarching strategic Quality Framework in place, there is evidence of significant work being undertaken to embed quality within pockets of the organisation which will be evidenced more within remit two's 'good practice'. It is important to note that as well as the Quality Support Team, who are dedicated to Client Service Delivery (CSD) in their assurance activities, there is also evidence of good practice amongst departments in People and Place, Chief Digital Office (CDO), and Finance and Corporate Services.

3.2. Improvement Opportunities – Organisational Approach

Strategic Quality Framework

- 3.2.1. Work was previously undertaken in 2022 to develop an appropriate overarching Quality Framework, however due to changing priorities this work was not taken forward. The absence of a clear strategy or framework could result in a lack of clarity over the organisation's approach to quality, leading to an inconsistent approach throughout the organisation. Social Security Scotland has set out within their 2024/25 Business Plan that they will develop a Quality and Performance Framework which clearly defines quality standards for clients. It is recommended that a strategic Quality Framework should be developed, approved and implemented. To aid the framework's design and implementation it would benefit the organisation to have representation across all divisions to ensure consistency, buy in and efforts are not being duplicated.

Recommendation 1.

- 3.2.2. What ‘good quality’ looks like has not been defined across the organisation. While the Charter can be used to inform this, there are no metrics deployed on how quality will be measured strategically. An unclear definition of what ‘good quality’ looks like could result in an inability to assess whether these have been achieved and quality realised. Consideration should be given at a strategic level to consider how quality will look overall for the organisation, how this can be measured and how feedback from this can be used to improve quality processes and procedures in the future.

Recommendation 1.

Roles and Responsibilities

- 3.2.3. This review found that, based on discussions with staff, there are no outlined or documented roles and responsibilities regarding the development of an overarching Quality Framework. It was also explained that this was due to organisational change. A lack of clear roles and responsibilities may lead to a lack of accountability, oversight and ownership for quality

Recommendation 2.

- 3.2.4. Specific quality responsibilities and objectives (such as Quality Leads to drive forward development and implementation) outwith business areas such as HSC, CSD and FERU are less developed. A lack of, or unclear roles and responsibilities may lead to a lack of accountability, oversight and ownership for Divisional quality approaches and quality assurance activities. As previously noted, there are industry standards which business areas comply with and while we recognise that quality is everybody’s responsibility, it would be beneficial for lead roles to be established across Divisions/business areas to ensure quality activities are progressed and developed.

Recommendation 2.

- 3.2.5. There is a Performance Forum, which through our fieldwork discussions has been considered an appropriate forum to consider quality, however quality is not outlined within the Terms of Reference. It is important for Social Security Scotland that there is sufficient management oversight and management information in relation to quality as the absence of this could result in an inability to address weaknesses, make informed decisions and mitigate risks. It is advised that arrangements for

management oversight and scrutiny with defined roles, responsibilities and escalation routes be established to ensure consistency between business areas regarding their approach to quality and any assurance activities currently underway.

Recommendation 2.

3.3. Good Practice – Divisional Approach

Quality Strategies and Frameworks

- 3.3.1. Client Service Delivery, through the Quality Support Team (QST) and the Fraud and Error Resolution Unit (FERU) have draft Quality Framework documents which were completed in collaboration between management. These strategies aim to define what 'good quality' looks like within their areas and provide measurable standards that can be aspired to and help identify areas of improvement. The focus of these frameworks is that all employees are responsible for delivering a quality service, that pay clients correct entitlement providing an efficient, value for money service and protecting public funds by minimising fraud and error. The CSD framework also mentions that this intends to inform the overarching Organisation-wide framework and approach to quality.
- 3.3.2. Health and Social Care (HSC) has a Professional Development and Continuous Improvement strategy which includes a section on quality and improvements, such as the Quality Improvement Cycle. This cycle identifies the processes undertaken to improve quality across HSC operations. It stipulates that performance and quality improvement needs will be reviewed on an ongoing basis and will focus on solutions to improving HSC performance. Furthermore, there is a list of procedures which includes weekly performance meetings, feedback from Quality Assurance and key stakeholder feedback which will all be utilised to improve quality within the department.
- 3.3.3. Health and Social Care have a Quality Lead who is responsible for establishing quality approaches within the department. To achieve best practice, they will undertake the following duties: ensure good quality data is captured, support the continuous improvement of the Division's systems and its approach to data gathering and presentation, develop and implement a robust quality assurance

strategy for HSC which includes feedback loops and considers accessibility requirements when constructing quality assurance processes.

- 3.3.4. A Quality Lead is also being recruited within CDO to progress quality assurance activities.
- 3.3.5. It was found based on discussions with staff that some business areas measure quality based on industry standards, professions and legislation that must be adhered to. An example of this includes Engineering and Cloud Services within CDO who have robust quality standards and timescales they work towards.

Error Trend Analysis

- 3.3.6. The Error Control Working Group (ECWG) is held once a month and reports on some of the errors/high risk areas within Operations. The ECWG states within its Terms of Reference that they will: collate and analyse error trend data, monitor and manage risks, ownership of Error Control Strategy, identification of failure demand, including quantifying costs and impacts, and develop recommendations for baseline approval checks and monitor performance. Membership of the group is multidisciplinary, with members from FERU (who also provide the secretariat function), the Quality Assurance Team, Internal Controls and Internal Audit.
- 3.3.7. Issues raised as part of the ECWG that impact quality are captured by the Quality Support Team. For example, within CSD the top three financial and procedural errors are recorded for new claims, reviews (both of which are completed by Case Managers) and Client Advisor errors. The ECWG also serves as an escalation route into the Performance Forum, when required.
- 3.3.8. The QST have monthly reports and information that is fed back to management from different business areas within CSD. This includes feedback for individual staff members based on work they have completed the previous month. Mechanisms are also in place to allow action to be taken to remedy other issues identified such as raising of JIRA tickets or submitting commissioning requests for additional/updated training. The QST also have a Quality Improvement Tracker. This is a spreadsheet which is updated with identified issues and includes Action Owners and actions taken from management across CSD. For example, within Adult Disability Payment second line security was highlighted as an ongoing error.

Actions were then taken to train staff appropriately. This work helps highlight areas for development and continuous improvement.

Quality Assurance Calibration

- 3.3.9. The checks completed by the QST are aligned with guidance and they have a Quality Feedback Work Plan which allows them to monitor feedback and improve processes within the team. A Calibration exercise has also been done locally between the QST and other areas of CSD as they are responsible for quality checking their work and this process ensures both the correct aspects of cases are being checked and there is consistency between what line managers check and what members of the QST check.

Quality Objectives

- 3.3.10. Objectives in relation to Quality and awareness of how quality is measured for individuals is evident within the business areas with more mature activities (e.g. HSC and CSD/QST). For example, B1, B2, and B3s within the QST and CSD have a Performance and Quality objective. Metrics/measures of quality are mentioned within each objective pack, with lower-level bands focusing on understanding and higher-level bands responsible for identifying trends and improvements. All points of the objective focus on continuous improvement and regular feedback to aid this. The B2 and B3 objectives specifically mention championing the Quality Framework.

Training and Templates

- 3.3.11. Areas where quality assurance activities are more matured such as within the QST, FERU and HSC evidenced guidance, templates and training arrangements. For example, the QST goes through the same training routeway as Client Advisors and Case Managers and will then undergo more personalised training and consolidation within their own teams. This Consolidation Plan covers topics to be taught and learned from day one through to reviewing their first four weeks on the job. As well as their consolidation, the Quality Support Officers have detailed templates they complete when conducting quality assurance, ensuring consistency.

- 3.3.12. Health and Social Care quality assurance activities are supported through use of a template. This template includes detailed guidance on how the tabs should be filled. While there is a 'comments' section those undertaking the quality assurance

must also select from drop down options. This includes options such as incorrect advice given; ‘insufficient information gathered at consultation’ and ‘justification for advice not robust’. The drop-down tool is good practice as it allows HSC to identify trends and areas for improvement.

Risk Management

- 3.3.13. Divisionally, risks are captured on risk registers and there is evidence to suggest that quality is considered as part of these risks and in some instances, this is explicitly mentioned. CSD explicitly mention quality and have three defined risks around this. These risks include the procurement of a strategic platform for data gathering to aid quality checks, minimum checking profiles for benefit delivery, and utilising and learning from the data and insights gained from the quality checking regime for continuous improvement.

3.4. Improvement Opportunities – Divisional Approach

Quality Approaches

- 3.4.1. As the Quality Framework created by FERU and the QST is going to inform the development of the overarching Quality Framework for the organisation, it is recommended that this should be finalised by management to aid progression of an organisation wide framework.

Recommendation 3.

- 3.4.2. While there are other approaches to quality happening in addition to those highlighted in section 3.3, these are taking place within pockets throughout Social Security Scotland and are not documented or consistent across the organisation. Some areas apply some assurance activities while other areas are not currently applying any quality assurance checks to their department. A lack of clear local approaches/plans could result in a lack of clarity over the area’s approach to quality and quality assurance activities, leading to inconsistent approach throughout the areas. To enable consistent approaches management should consider what best practice to implement to ensure this is taken forward. This may be through the use of Quality Leads/representatives from different business areas to ensure practices align, which will also support developing an overall strategy.

Recommendation 3.

- 3.4.3. Training and guidance regarding quality approaches have yet to be developed across all areas, particularly in areas where quality approaches are less developed and roles and responsibilities in relation to quality have not been clearly defined. A lack of training and guidance for staff undertaking quality assurance activities may lead to an inconsistent approach being taken which could result in inaccurate or inconsistent reporting on quality outcomes. To facilitate the roll out and implementation of an overarching strategy it is advised that appropriate training be set up locally to ensure staff have appropriate knowledge of quality and consistency in quality activities is recognised throughout the organisation.

Recommendation 3.

Management Oversight

- 3.4.4. Once divisions and business areas have established an approach for quality it should be ensured that there are appropriate routes in place to identify, monitor and produce MI based on current trend analysis for quality across the organisation. An inability to accurately measure quality due to a lack of, or inaccurate, MI could result in ineffective quality management and a failure to identify when quality measures have been met, or areas where improvement is required. The ECWG has been identified as a forum for Operations and other business areas should identify appropriate routes.

Recommendation 4.

- 3.4.5. As previously noted within the 'good practice' section on remit 2, the ECWG has appropriate membership, however the Terms of Reference needs updated to reflect the current membership and their job titles. It is also advised that this be reviewed on a regular basis to ensure that it stays current.

Recommendation 4.

Risk-based Approaches

- 3.4.6. The FERU completed a project on quality checking differences between themselves and the QST which highlighted areas for improvement and made 13 recommendations to help improve quality checking throughout Operations. No

action owners were noted for the recommendations made, as a result none of these have been implemented. It is recommended that where relevant, action is taken to implement suggested improvements to improve consistency and effectiveness of quality checks.

Recommendation 5.

[Redacted],

Recommendation 5.

[Redacted],

Recommendation 5.

Annex A Definition of Assurance and Recommendation Categories

Assurance Levels

Substantial Assurance Controls are robust and well managed	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.
Reasonable Assurance Controls are adequate but require improvement	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.
Limited Assurance Controls are developing but weak	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.
Insufficient Assurance Controls are not acceptable and have notable weaknesses	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

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

Annex B – Terms of Reference



Directorate for Internal Audit and Assurance

Internal Audit Terms of Reference

Social Security Scotland 2024-25

Quality

Key Audit Contacts

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Internal Audit Manager:	[Redacted],
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Estimated Reporting Timescale

Fieldwork Starts:	October 2024
Fieldwork Ends:	November 2024
Draft Report Issued:	December 2024
Final Report Issued:	January 2025
Estimated Resource Days:	30

1. Introduction

- 1.1. This Internal Audit review forms parts of our planned audit coverage agreed by the Accountable Officer and noted by the Audit and Assurance Committee on 27th March 2024.
- 1.2. Internal Audit have previously completed some advisory work looking specifically at quality arrangements within the Client Services Delivery Quality Support Team. This review will build upon this by considering Social Security Scotland's approach to establishing a Quality Framework and quality assurance activities across the organisation. As part of this we aim to provide assurance over the effectiveness of the quality assurance arrangements and how the approach is embedded consistently and effectively.
- 1.3. Social Security Scotland's Strategic Risk Register contains the following risks in relation to quality which are relevant to this review:

“Social Security Scotland's efficacy as a public body delivering benefits is reliant on us making the correct decisions on benefit entitlement. Without the systems and processes that both support and demonstrate accurate decision making, the level of fraud and error is likely to significantly increase, leading to increased financial loss, loss of client and public confidence and reputational damage.”
(CR-004)

“Acknowledging our growth and operational maturity we need to prioritise actions to sustain appropriate internal operational processes, systems, controls and performance levels to support delivery of our service. If we do not, then we risk the reputation on which we rely to secure engagement with the public and stakeholders to deliver a public service.” (CR-009)

“Social Security Scotland must generate good quality management information and performance insights of sufficient coverage and availability to effectively and efficiently manage operational delivery, track fraud and error rates, assess corporate performance, meet reporting obligations and service the needs of key

external stakeholders across UK, Scottish and Local Government and the Scottish Fiscal Commission.

Failure to do so would lead to inaccurate reporting (both internal and external), hamper decision making, impact service management and not meet the needs of key stakeholders.” (CR-012)

- 1.4. We met with relevant colleagues within Social Security Scotland on the 19th and 26th of September and 1st October 2024 to discuss relevant risks and agree details of this review.
- 1.5. Our key risks below have been developed through these discussions and our knowledge of the organisation and its objectives.

2. Scope

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

2.2. Remit Item 1 – Quality – Organisational Approach

To ascertain whether Social Security Scotland has appropriate governance, risk management and controls in place for establishing a Quality Framework across the organisation.

Key Risks:

- Lack of clear strategy or framework, resulting in a lack of clarity over the organisation’s approach to quality, leading to an inconsistent approach across the organisation.
- Any strategy or framework does not align with the Corporate/Business Plan or other strategic documents, such as the Charter Measurement Framework, leading to inefficient and/or ineffective quality measures, resulting in measuring and reporting on quality which is not aligned with organisational objectives.

- Lack of, or unclear, definition of quality (i.e. ‘what good looks like’) and/or quality standards resulting in an inability to assess whether these have been achieved and quality realised.
- Insufficient or ineffective management of risk in relation to quality leading to an inability to mitigate risks resulting in an inability to achieve strategic objectives, leading to reputational damage and not achieving value for money.
- Lack of, or unclear, roles and responsibilities leading to a lack of accountability, oversight and ownership for quality.
- Insufficient and/or ineffective management oversight and management information in relation to quality assurance, leading to an inability to address weaknesses, make informed decisions and mitigate risks.

2.3. Remit Item 2 – Quality – Divisional Approach

To ascertain whether business areas throughout Social Security Scotland have appropriate governance, risk management and controls in place for establishing local approaches to quality.

Key Risks:

- Lack of a clear local approach/plan, resulting in a lack of clarity over the area’s approach to quality and quality assurance activities, leading to inconsistent approach throughout the areas.
- Any local plan or approach does not align with the overarching organisational approach, leading to inefficient and/or ineffective quality measures and quality assurance activities, resulting in measuring and reporting on quality which is not aligned with business plan or organisational objectives.
- Inaccurate and/or inappropriate methods of quality assurance across business areas, leading to incorrect quality analysis being produced, resulting in an inability to determine if appropriate quality levels have been achieved and take appropriate action and decisions.
- Inability to accurately measure quality due to a lack of, or inaccurate, management information, resulting in ineffective quality management and a failure to identify when quality measures have been met, or areas where improvement is required.

- Lack of, or unclear, roles and responsibilities leading to a lack of accountability, oversight and ownership for divisional quality approaches/plans and quality assurance activities.
- Individual objectives do not align with the Quality Framework, resulting in staff being unaware of relevant quality strategies and frameworks and how their work contributes to these. This may lead to an inability to implement the strategies fully and effectively resulting in Social Security Scotland providing poor quality services to clients and stakeholders.
- [Redacted],
- A lack of training, guidance or standardised checking templates in place for staff undertaking quality assurance activities and a lack of calibration regarding the application of these leading to an inconsistent approach being taken which could result in inaccurate or inconsistent reporting on quality outcomes.
- Insufficient or ineffective management of divisional risks in relation to quality and quality assurance leading to an inability to mitigate divisional risks resulting in an inability to achieve strategic objectives, leading to reputational damage and not achieving value for money.
- Outcomes of local quality assurance activities are not appropriately collated, reported and/or escalated resulting in a lack of action to address any issues and learn lessons (e.g. performance or influence on policy and process) increasing the possibility that quality does not improve.

3. Approach

- 3.1. We will undertake the audit in compliance with the Internal Audit Charter the 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.