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Directorate for Internal Audit and Assurance

Internal Audit Report

Social Security Scotland 2022-23

Health and Social Care Quality Assurance and Professional Supervision

Directorate for Internal Audit and Assurance

Issue Date: 26-04-2023

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Report Distribution

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* Final Report only

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1. Introduction

1.1. Introduction

This internal audit review of Health and Social Care, Quality Assurance and Professional Supervision formed part of the Audit Plan agreed by the Accountable Officer and noted by the Audit and Assurance Committee on 25 March 2022. The Accountable Officer for Social Security Scotland is responsible for maintaining a sound system of governance, risk management and 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 the Quality Assurance and Professional Supervision arrangements within the Health and Social Care Division of Social Security Scotland.

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	4	1

Our review has identified four medium and one low priority 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 we recognise that the Health and Social Care division is a relatively new division, but in the time they have been in place they have made significant progress in establishing arrangements for quality assurance and professional supervision. The division has taken cognisance of the relevant

regulatory bodies and their needs and has established strong links with relevant stakeholders. However there are some elements in relation to quality assurance and professional supervision that need strengthened, such as policy and procedural documentation, management information and the ability to learn from quality assurance outcomes so as to continue to further develop and improve.

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:

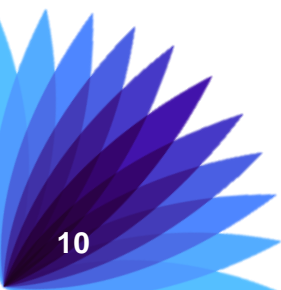
No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
1	<p>Issue : Policy and Procedural Documentation</p> <p>a) Some strategic documents such as the Professional Development Framework and the Terms of Reference for the Governance Group are still in draft and incomplete.</p> <p>b) There is no procedural documentation to link and support the various processes within the Health and Social Care Division for Quality Assurance and Professional Supervision activities.</p> <p>c) Version Control & Date referencing features were missing from organisational / strategic documents.</p>	<p>a) Management should ensure all strategic documents are completed and finalised.</p> <p>b) Once all the processes surrounding Quality Assurance and Professional Supervision have been agreed management should ensure relevant guidance documents are produced and made available to relevant staff.</p> <p>c) Organisational documents such as organograms, Terms of Reference, Frameworks,</p>	M	<p>a) Will amend as suggested Action Owner [Redacted]</p> <p>b) Guidance on Quality Assurance and Professional Supervision have been circulated Action Owner [Redacted]</p> <p>c) Key documents have been updated and are published. A quarterly meeting has been scheduled to continually review and update documents</p>	<p>May 2023</p> <p>March 2023</p> <p>March 2023</p>

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>Risk: Increased risk of insufficient, inconsistent or ineffective processes being followed for Quality Assurance and Professional Supervision.</p> <p>Increased risk that officers may refer to documentation which may have been superseded and so is now out of date leading to inconsistencies in approach and working practices and non-compliance.</p>	etc. should display version control and dates.		<p>Action Owner [Redacted]</p>	
2	<p>Issue: Quality Assurance Arrangements</p> <p>Outcomes from Quality Assurance activities have not yet been analysed to identify themes and enable learning to assist with the development of training and continuous improvement within the division.</p> <p>Risk: Increased risk of inconsistencies and an inability to determine whether services being delivered are of a high quality or not.</p>	Management should establish a process for collating and analysing the outcomes from quality assurance activities to identify themes and areas of weakness. This should then be utilised to improve training and achieve continuous improvement within the Division.	M	<p>Response: This area is undergoing review which takes into account suggestions</p> <p>Action: Process for collating and analysing outcomes currently being progressed and /or already in place</p> <p>Action Owner: [Redacted]</p>	May 23

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
3	<p>Issue: Professional Supervision Practices</p> <p>There is no formal process in relation to investigations by a registered body on a professional individual employed by Social Security Scotland and what steps and actions the Health and Social Care division are required to take.</p> <p>Risk:</p> <p>Increased risk that inconsistent or insufficient action is taken in relation to investigations by regulatory bodies.</p>	<p>Management should consider establishing a formal process in relation to investigations by a registered body and ensure this is documented for clarity and consistency in approach.</p>	M	<p>There has been formal activity taken place in relation to this. We will draw up a formal process document</p> <p>[Redacted]</p>	<p>May 23</p>
4	<p>Issue: Lack of Management Information</p> <p>Currently, management information and reporting is in its infancy within the Division and is complicated by the lack of ownership and reliance on manual processes.</p> <p>Risk: Lack or poor Management Information can lead to management misinformation, inability to</p>	<p>a) Social Security Scotland should review current arrangements for obtaining and collating management information and ensure where possible the most efficient and effective methods are implemented, through automated tools and functionality. As part of this it</p>	M	<p>Response:</p> <p>There has been significant progress made by the Directorate in producing Management Information to incorporate data analysis and reporting on progress and performance. This does involve manual reporting and data entry</p>	

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>understand crucial data on services, products and can include human error risk.</p>	<p>should be determined who should own this activity within Social Security Scotland and/or Social Security Programme.</p> <p>b) Management should also consider their management information needs and where appropriate ensure appropriate data analysis and reporting is implemented to provide relevant information on progress and performance in order to aid oversight and decision making.</p>		<p>however in the absence of automation we have devised this to underpin required monitoring across all areas of our work</p> <p>Action: This will require to be an ongoing action as we are going through a period of transition where systems are being considered for the next phase of system planning and development</p> <p>Action Owner: [Redacted]</p>	
5	<p>Issue: Training</p> <p>a) An e-learning resource on professional supervision has been published on Pathways and is available for all registered professionals, however,</p>	<p>a) Management to consider making the digital learning that has recently been developed by Education and Development mandatory, for all those with professional supervision</p>	L	<p>Response:</p> <p>a) This will be made mandatory practice within H&SCO. It is good practice that our evidence base underpins all delivery. Monitoring that</p>	May 23

No.	Issue & Risk	Recommendation	Priority	Management Response & Action Owner	Action Date
	<p>this course is not yet deemed mandatory for those who undertake Professional Supervision.</p> <p>b) Seniors practitioners do not often participate in case discussions to maintain their knowledge and expertise.</p> <p>Risk: Employees who have not received training may not be aware of their role and responsibilities and the process to be followed and there is increased risk that colleagues feel unappreciated and underperform in their roles.</p>	<p>responsibilities, to ensure they familiarise themselves with training material developed to assist supervisors in their roles.</p> <p>b) Management should consider if Senior Practitioners should have periodic time dedicated to consultations and case discussions type of work, therefore continuing with the practice and 'live training' of such cases.</p>		<p>supervisors are accessing the training on a mandatory basis yearly</p> <p>Action Owner [Redacted]</p> <p>b) Seniors are now carrying out this practice on a one day a week basis</p> <p>Action Owner: [Redacted]</p>	



3. Findings, Good Practice and Improvement Opportunities

3.1. Good Practice

- 3.1.1. The Health and Social Care Division of Social Security Scotland has been set up from scratch within the last 12 months. Based on this short time that the division has been in place we were keen to highlight that we evidenced a significant amount of progress has been made in relation to Quality Assurance and Professional Supervision.
- 3.1.2. Quality Assurance processes have been established for quality assuring the work of Practitioners. Although guidance/desk notes are not yet in place ([please see recommendation 1](#)) we were pleased to note that high level process maps have been documented. These detail the stages for Quality Assurance checks on practitioners which are implemented from the end of an individual's training period. All practitioners are provided 100% support in the initial period after training and this is reduced in accordance with their progress and need for support.
- 3.1.3. The Health and Social Care Division have established a Quality Assurance Tracker which captures the learning needs per individual practitioner.
- 3.1.4. Social Security Scotland has put in place an arrangement with NHS – Education Scotland (NES) who provide support on the professional learning and supervision aspect of colleagues in the Health and Social Care Division.
- 3.1.5. From our review we noted that a lot of new ideas and tools are being trialled by the Health and Social Care Division. For example, the Education and Development team are currently trialling a new induction booklet, as well as a routeway for practitioners and a generic routeway for all staff. The Health and Social Care Division are also in the process of developing a learning passport which will follow the trainees from Day 1 of training until their 9 month appraisal.
- 3.1.6. The Health and Social Care Division will be creating a landing page on Turas (NHS Education Scotland's system which provides resources for training and development) which will have links to all the mandatory (inhouse) e-learning material.
- 3.1.7. NHS Education Scotland (NES) as part of the agreement in place will provide the Health and Social Care Division reporting on the NHS Education Scotland modules undertaken by colleagues so a record of this can be maintained.

- 3.1.8. Social Security Scotland have in place processes for confirming the professional registration of new employees and for ensuring continued registration throughout an officers employment.

3.2. **Improvement Opportunities**

Policy and Procedural Documentation

- 3.2.1. The Professional Development Framework has been drafted but not yet completed. Once complete it will set the framework for professional supervision across the Health and Social Care Division. We were also provided evidence on professional supervision via the Guiding Principles document which depicts the purpose, frequency and supervision structure. However we noted that there are some inconsistencies between the two documents such as whether the frequency of Professional Supervision should be three-monthly or six-monthly. These two key documents should complement and ‘reconcile’ with each other. Any additional documents, such as the Guiding Principles should either form part of the Framework document or be updated to ensure consistency in their details. [\(Please see Recommendation 1\)](#)
- 3.2.2. During fieldwork we noticed that the Division does not currently have procedural documentation for outlining the steps required to complete the Quality Assurance and Professional Supervision processes involved and how to execute these, as well as link the processes together. Once all Quality Assurance and Professional Supervision processes are defined, procedures will assist in making the practices more consistent and assist everyone in their role and responsibilities. [\(Please see Recommendation 1\)](#)
- 3.2.3. When reviewing the Health and Social Care suite of documentation which was available we noted that features such as version control information are not always present. Examples of this include the Organisational Charts and the Terms of Reference for the Governance Group. Strategic documents lacking version control and/or dates can mislead the time frame key decisions were made within the organisation and could lead to officers referring to documentation which may have been superseded and so is now out of date leading to inconsistencies in approach and working practices and non-compliance. [\(Please see Recommendation 1\)](#)

Quality Assurance Arrangements

- 3.2.4. As with findings noted in previous Social Security Scotland reviews, Social Security Scotland does not currently have an overarching Quality Assurance (QA) Framework to direct a consistent and integrated approach to quality assurance. We have made no further recommendation in relation to this, however we do note that should a corporate framework be developed, the Health and Social Care Division will need to ensure their own established arrangements are aligned with the overall Social Security Scotland Framework, when in place.
- 3.2.5. We note in the good practice section that quality assurance processes have been established for quality assuring the work of Practitioners and we were able to evidence this in practice during our review. Similar evidence was available in relation to Quality Assurance of Senior Practitioners activities however from our review we note that this was just newly implemented at the time of our fieldwork and so not yet an established process.
- 3.2.6. From our fieldwork and testing we have recognised that outcomes from Quality Assurance activities have not yet been collated to enable the identification of areas of weakness and themes where improvements may be required. Such analysis would aid continuous improvement developments in training, guidance and processes. The outcome of such a piece of work should be shared with the Education and Development team to enable targeted improvements to be made to continuous professional development (CPD) and training. [\(Please see Recommendation 2\)](#)

Professional Supervision Practices

- 3.2.7. Professional Registration Councils are responsible for investigating serious concerns regarding registered professionals fitness to practice. From discussion we are aware that there are informal processes in place to engage with the relevant professional registration council should an individual be under investigation or Social Security Scotland need to report a situation. However there is no formal guidance or process in place for such scenarios. Descriptive

guidance could be in place to inform the relevant stakeholders on the next steps that need taken by the Division as well as how the Division and the organisation should be dealing with such occurrences. [\(Please see Recommendation 3\)](#)

Management Information

- 3.2.8. The Management Information and reporting arrangements are in development for the Health and Social Care Division. However we note that this development is hindered by current practices being manual. Manual production and calculation of management information and reporting is time consuming, resource intensive and poses increased risk of error. From discussions it was also highlighted that ownership in relation to this is not clear and this also hinders development. Social Security Scotland should take steps to determine what management information is needed in relation to Quality Assurance and Professional Supervision and take steps to allocate clear ownership for this development and enable the implementation of processes which are efficient and effective for producing the required information with, where possible, minimal manual intervention required. [\(Please see Recommendation 4\)](#)

Training

- 3.2.9. An e-learning resource has been developed to provide relevant training to those responsible for Professional Supervision and this is now published on Pathways learning tool. This training is available for all registered professionals, but currently is not deemed mandatory for those with Professional Supervision responsibilities. As such there is an increased risk that those responsible for professional supervision are not aware of the processes to be followed and therefore may not effectively be undertaking their professional supervision duties. [\(Please see Recommendation 5\)](#)
- 3.2.10. During fieldwork it was identified that Practitioners are mainly working on case discussions and case consultations, whereas Senior Practitioners are involved in professional supervision, but not working directly on case discussions and case consultations, despite their expertise. To build up experience in Social Security Scotland cases and maintain their level of knowledge we suggest that management consider setting some time aside for Senior Practitioners to be involved periodically in case discussions and consultations. [\(Please see Recommendation 5\)](#)

Safeguarding Professional Supervision and Quality Assurance Processes

- 3.2.11. There is currently no defined Quality Assurance arrangements in relation to Safeguarding activities, as a result currently 100% of the safeguarding processes are quality assured by the Safeguarding Lead. We understand that management are in the process of agreeing the quality assurance arrangements for safeguarding activities, and various stakeholders are engaging on this. As such we have made no recommendation in relation to this but would highlight that 100% checks in the longer term may not be sustainable or an efficient and effective use of resources.

Annex A Definition of Assurance and Recommendation Categories

Assurance Levels

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

Recommendation Priority

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



Directorate for Internal Audit and Assurance

Internal Audit Terms of Reference

Social Security Scotland 2022-23

Health and Social Care Quality Assurance and Professional Supervision

Directorate for Internal Audit and Assurance

Issue Date: 2-11-2022

Audit Year:	2022-23
Client Accountable Officer:	David Wallace, Chief Executive Officer
Client Audit Contact(s):	[Redacted] Head of Operations, Health and Social Care [Redacted] Professional Advisor & Governance Lead [Redacted] Chief Officer, Health and Social Care Operations [Redacted] Chief Officer, Health and Social Care Operations [Redacted] Education and Development Lead
Lead Senior Internal Audit Manager:	[Redacted]
Internal Audit Manager:	[Redacted]
Internal Auditor	[Redacted]

Estimated Reporting Timescale

Fieldwork Starts:	November 2022
Fieldwork Ends:	November 2022
Draft Report Issued:	December 2022
Final Report Issued:	December 2022
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 25 March 2022.
- 1.2. The Health and Social Care division within Social Security Scotland is a new service, still under development. It aims to ensure that the organisation makes the right decisions for its clients and that Scottish disability and carer's benefits are delivered with dignity, fairness and respect to all people, from all walks of life.
- 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 processes and controls in place in relation to Quality Assurance and Professional supervision to ensure Health and Social Care Services being delivered are of a high quality and aligned with both regulatory requirements and the organisations culture, vision and values.
- 1.5. We met with the Professional Advisor and Governance Lead on 30th August 2022 to discuss relevant risks and agree the details of this review. Our scope and key risks below have been developed through these discussions and our knowledge of Social Security Scotland and its objectives
- 1.6. It should be noted that a review of Social Security Scotland's Quality Assurance Framework for the organisation as a whole is due to be undertaken in quarter 4 of this audit year. As such it will be ensured that any work done in this review will not duplicate that being done in the Quality Assurance Framework review and this review will focus solely on the Health and Social Care Divisions arrangements in relation to Quality Assurance.

2. Scope

2.1. To evaluate and report on the controls in place to manage the risk surrounding Social Security Scotland's Health and Social Care Division with regards to Quality Assurance and Professional Supervision arrangements.

2.2. Remit Item 1 – **Governance and Management Oversight**

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

Key Risks:

- Roles, responsibilities and accountabilities in relation to both Quality Assurance and Professional Supervision are not clearly defined within the Health & Social Care division or within the wider organisation.
- Lack of policy, procedures and guidance to support Quality Assurance and Professional Supervision arrangements and ensure these are aligned with corporate and legislative requirements.
- Insufficient or ineffective management of risks in relation to quality assurance and professional supervision;
- Insufficient arrangements for reporting and management oversight of Health and Social Care quality and professional supervision outcomes.

2.3. Remit Item 2 – **Quality Assurance Arrangements**

To consider the effectiveness of the processes being established in relation to Quality Assurance within Health and Social Care division of Social Security Scotland.

Key Risks:

- There is a lack of understanding of what quality is and what it should look like, resulting in inconsistencies and an inability to determine whether services being delivered are of a high quality or not.
- Assumptions on quality do not consider all relevant stakeholders, including clients as well as colleagues in other divisions within Social Security Scotland.

- Current Quality Assurance arrangements are not aligned with Social Security Scotland's culture, vision and values.
- Monitoring and reporting mechanisms are not in place to contribute towards assessing the quality of the services delivered.
- There is no process in place to identify areas of good practice or opportunities for improvement meaning that Social Security Scotland is unable to effectively learn and improve the quality of its Health and Social Care Services.
- Current systems, controls and reporting mechanisms do not support the Quality Assurance processes in place and do not monitor performance and trends within Health and Social Care.
- Quality Assurance arrangements being established are not sustainable in the long term as the organisation and the volume of clients continues to grow

2.4. Remit Item 3 – **Professional Supervision Systems, Processes and Controls**

To review the systems, processes, controls and performance reporting in place for Professional Supervision to ensure these are appropriate and enable achievement of strategic objectives.

Key Risks:

- There is a lack of understanding of what professional supervision is and what it should look like, resulting in inconsistencies and an inability to determine whether colleagues have the appropriate levels of professional competence and abilities.
- Assumptions in relation to abilities and professional competence are not aligned with the relevant professional standards and regulations.
- Professional Supervision arrangements are not aligned with Social Security Scotland's culture, vision and values.
- There is a lack of arrangements in place to determine professional competence levels of all relevant health and social care colleagues in a consistent and effective manner throughout their career with Social Security Scotland.
- Monitoring and reporting mechanisms are not in place to ensure professional registrations are maintained by all relevant colleagues.

- Staff do not have access to and are not provided support to undertake relevant Continuous Professional Development activities aligned with their role and professional registration needs.
- Current systems, controls and reporting mechanisms do not support the Professional Supervision processes in place and do not monitor performance and trends within Health and Social Care.
- Professional Supervision arrangements being established are not sustainable in the long term as the organisation and the volume of clients continues to grow.

3. Approach

- 3.1. We will undertake the audit in compliance with the Internal Audit Charter and 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. Management are reminded of our need for timely access to people and responsiveness to information requests, to enable the reporting timetable to be met.