



Haringey Council

Agenda item:

Audit Committee

On 2 November 2010

Report Title: Internal Audit Progress Report – 2010/11 Quarter 2

Report authorised by: Director of Corporate Resources

J. Fowler
25/10/10

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Wards(s) affected: All

Report for: Non-key decision

1. Purpose of the report

1.1 To inform the Audit Committee of the work undertaken during the second quarter by the Internal Audit Service in completing the 2010/11 annual audit plan and reports issued for outstanding 2009/10 audits together with the responsive fraud investigation work. In addition, to provide details of the work the Council's personnel division has undertaken in supporting disciplinary action taken across all departments by respective council managers.

2. State link(s) with Council Plan Priorities and actions and/or other Strategies:

2.1 Audit and Risk Management contribute to the Council priority to deliver excellent, customer focused, cost effective services by reviewing key services and making recommendations for improvement where appropriate. Follow up work is undertaken to provide assurance that managers have implemented agreed recommendations and improvements.

3. Recommendations

3.1 The Audit Committee is recommended to note the audit coverage and progress during the second quarter 2010/11.

3.2 That the Audit Committee notes the progress and responses received in respect of outstanding audit recommendations.

3.3 That the Audit Committee confirms that the actions taken during Quarter 2 to

address the outstanding recommendations are appropriate.

4. Reason for recommendation(s)

4.1 The Audit Committee is responsible for monitoring the completion of the annual internal audit plan and the implementation of agreed recommendations as part of its Terms of Reference. In order to facilitate this, progress reports are provided on a quarterly basis for review and consideration by the Audit Committee.

4.2 Where further action is required or recommended, this is highlighted in the covering report and associated appendices and included in the recommendations for the Audit Committee.

5. Other options considered

5.1 Not applicable

6. Summary

6.1 The internal audit service makes a significant contribution to ensuring the adequacy and effectiveness of internal control throughout the authority. This report looks at the work undertaken in the quarter ending 30 September 2010 and focuses on:

- Progress by Deloitte and Touche on internal audit coverage relative to the approved internal audit plan, including the number of audit reports issued and finalised;
- Progress in implementing outstanding internal audit recommendations with special attention given to priority 1 recommendations;
- Details of investigative work undertaken relating to fraud and/or irregularities that fall outside the remit of the Housing Benefit Fraud Investigation Team, including information in respect of disciplinary action taken; and
- Information on the reasons for the creation of a corporate anti-fraud resource within Audit & Risk Management.

6.2 The information has been compiled from information held within the Audit & Risk Management business unit and from records held by Deloitte and Touche and the Council's corporate Human Resources business unit.

7. Head of Legal Services Comments

7.1 The Head of Legal Services has been consulted in the preparation of this report, and advises that there are no direct legal implications arising from the report.

8. Chief Financial Officer Comments

8.1 The Chief Financial Officer supports the contents and recommendations set out in

this report and in particular the progress reported both in relation to the in year planned activity and also following up outstanding recommendations from prior years.

8.2 The proposed integration of the audit and housing benefit investigation functions should enable the council to be best placed to deal with a likely increase in fraudulent activity as set out in paragraph 19.5. Furthermore, a review and update of the Council's corporate anti-fraud policies and strategies is planned and will be provided to the Audit Committee to review and approve as set out in the terms of reference.

9. Head of Procurement Comments

9.1 Not applicable

10. Equalities and Community Cohesion Comments

10.1 This report deals with how risks to service delivery are managed across all areas of the council, which have an impact on various parts of the community. Improvements in managing risks and controls will therefore improve services the Council provides to all sections of the community.

11. Consultation

11.1 No external consultation was required or undertaken in the production of this report. Consultation is undertaken with respective service managers, Assistant Directors and Directors during the audit process and in the production of individual internal audit reports and follow up programmes. Their comments are included in the final report which is circulated in accordance with the agreed internal audit reporting protocol.

12. Service Financial Comments

12.1 There are no direct financial implications arising from this report. The work completed by Deloitte and Touche is part of the five year contract which was awarded following a competitive tendering exercise in compliance with EU regulations from 1 April 2007. The costs of this contract are contained and managed within the Audit and Risk Management revenue budget.

13. Use of appendices

13.1 Appendix A – Deloitte and Touche Progress report
Appendix B – In-house Team – investigations into financial irregularities
Appendix C – Council-wide disciplinary information

14. Local Government (Access to Information) Act 1985

14.1 For access to the background papers or any further information please contact Anne Woods on 0208 489 5973.

15. Performance Management Information

15.1 Although there are no national or Best Value Performance Indicators, local performance targets have been agreed for Audit and Risk Management. These form part of Corporate Resources' reporting processes, but are detailed below for information. Table 1 below shows the targets for each area of audit activity monitored and gives a breakdown between the quarterly and cumulative performance.

Table 1

PI Ref.	Performance Indicator	2 nd Quarter	Year to date	Target
A1	Audit work Completed vs. Planned programme	71%	75%	95%
A2	User satisfaction (1 = low, 5 = high)	4	3.71	3.75
A3	Time taken to complete investigations (2009/10 referrals)	6.5 weeks	8 weeks	8 weeks
A4	Priority 1 recommendations implemented at follow up	100%	100%	95%

16. Internal Audit work – Deloitte and Touche contract

16.1 The activity of Deloitte and Touche for the second quarter of 2010/11 to date is detailed at Appendix A, which also includes reports issued for outstanding work from the 2009/10 audit plan. Members of the Audit Committee receive detailed summaries of all projects for which a final report has been issued on a monthly basis to allow for any issues to be raised and discussed in a timely manner. Appendix A provides a list of all final reports which have been issued during the quarter, together with detailed summaries of all reports which are issued with a 'limited' assurance rating.

16.2 Appendix A also provides detailed summaries of all recommendations which were previously recorded as outstanding at the time of the follow up audit work. Members have been monitoring the progress and implementation of these at each Audit Committee to ensure that managers were taking appropriate action to address outstanding recommendations. As at 30 September, only 2 recommendations from prior years remained outstanding: 2005/06 - One Priority 2 recommendation remains outstanding; and 2007/08 - One Priority 3 recommendation remains outstanding. Work is ongoing to address these and internal audit is satisfied that managers' actions are appropriate to manage the

lower priority risks facing the Council. Internal Audit will continue to monitor implementation of recommendations to ensure appropriate actions are taken to mitigate identified risks.

- 16.3 A summary of all follow up audit projects for 2008/09 work which have been undertaken is also included in Appendix A (pages 16-17). We have followed up on 181 recommendations to date and found that 174 (96%) have been implemented and seven are no longer applicable which means that there are no outstanding recommendations from 2008/09. All Priority 1 recommendations followed up to date, where the deadline for implementation has passed, have been implemented.
- 16.4 A summary of all follow up audit projects for 2009/10 work which have been undertaken is also included in Appendix A (page 19). We have followed up on 29 recommendations to date and found that 27 (93%) have been implemented and one is no longer applicable. Ten out of eleven Priority 1 recommendations followed up to date, where the deadline for implementation has passed, have been implemented. One Priority 1 recommendation is in progress and the details provided at Appendix A.
- 16.5 To date, 71% of the planned annual programme of work for quarter 2 has been delivered, the reduced delivery was as a result of clients' annual leave commitments. To date, 75% of the planned work has been completed, although at this stage there are no issues identified at this date which will prevent the 95% annual target from being achieved. Ongoing monthly contract monitoring reviews ensure that performance levels are kept under review.
- 16.6 In conjunction with the Director of Corporate Resources, Directors are kept advised of the outstanding recommendations and any actions required to ensure that implementation of recommendations is achieved. From 2008/09 onwards, the implementation of Priority 1 recommendations has been included in the performance reporting requirements for all departments. During quarter 2, Internal Audit are satisfied that managers have been taking appropriate action to address the issues raised in the original recommendations prior to 2008/09.

17. In-house Team – Fraud investigation/Irregularities

- 17.1 In accordance with the Council's Constitution, Internal Audit investigates all cases that fall outside the remit of the Housing Benefit Fraud Investigation Team and the Information Security Policy. Appendix B details the individual cases that were completed by the In-house Team to date in 2010/11 and any which were brought forward from 2009/10. The listing at Appendix B also includes any referrals made using the Council's whistle blowing policy which were investigated by Internal Audit. During the second quarter, one whistleblowing referral was made.
- 17.2 Within the second quarter, six new cases were referred to Internal Audit for investigation, and four cases were completed during the quarter involving Council employees. The four cases completed took 6.5 weeks on average to complete, within the agreed performance target of 8 weeks. Internal Audit work closely with officers from personnel and the service involved to ensure that the investigation is completed as quickly as possible.

17.3 The Council has a dedicated email address and telephone number, which is advertised on the Council website, by which members of the public can report instances of suspected fraud or irregularity. The In-house Team manage and monitor these referrals. During the second quarter, 22 referrals in relation to new allegations were made via the Council's email reporting facility. Of these, seven related to housing benefits issues and were referred to the Housing Benefit Fraud Investigation Team for further review, five related to potential subletting frauds and five referrals related to school admissions. Five referrals were not related to fraud within Haringey Council.

17.4 The In-house Team also investigates claims of non-receipt of Council cheques. In the second quarter of 2010/11, there have been no referrals for investigation and no losses to the Council. Improvements in procedures, including the introduction of 'positive pay' whereby the council's banking team receives information on cheques before they are cleared, and new cheque security measures have reduced the opportunity for attempted fraud in this area.

18. Council-wide disciplinary statistics

18.1 Appendix C details the number of disciplinary suspensions and/or action taken in the second quarter of 2010/11. The data is taken from SAP and the information has been provided by the Council's Human Resources business unit in line with Council statistics reported elsewhere.

18.2 During quarter 2, the number of disciplinary cases investigated was 63, with 45 remaining 'open' at the end of the quarter. The average length of time taken to resolve disciplinary cases in quarter 2 was 91 days, a reduction of 14 days compared with the average length of time for the previous quarter's cases. A number of the complex cases which contributed to the increased length of suspension time in recent quarterly reports were resolved during quarter 2, although some remain under investigation.

19. Corporate Anti-fraud Resources

19.1 The National Fraud Authority (NFA) was established as an Executive Agency of the Attorney General's Office in October 2008, to take forward the Government's response to fraud, building on the 2006 Fraud Review. The NFA has estimated that the total scale of fraud against the public sector amounts to some £25 billion per year, comprising £18 billion of losses in tax through fraud and £7 billion of fraud against public sector expenditure, including social security benefits.

19.2 There is a significant challenge to public sector organisations in attempting to balance resources between fraud prevention and detection. As economic circumstances alter, the motive and opportunities for fraud may increase and developing issues like identity verification arise with the increase in online services. This applies equally to fraud threats from inside and external to the organisation.

19.3 Frauds may be opportunistic attempts by individual members of staff, customers, or contractors to obtain a financial advantage. The sums involved in any one such case may be small, but these can mount up to significant losses of public money if there are a lot of cases involved. At the other end of the scale, departments may suffer from more systematic and premeditated attacks by organised crime groups. These may be fewer in number but the losses in each case can be substantial. In some cases fraudsters may work in collusion with the department's staff. As well as diverting money that should be spent on public services, fraud can undermine the position of honest citizens and businesses and support the activities of those involved in other serious crime.

19.4 The Council faces a wide range of different risks from internal and external fraud, some examples of which include:

- Benefit claimants who fail to declare all earnings, income or capital, or who conceal family circumstances, to obtain benefits to which they are not entitled;
- People who claim discounts and allowances on Council Tax and/or NNDR to which they are not entitled;
- People obtaining social housing to which they are not entitled;
- Contractors who claim payment for work which they have not carried out;
- People or businesses who claim grants to which they know they are not entitled;
- Employees colluding with contractors or criminals to defraud the Council by e.g. selling details of departmental records to allow fraudulent claims for payment;
- Organised criminals obtaining large sums, for example through committing organised fraud against the benefit system through stolen, forged or counterfeit documents, or through creating fictitious benefit claims.

19.5 The Council is facing considerable challenges to deliver services whilst making substantial savings over the next three years. Combined with the current economic situation, the risk of fraud is considered to be increasing. The Council has reviewed the options available in order to make the most effective use of existing resources in addressing fraud prevention and detection. Combining the in-house fraud investigation resources within internal audit and housing benefits would enable the Council to utilise existing skills in developing a corporate pro-active approach which would focus attention on key and emerging risks, for example as part of the National Fraud Initiative exercise.

19.6 An integrated and risk based corporate approach would therefore assist the Council to better understand and manage the risks of fraud because this:

- Fits in with good corporate governance. A major element of good corporate governance is a sound assessment of the Council's business risks. Fraud risk should be managed in the same way as managing any other business risk and should therefore be approached systematically at both the organisational and operational level;
- Helps with developing a range of measures which apply proportionate and well targeted pressure at all levels of the problem;
- Can help achieve a cost effective approach in tackling fraud by focusing on areas of greatest risk and where efforts may have the greatest impact; and

- Can be a helpful way of communicating to staff what the Council is trying to do and what is expected from them. This can also assist in providing a deterrent message to potential fraudsters that they are unlikely to succeed in attempts to commit fraud against the Council.

19.7 In combining the audit and housing benefit investigation functions, an integrated and risk based approach to tackling fraud can be developed. It will enable a clear policy and strategy to be developed and implemented for the Council which will:

- Help to understand the size of the problem;
- Understand the types of risk;
- Assign responsibilities for tackling fraud;
- Prepare plans for managing fraud risks;
- Monitor performance and review plans as necessary;
- Set targets;
- Implement measures to tackle fraud;
- Prevent and deter fraud; and
- Detect, investigate and impose sanctions.

19.8 There is no single package of measures which can be applied universally by and across the Council to tackle fraud. Measures need to be tailored to the type and size of risk faced in order to try and achieve savings, or prevent fraudulent expenditure. Savings could arise in three ways:

- The direct effects from recovering amounts defrauded;
- The preventive effect, through improved future compliance from those previously detected committing fraud; and
- The deterrent effects on others as they learn of the greater efforts being taken to crack down on fraud.

19.9 It is planned to review and update the Council's corporate anti-fraud policies and strategies in order to reflect the new corporate anti-fraud structure. These will be provided in due course to the Audit Committee for review and approval, in accordance with the committee's terms of reference.

**Internal Audit
Quarter 2 Internal Audit Report
2010/2011
London Borough of Haringey**

Deloitte & Touche Public Sector Internal Audit Ltd.
October 2010

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Executive Summary

Introduction

This is our second quarter report to the Audit Committee for the 2010/11 financial year including details of all reports which are now at final stage. The report provides information on those areas which have achieved full or substantial assurance and gives an indication of the direction of travel for key systems work which will provide Members with information on how risks are being managed over time. The format of this report is also designed to highlight the key risks facing individual departments and the Council which have been identified during the course of our internal audits. A more detailed summary of the limited assurance audit findings is included for information. The report draws together the summary information which is provided on a monthly basis to Members of the Audit Committee. Members of the Committee will also be provided with full copies of our audit reports upon request.

All recommendations are agreed with Council officers, and any disputes are discussed prior to the final report being issued. All recommendations to address any control weaknesses highlighted within this report have been agreed. Officers' actions to address the recommendations, including the responsible officer and the deadline for completion, are fully detailed in the individual final audit reports.

The attached tables reflect the status of the systems at the time of the audit, and recommendations may already have been implemented by Council officers by the time the final report is issued and reported to the Audit Committee.

As a reminder, our recommendations are prioritised according to the following categories:

- Priority 1* - major issues for the attention of senior management
- Priority 2* - other recommendations for local management action
- Priority 3* - minor matters and/or best practice recommendations

Key Highlights/Summary of Quarter 2 2010/11 – Final Reports issued:

- Catering Services (CYPS) – Compliance with Financial Regulations;
- Transport Services (CYPS) – Compliance with Financial Regulations;
- Corporate Property Services – Risk Register Testing;
- Security Virus & Patch Management;
- CCTV Community Safety Management and Operation;
- Health & Safety (Corporate Risk Register); and
- Local Democracy & Member Services (Risk Register Testing).

As part of the 2010/11 Internal Audit Plan, we also issued a draft report in Quarter 2 for the following audits:

- Absence Management (Urban Environment);
- Park Force (Project Management Assurance);
- Certificates of Lawfulness;
- Employment Ongoing Verification Procedures; and
- Local Democracy & Member Services Risk Register Testing.

The above list does not include reports which we have issued to schools in Quarter 2.

Follow Up of Prior Years' Recommendations

The results of our follow-up work are as follows:

2005/06

One Priority 2 recommendation remains outstanding; work is ongoing to address this.

2007/08

One Priority 3 recommendation remains outstanding; work is ongoing to address this.

2008/09

We have followed up 181 recommendations and found that 174 (96%) have been implemented and seven are no longer applicable. All Priority 1 recommendations followed up to date, where the deadline for implementation has passed, have been implemented.

2009/10

To date we have followed up 29 recommendations and found that 27 (93%) have been implemented, one has been partly implemented and one is no longer applicable. One Priority 1 recommendation has not been fully implemented and a revised deadline has been given by management for its full implementation.

DELOITTE INTERNAL AUDIT - QUARTERLY AUDIT REPORT 2010/11

APPENDIX A

Audit Progress Summary:

The following table sets out the audits finalised in quarter two of 2010/11, showing those that relate to the 2009/10 and 2010/11 financial years, and the status of the systems at the time of the audit. It must be noted that the recommendations may already have been implemented by Council officers by the time the final report is issued and reported to the Audit Committee.

Detailed summaries of all audits which do not receive 'Full' or 'Substantial' assurance ratings are also provided for Members' information.

Audit Title	Date of audit	Date of Final Report	Assurance level	Direction of Travel	Number of Recommendations (Priority)		
					1	2	3
2009/10							
Council Tax	Jan 2010	6/7/10	Substantial	↔	0	3	0
Creditors	Nov 2009	12/7/10	Substantial	↔	0	2	0
Unaccompanied Asylum Seeking Children	Nov 2009	14/7/10	Limited	N/A	5	3	0
Framework I Disaster Recovery Test	May 2010	15/7/10	N/A	N/A	0	1	0
Housing Benefits	Feb 2010	17/8/10	Substantial	↔	0	12	0
Mental Health	Apr 2010	24/8/10	Limited	N/A	1	3	0
Data Transfer	Feb 2010	16/09/10	Limited	N/A	0	9	0
2010/11							
Catering Services – Compliance with Financial Regulations	Apr 2010	19/7/10	Substantial	N/A	0	7	2
Transport Services (CYPS) – Compliance with Financial Regulations	Apr 2010	22/7/10	Substantial	N/A	1	5	0
Corporate Property Services - Risk Register Testing	May 2010	22/7/10	Substantial	N/A	0	1	1
Security Virus & Patch Management	Jul 2010	13/8/10	Substantial	N/A	0	1	1
CCTV Community Safety Management and Operation	Jul 2010	31/08/10	Substantial	N/A	0	1	0
Health & Safety (Corporate Risk Register)	Jun 2010	03/09/10	Substantial	↔	1	2	1
Local Democracy & Member Services (Risk Register Testing)	Aug 2010	08/09/10	Full	N/A	0	0	0

DETAILED SUMMARIES:

Audit area	Scope	Status/key findings	Assurance
CORPORATE RESOURCES – IT AUDIT			
<p>Data Transfer 2009/10</p>	<p>Audit work was undertaken to cover the following areas:</p> <ul style="list-style-type: none"> • Policies, Procedures and Guidelines Policies, procedures and guidelines have been established for the transfer of data to external organisations. • Data Security Training and Awareness Arrangements are in place to provide staff with adequate training and awareness around the secure transfer of data to external organisations. • Data Classification Data classification markings have been defined and guidelines are in place to ensure that data is marked accordingly based on its confidentiality/sensitivity. • Data Sharing Protocols Data sharing protocols have been established with the external organisations with which the Council shares its data. • Data Sharing Register Complete, accurate and up to date records are maintained to help identify which data 	<p>Within the system there are some weaknesses which put the system objectives at risk.</p> <p>A number of controls were observed to be operating satisfactorily, some of which are listed below:</p> <ul style="list-style-type: none"> • The Council has a number of policy, procedure and guideline documents in place to help ensure that data transferred to external organisations is done so in a secure and appropriate manner; • The AUP/006 Mobile Working/Portable Storage Device Acceptable Usage Policy prohibits staff from using portable data storage devices to transfer data with a protective marking of PROTECT or above and controls have been established to restrict staff from loading specific classes of data onto these devices; • The Council's intranet site, Harinet, contains an e-learning portal that allows staff to complete computer based training. The software also has the functionality to monitor and report on user results and course completion; • The Government Connect Secure Extranet (GCSx) e-learning course includes the protective marking of information and the handling and transfer of data. This course, however, is only specific to GCSx users and therefore this has not been delivered to all staff within the Council; • The Council have adopted the UNCLASSIFIED, 	<p>Limited</p>

Audit area	Scope	Status/key findings	Assurance
	<p>sets are shared with which external organisation.</p>	<p>PROTECT, RESTRICTED, CONFIDENTIAL, SECRET and TOP SECRET protective marking scheme. This scheme is compliant with the Government's Security Policy Framework National Protective Marking Scheme;</p> <ul style="list-style-type: none"> • The following policies and procedures have been developed to help ensure that the Council's information is marked in accordance with the protective marking scheme: <ul style="list-style-type: none"> ○ ISP/003 Information Classification Policy; ○ ISP/003a Appendix A – How to Classify Information; and ○ ISP/007 Information Handling, Labelling and Disposal Procedures; • The 'Haringey Information Sharing Protocol – A Practitioner Guide' and 'Haringey Information Sharing Protocol' templates have been developed for establishing Information Sharing Protocols between the Council and external organisations with whom Council data is shared; and • An Information Sharing Protocol register has been established to help identify and monitor Information Sharing Protocols the Council have established with external organisations. The register is designed to record the name of the Information Sharing Protocol, the participants/partners to the protocol, a brief description of the protocol, the protocol status, the Council owner of the protocol and the protocol review date. <p>The areas where weaknesses were found include:</p> <ul style="list-style-type: none"> • The roles and responsibilities of the Senior Information Risk Officer (SIRO) have not yet been formally defined and assigned to an accountable officer; 	

Audit area	Scope	Status/key findings	Assurance
		<ul style="list-style-type: none"> • Ownership of information assets within the Council have not yet been clearly defined and assigned to Information Asset Owners; • The Council's Information Risk Policy has not yet been formally documented and approved; • The Data Protection Policy was drafted in October 2009 but has not yet been formally approved, finalised and distributed to all staff; • The 'Records Management and Data Handling' e-learning module has not yet been completed and made available on the Harinet e-learning portal. Staff across the Council have therefore not yet received any formal training on data handling; • Although e-learning courses for 'Data Protection' and 'Information Security' is available on Harinet, only a very small percentage of staff within the Council has completed the training. This was supported by the generally low levels of awareness during our audit interviews amongst some staff of the data security, protective marking and incident reporting policies and procedures within the Council; • Although policies, procedures and guidelines have been established for the protective marking of Council information, information held within Council departments is not being positively marked in accordance with the policy; • There are a number of data sharing arrangements in place across the Council that are not supported by an agreed Information Sharing Protocol; • The Information Sharing Protocol templates do not 	

Audit area	Scope	Status/key findings	Assurance
		<p>include any provisions for including the types of data being shared, the approved methods transferring and securing the shared data; and</p> <ul style="list-style-type: none"> • Although the Council has established an Information Sharing Protocol Register, the register is incomplete and out of date and therefore does not include all the protocols in place for the data sharing arrangements in place across the Council. <p>As a result of our audit work we have raised nine Priority 2 recommendations which will help improve controls in the area.</p> <p>The priority 2 recommendations are as follows:</p> <ul style="list-style-type: none"> • Information owners for the information assets that are held within the Council should be appointed and their roles and responsibilities should be clearly defined; • The Council's Data Protection Policy should be formally approved, finalised and distributed to all staff; • The responsibilities of a Senior Information Risk Officer (SIRO) should be formally defined and the role assigned to a member of the Board or Senior Management Team; • The Council should develop an Information Risk Policy; • The 'Records Management and Data Handling' e-learning module should be completed, approved and delivered to all staff across the Council; • Information assets held within the Council should be identified and marked in accordance with the Council's approved 'Information Classification Policy'; • Information Sharing Protocols should be established for the information sharing arrangements that the Council has with external organisations; 	

Audit area	Scope	Status/key findings	Assurance
		<ul style="list-style-type: none"> The Information Sharing Protocol template should be reviewed and updated to include details pertaining to the type of information being shared, the approved methods by which the shared data can be transferred and the approved handling/security arrangements to be applied to the shared data; and The Information Sharing Protocol Register is reviewed and updated (where necessary) on a regular basis. 	
ADULT, CULTURE & COMMUNITY SERVICES			
Mental Health	<p>Audit work was undertaken to cover the following areas:</p> <ul style="list-style-type: none"> Identification of Adults who are Potentially at Risk; Recording and Screening of Referrals; Assessment of Clients Needs (including case conference and decision making); Assessments of Appropriate Care Package; Monitoring and Review of Service Providers; Prevention and Early Intervention; Delivery of Self-Directed Support; Payments for Services Received; and Budgetary Control. 	<p>Within the system there are weaknesses which put some the system objectives at risk.</p> <p>A number of controls were observed to be operating satisfactorily, some of which are listed below:</p> <ul style="list-style-type: none"> A risk assessment policy is in place; For a sample of five patient/service user referrals, a record was in place of their referral being screened by the Short Term Assessment and Recovery Team (START) and of their assessment having been carried out by the Support and Recovery Team; A KPI is in place and is monitored for the time taken to complete an assessment of a Service User, following their referral to the Support and Recovery Team; and Budget monitoring reports were produced and meetings took place for the months in the sample. <p>The areas where weaknesses were found include:</p> <ul style="list-style-type: none"> For a sample of five service users who are part of the Care Programme Approach (CPA), it was found that in one case, no record of the CPA being in place was recorded on 	Limited

Audit area	Scope	Status/key findings	Assurance
		<p>RiO;</p> <ul style="list-style-type: none"> • In several instances, the Mental Health Performance Call Over meeting minutes identified that further action needed to be taken but did not specify a deadline for when the action was to be implemented by; and • The Safeguarding Adults Prevention Strategy 2009-11 is still in draft form. <p>Audit was not able to complete testing in a number of areas as the information was not readily available at the time of the audit: evidence that risk assessment training and early intervention training had been provided to relevant staff, evidence of Short Term Assessment and Recovery Team (START) staff structure chart being in place, evidence that procedure notes are in place for the completion of referral screenings by START and evidence of the training received by staff responsible for completion of referral screenings.</p> <p>As a result of our audit work we have raised one priority 1 and three priority 2 recommendations to help improve controls in the area.</p> <p>The Priority 1 recommendation is as follows:</p> <ul style="list-style-type: none"> • Relevant staff within the Trust should be reminded of the need to record in RiO, all cases where a service user is subject to a Care Programme Approach (CPA). Senior management should also carry out spot checks to verify whether a record of a service users CPA has been made on RiO. <p>The Priority 2 recommendations are as follows:</p> <ul style="list-style-type: none"> • The Assessment and Care Management Manual should be reviewed and updated, to ensure that its contents are in line with the strategic direction and objectives of the 	

Audit area	Scope	Status/key findings	Assurance
		<p>Council as a whole. Evidence of this should be retained e.g. through the use of version control;</p> <ul style="list-style-type: none"> • Explicit deadlines should be recorded on all action plans developed to improve areas where performance has dropped to facilitate monitoring of the implementation and progress of these actions; and • The Safeguarding Adults Prevention Strategy should be reviewed and formally approved for use within the Council. <p>It has been agreed with management that the following areas will be covered as part of the audit of Transformation Social Care Programme to be completed in the final quarter of the 2010/11 financial year:</p> <ul style="list-style-type: none"> • Assessment of an individual's ability to manage their budget as part of their care plan; and • Guidance to service users on how they should manage their personal budgets. 	
CHILDREN & YOUNG PEOPLES SERVICES			
<p>Unaccompanied Asylum Seeking Children 2009/10</p>	<p>Audit work was undertaken to cover the following areas:</p> <ul style="list-style-type: none"> • Compliance with Local and Statutory Requirements; • Documentation, Policy and Procedures; • Application, Assessment and Referral Processes; • Monitoring and Review of Clients and Service Provision; 	<p>Within the system there are weaknesses which put the system objectives at risk.</p> <p>A number of controls were observed to be operating satisfactorily, some of which are listed below:</p> <ul style="list-style-type: none"> • There was evidence of links between the Service's senior staff and statutory organisations and other similar organisations to assist with the identification of changes in legislation; • The applications received and assessed by the Service are documented on the Framework-i system; 	Limited

Audit area	Scope	Status/key findings	Assurance
	<ul style="list-style-type: none"> • Payments to Service Providers; • Budget Management and Control; and • Monitoring and Reporting Arrangements. 	<ul style="list-style-type: none"> • There is evidence of some feedback sessions organised for the service users; and • A purchase order was raised for all transactions sampled. <p>The areas where weaknesses were found are listed below:</p> <ul style="list-style-type: none"> • Guidelines available within the Service are not comprehensive and have not been reviewed and updated within the past twelve months; • The outcome of the initial assessments had not been documented for two out of 10 children sampled and there was also no evidence to show that the results of the core assessments and notifications of the IND had been recorded for eight out of 10 children; • There is currently no independent review by senior management of the assessment decisions made by officers within the Service; • LAC reviews and visits had not been completed as often as required for five out of 10 unaccompanied children; and • The Service's managers have not recently completed a strategic review of the service provided. <p>As a result of our internal audit work in this area we have raised five priority 1 and three priority 2, recommendations which should help to improve the control environment.</p> <p>The priority 1 recommendations are as follows:</p> <ul style="list-style-type: none"> • The policies, procedures and guidelines available to the Service should be reviewed and updated, where appropriate, to reflect all current practices, agreed management policy and current regulation and legislation; • All relevant staff should be reminded of the requirement to 	

Audit area	Scope	Status/key findings	Assurance
		<p>ensure that the results of all initial and core assessments are documented and retained;</p> <ul style="list-style-type: none"> • A quality assurance process should be developed and implemented for the regular and independent review by senior management of a sample of assessment decisions made by officers within the Service; • The completion of the statutory Looked After Children (LAC) reviews and visits by relevant staff and social workers should be monitored by the senior management within the Service and reported on as part of the Team’s Performance Management Framework; and • Senior management within the Service and the Directorate should complete a strategic review of the service to cover current performance against agreed standards and resource requirements against agreed objectives. <p>The priority 2 recommendations are as follows:</p> <ul style="list-style-type: none"> • Management should complete an analysis of any trends emerging from all relevant reviews of performance; • The budget monitoring process should be formalised to include regular monitoring meetings between the Finance Team and relevant budget holders; • The performance reports produced by the Service, including performance against relevant national indicators, should be presented for discussion and further action, where appropriate, at the monthly senior management meetings. 	

FMSIS Assessments and Summary:

We have completed our work relating to 2009/10 with regard to checking continued compliance with the requirements of the Financial Management Standard in Schools (FMSIS). We visited 18 Schools, including 13 Primary Schools, two Children's Centres and three Secondary Schools. We have issued final reports for 17 Schools, all of which were assessed as meeting the Standard. As previously reported, no report was issued for John Loughborough Secondary School, as the School is deemed to have failed the assessment due to the required information not being provided for us to complete the assessment.

We will continue our scheduled visits to relevant Schools in Quarter 3, as part of our work relating to 2010/11. We will report on the results of our work in our next report to the Audit Committee.

Detailed Progress Report - Implementation of Recommendations 2005/06

Ref	Recommendation	Priority	Original Deadline	Progress/Status
ADULTS, CULTURE & COMMUNITY SERVICES				
Torex Leisure Management System				
1	<p>Management should contact the software suppliers with a view to investigating whether and how 'failed logon attempts' can be included in the existing Audit Trail logging, as are successful logons and logouts currently.</p>	2	<p>Ongoing / May 2008</p>	<p>Partly Implemented Management confirmed that this was raised with Xn, the software supplier, who were writing an amendment to the software for another client, which would then be available on general release for all their clients to install. The ITS Business Partner stated that it is understood that this would be released in March 2010 and that it was the business' intention to get this installed as a change request when it becomes available. Update at 5 July 2010: This recommendation has not been fully implemented due to problems with the software upgrade. The supplier issued an upgrade and some councils implemented this early but experienced significant problems resulting in the upgrade being withdrawn. The latest news from the supplier is that the issues have been resolved and the Council is due to migrate to 9.5 later this year. Revised Deadline: Quarter 2/3 2010 Update 2 September 2010: It is expected that the upgrade of the current system to Version 9.5 will take place in November 2010.</p>

DELOITTE INTERNAL AUDIT - QUARTERLY AUDIT REPORT 2010/11

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Detailed Progress Report - Implementation of Recommendations 2007/08

Ref	Recommendation	Priority	Original Deadline	Progress/Status
ADULTS, CULTURE & COMMUNITY SERVICES				
Appointeeship & Receivership				
1	All policies and procedures should be reviewed regularly, and at least annually, and updated, if necessary. Furthermore, all documents should be dated and communicated to all relevant staff.	3	March 2008	<p>Partly Implemented <i>Update 2 September 2010:</i></p> <p>The Service have held discussions with Legal Services. The procedures have now been finalised from the Service's end and from Legal Services' end. However, one element of the procedures still needs to be agreed, relating to funerals. Legal Services have contacted other local authorities to determine their approach for dealing with funerals so that a reasonable and consistent approach can be applied for Haringey. The Service will discuss and agree the treatment of funerals with the Finance Manager (Adults Finance Team). The Service will book a slot for the revised procedure document to be agreed at DMT.</p> <p><i>Revised Deadline: October 2010</i></p> <p>Update 14.10.10:</p> <p>The documents are being prepared for submission to DMT for sign-off before being communicated to relevant staff.</p> <p><i>Revised Deadline: December 2010</i></p>

Follow Up Table - 2008/09 Audit Work

AUDIT AREA	Assurance Level	Recommendations													Priority 1 Recs. Outstanding			
		Category			Implemented			N/A	Not Imp.	In Progress	Not due							
		1	2	3	Total	1	2					3	Total					
Council-wide																		
Information Management & Security	Substantial	0	3	0	3	0	3	0	3	0	3	0	0	0	0	0	0	
Chief Executives – PPP&C																		
Complaints Procedure	Substantial	0	3	1	4	0	3	1	4	0	3	1	4	0	0	0	0	
Emergency Planning Procedures	Substantial	0	5	1	6	0	5	1	6	0	5	1	6	0	0	0	0	
Chief Executives – P&OD																		
Pre-employment checks	Substantial	1	4	0	5	1	4	0	5	0	4	0	5	0	0	0	0	
Implementation of Equal Pay Project	Substantial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Payroll	Substantial	1	6	1	8	1	6	1	8	0	6	1	8	0	0	0	0	
Corporate Resources																		
Insurance Arrangements	Full	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accounting and General Ledger	Full	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pension Fund Investment	Full	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Disposal of Properties	Substantial	1	5	1	7	1	5	1	7	0	5	1	7	0	0	0	0	
Council Tax	Substantial	1	1	2	4	1	1	2	4	0	1	2	4	0	0	0	0	
Creditors	Substantial	0	2	1	3	0	2	1	3	0	2	1	3	0	0	0	0	
Housing & Council Tax Benefits	Substantial	0	1	4	5	0	1	4	5	0	1	4	5	0	0	0	0	
Cash Receipting	Substantial	0	0	1	1	0	0	1	1	0	0	1	1	0	0	0	0	
NNDR	Substantial	0	3	3	6	0	3	3	6	0	3	3	6	0	0	0	0	
Strategic Financial Management & Budgetary Control	Substantial	0	0	1	1	0	0	1	1	0	0	1	1	0	0	0	0	

DELOITTE INTERNAL AUDIT - QUARTERLY AUDIT REPORT 2010/11

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AUDIT AREA	Assurance Level	Recommendations														Priority 1 Recs. Outstanding		
		Category						Implemented						N/A			In Progress	Not due
		1	2	3	Total	1	2	3	Total									
Sundry Debtors	Substantial	1	4	0	5	1	3	0	4	1			1	0	0	0		
Cleaning Materials Procurement	Limited	5	5	1	11	5	5	1	11	0			0	0	0	0		
Framework-I Application	Substantial	0	8	2	10	0	8	1	9	1			0	0	0	0		
I-World Database	Substantial	0	5	1	6	0	5	1	6	0			0	0	0	0		
ALBACS	Substantial	0	7	1	8	0	7	1	8	0			0	0	0	0		
SAP CRM	Substantial	0	4	2	6	0	4	2	6	0			0	0	0	0		
Urban Environment																		
Highways (Contractor Processes)	Substantial	1	2	0	3	0	0	0	0	3			0	0	0	0		
Parking Services	Limited	0	11	0	11	0	11	0	11	0			0	0	0	0		
Adults, Culture & Community Services																		
Cranwood Residential Care Home	Substantial	0	7	1	8	0	7	1	8	0			0	0	0	0		
Red House Residential Home	Substantial	0	8	1	9	0	7	1	8	1			0	0	0	0		
Cemeteries & Crematorium	Substantial	1	6	1	8	1	6	1	8	0			0	0	0	0		
Commissioning & Strategy	Full	0	0	0	0	0	0	0	0	0			0	0	0	0		
Leisure Centre Procurement	Substantial	2	4	0	6	2	4	0	6	0			0	0	0	0		
Chestnuts Park (Project Mgmt. Assurance)	Substantial	3	3	0	6	2	3	0	5	1			0	0	0	0		
Children & Young People's Services																		
Children's Centres – Broadwater Farm	Substantial	1	1	0	2	1	1	0	2	0			0	0	0	0		
Children's Centre – General	Limited	3	6	1	10	3	6	1	10	0			0	0	0	0		
Children's Centres – Pembury House	Substantial	0	2	0	2	0	2	0	2	0			0	0	0	0		
Passenger Transport Services	Substantial	2	9	0	11	2	9	0	11	0			0	0	0	0		
Building Schools for the Future (PMA)	Substantial	3	3	0	6	3	3	0	6	0			0	0	0	0		
Total		26	128	27	181	24	124	26	174	7			0	0	0	0		

Implemented – officers has indicated through self-certification the progress of recommendations. We have verified a sample of responses.

N/A – the recommendation is no longer applicable due to changes in the system, or alternative action has been taken to address the risk.

Not implemented – the recommendation has not been addressed, alternative action has not been taken.

Partly implemented – officers have started implementation of recommendations

Follow Up Table - 2009/10 Audit Work

AUDIT AREA	Assurance Level	Recommendations											Priority 1 Recs. Outstanding					
		Category				Implemented				N/A	Not Imp.	In Progress		Not due				
		1	2	3	Total	1	2	3	Total									
Chief Executives – P&OD																		
Councillor Call for Action	Substantial	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0
Corporate Resources																		
Decent Home Standards (Procurement)	Limited	5	2	1	8	5	2	1	8	0	0	0	0	0	0	0	0	0
Urban Environment																		
Temporary Accommodation	Limited	3	8	0	11	2	8	0	10	0	0	0	0	1	0	0	0	0
Adults, Culture & Community Services																		
Recreation Services (including Leisure)- Risk Register Testing	Limited	2	0	0	2	2	0	0	2	0	0	0	0	0	0	0	0	0
ACCS- Culture Libraries and Learning- Risk Register Testing	Substantial	0	3	0	3	0	2	0	2	0	0	0	0	1	0	0	0	0
Leisure Centres – Income Generation and Collection	Substantial	1	2	1	4	1	2	1	3	0	0	0	0	0	0	0	0	0
Total		11	16	2	29	10	15	2	27	1	0	1	0	1	0	0	0	0

Implemented – officers has indicated through self-certification the progress of recommendations. We have verified a sample of responses.
N/A – the recommendation is no longer applicable due to changes in the system, or alternative action has been taken to address the risk.
Not implemented – the recommendation has not been addressed, alternative action has not been taken.
Partly implemented – officers have started implementation of recommendations

Detailed Progress Report - Outstanding Recommendations 2009/10

Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
URBAN ENVIRONMENT				
TEMPORARY ACCOMMODATION				
1	<p>Management should undertake a review of all current procedures covering every team within the Service to ensure that these are up-to-date and properly reflect the new operational practices resulting from the 'whole service' restructure of Strategic and Community Housing Services and that, where procedures do not exist, these are developed. The procedures, which should have version controls and identify reviewing responsibility to be built into work plans, should then be formally reviewed and signed off by senior management. It is further recommended that the induction pack given to new staff should be reviewed and updated and that a training log should be kept for each staff, recording all gaps in skills and training provided.</p> <p>In addition, to the procedures being made available to staff, a process should be put in places for the dissemination of the procedures to all staff via training and briefing sessions.</p>	1	31 st March 2010	<p>Partly Implemented</p> <p>At the time of our follow-up audit, the teams within the Service were in the process of fully updating their policies and procedures. Although most of these have been developed and some have been finalised, it was found that there are some procedures which are still in draft format or are awaiting quality assurance review.</p> <p>An induction pack has is in the process of being finalised before being communicated to staff and made available on the Council's intranet. For all three teams sampled, training logs were maintained. We were informed by the Business Support Manager that action is currently being taken to try to centralise the training records maintained for staff in line with the results of the needs assessment completed for the Service.</p> <p>We were informed that the finalised procedures had been discussed at staff team meetings.</p> <p>Update from management in August 2010:</p> <p>“A list of the required procedures has been drawn up and it was always the intention that these will be finalised by September. The recent budget situation has led to proposal for a further e-structure hence whilst the procedures will be completed there may be a need to hold back on the finance one's in relation to temporary accommodation whilst revised team structures are finalised by March 2011”</p>

DELOITTE INTERNAL AUDIT - QUARTERLY AUDIT REPORT 2010/11

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Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
				<p><i>Revised deadline: March 2011</i></p> <p><i>Responsible officer: Housing Assessments and Lettings Manager / Temporary Accommodation / Procurement & Compliance Manager.</i></p>

Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below.

The matters raised in this report are only those which came to our attention during the course of our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system. The assurance level awarded in our internal audit report is not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board.

Deloitte & Touche Public Sector Internal Audit Limited

London

October 2010

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IN HOUSE AUDIT – IRREGULARITIES INVESTIGATED 01/04/10 – 30/09/10 & B/F FROM 2009/10

Directorate	Irregularity Type	No. of cases investigated	No. of cases proven at 30/09/2010	No. of Officers subject to Disciplinary Investigation	Disciplinary Outcome	Value (£) (if known)
Adults, Culture & Community Services	Allegation that employee used a fraudulent Blue B/F 2009/10	1	1	1	Dismissed	
	Allegation of Gross Misconduct	1	1	1	Appeal completed Dismissed	
	Allegation of theft of client monies	1	1	1	Dismissed	
Chief Executive Service	Allegation that employee undertaking other employment during contracted hours B/F 2009/10	1	1	1	Employee Dismissed Appeal Pending	
Children and Young People's Service	Allegation that employee had undeclared other employment	1	0	0	N/A	
	Allegation that employee working elsewhere whilst off sick	1	1	1	Disciplinary Action Pending	

APPENDIX B

IN HOUSE AUDIT – IRREGULARITIES INVESTIGATED 01/04/10 – 30/09/10 & B/F FROM 2009/10

Directorate	Irregularity Type	No. of cases investigated	No. of cases proven at 30/09/2010	No. of Officers subject to Disciplinary Investigation	Disciplinary Outcome	Value (£) (if known)
Corporate Resources	Allegation of irregular land sale B/F 2009/10	1	1	1	Employee Dismissed	
	Allegation of working elsewhere whilst off sick	1	1	1	Appeal completed Employee Resigned	
	Allegation that employee is running a business from their desk	1	1	1	Disciplinary Action Pending	
Urban Environment	Allegation of irregular housing allocation B/F 2009/10	1	1	1	Disciplinary sanction imposed Appeal Withdrawn	
Total		10	9	9		

Disciplinary Case Analysis July to September 2010

Introduction

The information in this report is taken from SAP, covering the period 01 July 2010 – 30 September 2010.

The data is based on Haringey Council employees who

- hold Permanent, Temporary or Fixed Term Contracts
- are considered as Supernumerary (employees that have been on a Temporary Contract for more than 52 weeks)

Note that this data excludes:

- Casual or Sessional Workers
- Schools
- Agency Workers

Legend	
Adults, Culture & Community Services	AS
The Children & Young People's Service	C
Corporate Resources	CR
People & Organisational Development	PO
Policy, Performance, Partnership & Comms	PP
Urban Environment	UE
Haringey Council	HGY

The Council's Disciplinary Procedure is considered as a tool to assist in good management and not solely as a means of imposing sanctions or setting out procedures leading to dismissal.

The procedure aims to:

- Allow managers to address issues of unsatisfactory conduct and seek improvements in behaviour
- Ensure that employees covered by the procedure are treated fairly and consistently
- Ensure that proper and adequate procedures are observed before any disciplinary decisions are taken
- Help and encourage all employees to achieve and maintain standards of conduct, attendance and job performance
- Maintain discipline essential to the delivery of high quality services
- Protect the health, safety and well being of staff, service users and members of the public
- Safeguard the integrity and good reputation of the Council
(*Disciplinary Procedure July 2005*)

Disciplinary Cases

This section looks at the number of formal actions taken against employees under the disciplinary procedure based on data retrieved from SAP.

Disciplinary Cases by Directorate

Directorate	Cases Open	Cases Closed	No of cases	No of employees
AS	7	4	11	11
C	17	4	21	21
CR	10	2	12	10
PO	1	0	1	1
PP	4	1	5	4
UE	6	7	13	11
HGY	45	18	63	58

Please, note that the total number of cases is 63, but this only represents 58 employees. The reason being, that one employee can have more than one case running concurrently. For example, an employee's dismissal could count as one case and their appeal as another.

- **Policy, Performance, Partnerships and Comms** has the highest percentage of disciplinary cases against its workforce at 2.26% in this quarter
- 45 cases remain 'open' at the end of this period.

The following table looks at the stages of Disciplinary cases.

Stages of Disciplinary Cases

Stage	Cases Open	Cases Closed	Total	%
Invest. - not suspended	14	4	18	29
Invest. - suspended	20	11	31	49
ET	3	0	3	5
Appeal	8	3	11	17
Total	45	18	63	100

The following table identifies the outcomes of the 18 cases that were concluded.

Disciplinary Case Outcomes						
Outcome	Invest. - not suspended	Invest. - suspended	Invest. - appeal	Invest. - ET	Total	%
Compromise agreement	0	0	0	0	0	0
Dis. Appeal Dismissed	0	0	1	0	1	6
Dis. Appeal Part Upheld	0	0	1	0	1	6
Dis. Appeal Upheld	0	0	0	0	0	0
Dis. Appeal Withdrawn	0	0	1	0	1	6
Dis. Dismissal	1	7	0	0	8	44
Dis. ET Withdrawn	0	0	0	0	0	0
Dis. Final Written Warning	0	2	0	0	2	11
Dis. No Action	0	0	0	0	0	0
Dis. Other	0	0	0	0	0	0
Dis. Relegation/Demotion	0	1	0	0	1	6
Dis. Resigned	0	0	0	0	0	0
Dis. Verbal Warning	2	0	0	0	2	11
Dis. Written Warning	1	0	0	0	1	6
Escalated to next stage	0	0	0	0	0	0
Suspension Lifted	0	1	0	0	1	6
Total	4	11	3	0	18	100

- 44% of cases resulted in Dismissal

This table displays reasons for Disciplinary action against employees.

Reasons for Disciplinary Cases				
Reason	Cases Open	Cases Closed	Total	%
Assault	1	1	2	3
Attendance	1	2	3	5
Behaviour	15	7	22	35
Fraud / Theft	8	2	10	16
Misuse of resources	4	0	4	6
Negligence	13	3	16	25
Other	3	3	6	10
Total	45	18	63	100

- The highest cause for disciplinary action was for Behaviour at 35%

This table looks at the ethnic breakdown and gender split for Disciplinary cases

Ethnic Class	Female		Male		All	
	Total	%	Total	%	Total	%
B & M E	18	51	17	49	35	60
White	10	48	11	52	21	36
Not Declared	1	50	1	50	2	3
Total	29	50	29	50	58	100

- 33% of the workforce is male, but the male representation with disciplinary cases is significantly higher at 50%

The following table looks at the ethnic breakdown per Directorate and across grade bands.

Dir	Ethnic Group	SC1-SC5		SC6-SO2		PO1-PO3		PO4-PO7		PO8+		TOTAL	
		T	WF	T	WF	T	WF	T	WF	T	WF	T	WF
AS	B & ME	6	60	1	10	0	0	0	0	0	0	7	70
	White	2	20	1	10	0	0	0	0	0	0	3	30
	Total	8	80	2	20	0	0	0	0	0	0	10	100
C	B & ME	4	20	1	5	3	15	2	10	0	0	10	50
	White	2	10	3	15	1	5	3	15	1	5	10	50
	Total	6	30	4	20	4	20	5	25	1	5	20	100
CR	B & ME	3	30	2	20	1	10	0	0	0	0	6	60
	White	0	0	2	20	1	10	1	10	0	0	4	40
	Total	3	30	4	40	2	20	1	10	0	0	10	100
PO	B & ME	0	0	1	100	0	0	0	0	0	0	1	100
	White	0	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	1	100	0	0	0	0	0	0	1	100
PP	B & ME	0	0	0	0	2	50	2	50	0	0	4	100
	White	0	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	2	50	2	50	0	0	4	100
UE	B & ME	5	45	1	9	1	9	0	0	0	0	7	64
	White	2	18	0	0	2	18	0	0	0	0	4	36
	Total	7	64	1	9	3	27	0	0	0	0	11	100
HGY	B & ME	18	32	6	11	7	13	4	7	0	0	35	63
	White	6	11	6	11	4	7	4	7	1	2	21	38
	Total	24	43	12	21	11	20	8	14	1	2	56	100

NB: 2 employees are excluded from the above table due to not having an ethnicity declared

1 employee is from the Children's Directorate and in salary band PO8+

1 employee is from Adults, Culture & Comms Directorate and in salary band SC1-SC5

Suspensions

This table shows a summary of suspension cases.

Summary of Suspension Cases	
Case status	Total
No. of cases heard	11
No. of cases not concluded	20
No. of cases not concluded - leaver	0
Total	31

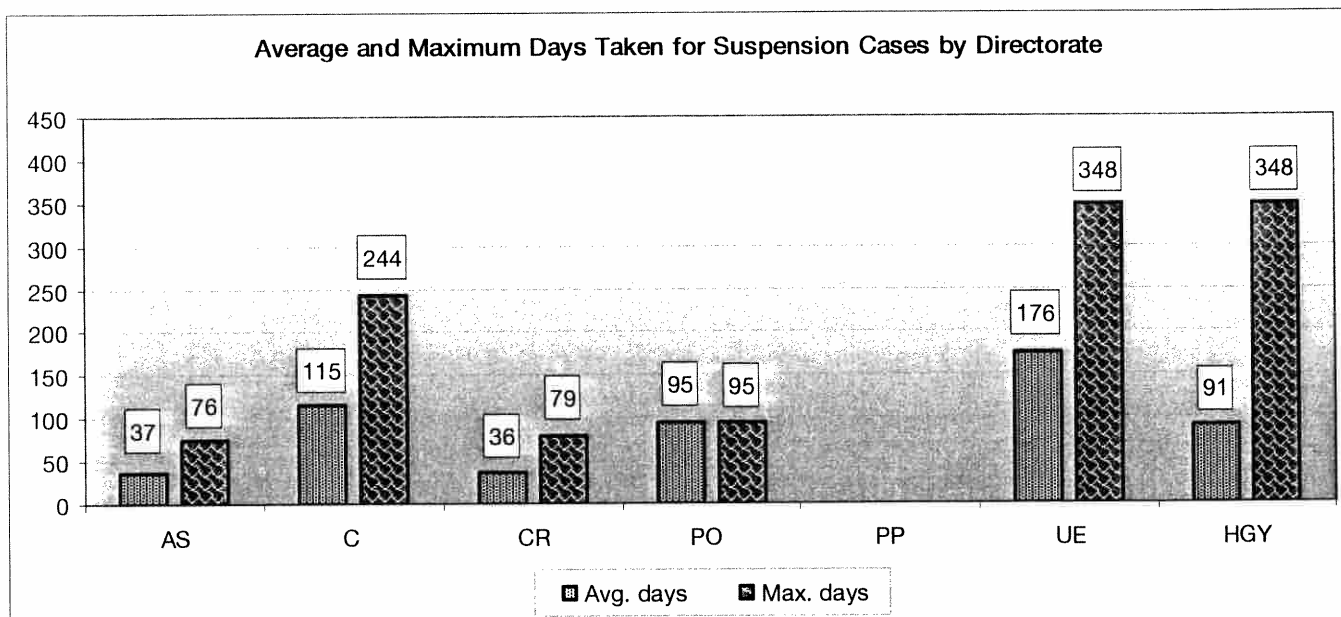
Timescales (no of days) of Suspension Cases

The table below looks at the 31 suspension cases and identifies the no. of working days each case has taken. If the case has not concluded by the end of the period, the number of working days is calculated from the start date of the current disciplinary stage to the end of the quarter.

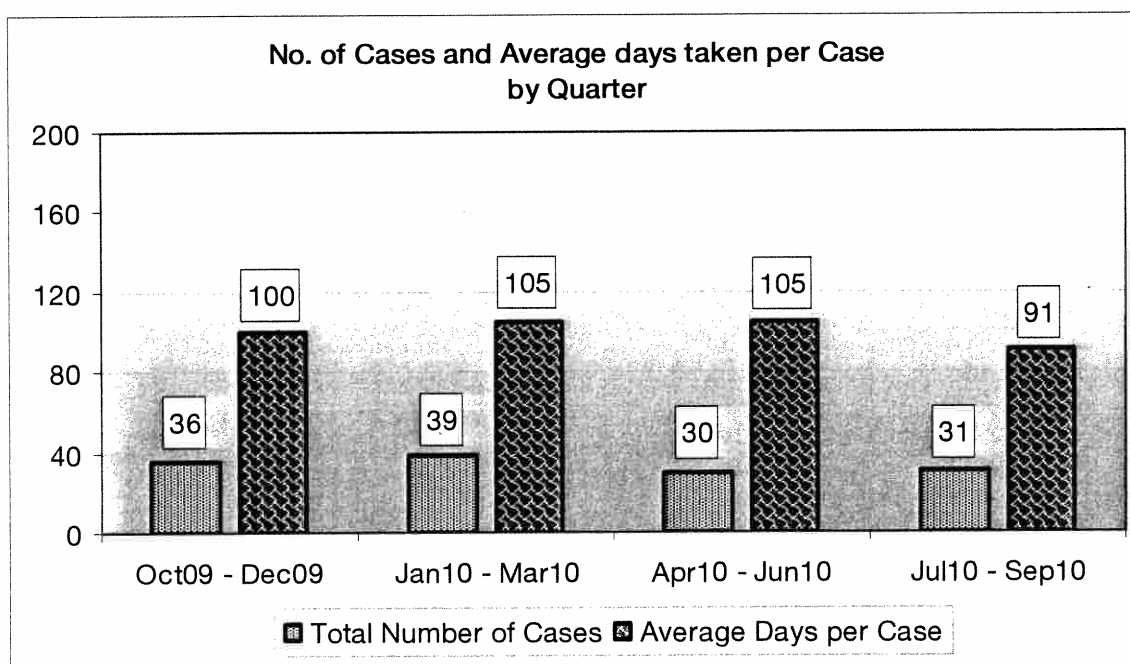
The table also identifies, by directorate, the average number of days suspension for all cases, the maximum days for a single case and average days suspension for cases heard within that period.

Timescales (no of days) of Suspension Cases											
Directorate	1-60	61-120	121-180	181-240	240+	Total cases	Total days	Avg days of total cases	Max. Days	Total cases heard	Avg days of cases heard
AS	7	1	0	0	0	8	297	37	76	4	50
C	3	2	3	1	1	10	1151	115	244	2	63
CR	5	1	0	0	0	6	215	36	79	1	79
PO	0	1	0	0	0	1	95	95	95	0	0
PP	0	0	0	0	0	0	0	0	0	0	0
UE	1	2	0	1	2	6	1058	176	348	4	160
HGY	16	7	3	2	3	31	2816	91	348	11	95
Total cases closed	5	4	0	1	1	11					

On average, 91 days were spent on each suspension case within the quarter.



The chart below looks at the number of suspension cases per quarter and highlights Haringey Council's average number of days per case.



Due to a number of difficult and complicated cases being concluded there has been a 14 day reduction in the in the average days taken per case for this quarter compared with the last quarter.