



Haringey Council

Agenda item:

Corporate Committee

On 21 July 2011

Report Title: Internal Audit Progress Report – 2011/12 Quarter 1

Report authorised by: Director of Corporate Resources

J. Parker 13/7/11

Report of and Contact Officer: Anne Woods, Head of Audit and Risk Management
Tel: 020 8489 5973
Email: anne.woods@haringey.gov.uk

Wards(s) affected: All

Report for: Non-key decision

1. Purpose of the report

- 1.1 To inform the Corporate Committee of the work undertaken during the first quarter by the Internal Audit Service in completing the 2011/12 annual audit plan and reports issued for outstanding 2010/11 audits, together with the responsive and housing benefit fraud investigation work.
- 1.2 In addition, to provide details of the work the Council's Human Resources business unit 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 Corporate Committee is recommended to note the audit coverage and progress during the first quarter 2011/12.
- 3.2 That the Corporate Committee notes the progress and responses received in respect of outstanding audit recommendations and confirms that the actions taken during

the first quarter to address the outstanding recommendations are appropriate.

4. Reason for recommendation(s)

4.1 The Corporate 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 Corporate 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 Corporate 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 Council. This report looks at the work undertaken in the quarter ending 30 June 2011 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 particular attention given to priority 1 recommendations;
- Details of investigative work undertaken relating to fraud and/or irregularities including those within the remit of the Housing Benefit Fraud Investigation Team, and information in respect of disciplinary action taken.

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 Acting Head of Legal Services has been consulted in the preparation of this report, and advises that there are no direct legal implications which arise out of the report.

8. Chief Financial Officer Comments

8.1 The Chief Financial Officer confirms that the internal audit activity outlined in the report can be met from the existing budget in Audit and Risk Management.

8.2 Only 68% of the planned audit work for the first quarter of 2011/has been completed as at 30 June 2011. This is below the planned target, and this needs to be carefully monitored.

8.3 The Chief Financial Officer notes the positive work carried out by the fraud team and the outcomes being achieved as set out in sections 17 & 18.

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, key 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 key area monitored in 2011/12 and gives a breakdown between the quarterly and cumulative performance.

Table 1

PI Ref.	Performance Indicator	1 st Quarter	Year to date	Target
1	Audit work – Days Completed vs. Planned programme	68%	17%	95%
2	Priority 1 recommendations implemented at follow up	80%	80%	95%
3	Benefit fraud cases completed and accepted for prosecution	9	9	50
4	Overpayments recovered (including POCA and confiscation awards)	£74k	£74k	£250k

16. Internal Audit work – Deloitte and Touche contract

16.1 The activity of Deloitte and Touche for the first quarter of 2011/12 to date is detailed at Appendix A. It has been agreed that the previous reporting arrangement, whereby Members of the Audit Committee received 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, will continue for the Corporate Committee. 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 the previous Audit Committee meetings to ensure that managers were taking appropriate action to address outstanding recommendations. Only 5 recommendations from prior years remains outstanding: 2005/06 - One Priority 2 recommendation remains partly implemented; 2009/10 – four Priority 2 recommendations remain partly implemented. 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 2010/11 work which have been undertaken is also included in Appendix A (page 8). We have followed up on 35 recommendations to date and found that 26 have been implemented, three are no longer applicable, one is in progress, and five recommendations had not reached their due date. Overall, a compliance rate of 91% has been achieved for the first quarter. One Priority 1 recommendation (out of five) followed up to date, where the deadline for implementation has passed, remained partly implemented.
- 16.4 Deloitte planned to deliver 250 days of the 2011/12 annual audit plan (1000 days) during the first quarter. Deloitte actually delivered 170 days audit work during the quarter, which is 68% of the planned work. To date, 17% (170 days) of the annual planned programme of 1000 days has been completed as at 30 June 2011. This is below the planned target, but Deloitte and Touche have been undertaking planning and preparation work for the 2011/12 year and it is expected that the annual target of 95% will be achieved. Ongoing monthly contract monitoring reviews ensure that performance levels are kept under review.
- 16.5 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 one, Internal Audit are satisfied that managers have been taking appropriate action to address the issues raised in the original recommendations prior to 2010/11.
- 17. In-house Team – Fraud investigation/Pro-active work**
- 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 2011/12 and any which were brought forward from 2010/11. 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 first quarter, two whistle blowing referrals were made.
- 17.2 Within the first quarter, twelve new cases were referred to Internal Audit for investigation, and nine cases were completed during the quarter involving Council employees. This included cases brought forward from 2010/11. 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 During the first quarter of 2011/12, the team has been investigating the potential data matches provided to the Council as part of the statutory National Fraud Initiative exercise. Work has been undertaken to investigate pension payments, blue badges, and housing tenants. The outcomes of these investigations will be reported to the Corporate Committee later in the year as work is concluded.

17.4 The section has begun working with Homes for Haringey and the Strategic and Community Housing Service on developing an approach to target and investigate housing and tenancy fraud. Two training sessions have already been run for Homes for Haringey staff and the Housing Assessment teams and further sessions will be rolled out to staff during the next quarter. An agreed referral and investigation process has been put in place for all suspected cases of tenancy fraud and the corporate team will work closely with all officers in housing, legal services and Homes for Haringey to investigate cases.

18. Housing Benefit counter-fraud

18.1 During the first quarter, the HB Fraud team completed investigations on nine benefit fraud cases and submitted these to Legal Services for prosecution at crown court. In the same period, a further eight investigations into benefit fraud cases were completed and three lower sanctions (cautions) were applied. The HB Fraud team is waiting to serve cautions on the remaining five cases.

18.2 In the first quarter, seven cases were heard at crown court, including two cases which were prepared and submitted for prosecution during the same quarter. All seven prosecution cases found in favour of the Council. All seven cases identified that an overpayment had been fraudulently obtained by the claimants. The total overpayment identified for the seven cases was £143.4k, of which £39.7k (27.6%) has already been recovered. Overpayment plans are in place to recover the remaining amounts.

18.3 In addition, the HB Fraud team also submitted a case under the Proceeds of Crime Act (POCA) during the first quarter. The Council claimed £29.6k under POCA and was successful in obtaining judgement in its favour for the full amount. The court also awarded the Council £5k costs and an additional £4.7k confiscation order. All costs awarded have been recovered under this judgement by the Council. The team will be working with the HB recovery team and Legal Services going forward to ensure that all options for recovery are considered when fraud has been proven.

19. Council-wide disciplinary statistics

19.1 Appendix C details the number of disciplinary suspensions and/or action taken in the first quarter of 2011/12. 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.

19.2 During quarter one, the number of disciplinary cases investigated was 43, with 30 remaining 'open' at the end of the quarter. The average length of time taken to resolve disciplinary cases in quarter four was 96 days, which represents an increase compared to the fourth quarter of 2010/11, but broadly in line with the previous two quarters in 2010/11.

**Internal Audit
Quarter 1 Internal Audit Report
2011/2012
London Borough of Haringey**

Deloitte & Touche Public Sector Internal Audit Ltd.
July 2011

DELOITTE INTERNAL AUDIT - QUARTERLY AUDIT REPORT 2011/12

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Executive Summary

Introduction

This is our first quarter report to the Corporate Committee for the 2011/12 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 Corporate 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 1 2011/12 – Final Reports issued (all relating to 2010/11):

- Accounts Receivable (Sundry Debtors);
- Accounts Payable (Creditors);
- National Non-Domestic Rates (NNDR);
- Council Tax;
- Cash Receipting;

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- Certificates of Lawfulness;
- Sports Approved Supplier Framework;
- Internal payments and Recharge Procedures;
- Safeguarding Adults; and
- Commissioning and Placement.

Delivery of 2011/12 Internal Audit Plan

As part of the 2011/12 Internal Audit Plan, we have started our planning work with regards to agreeing the scope and start date for individual audits. The following audits were started in June 2011, for which draft reports are expected to be issued in July 2011:

- OHMS Application;
- Parking Services – Pay & Display;
- Haringey Park Children’s Home (Children & Families Establishment audit);
- Haslemere Road Family Centre (Children & Families Establishment audit); and
- Voluntary Redundancy Programme.

The above list does not include schools which have been visited in Quarter 1.

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.

2009/10

Four Priority 2 recommendations remain outstanding; work is ongoing to address this.

2010/11

To date we have followed up 35 recommendations and found that 26 (74 %) have been implemented, one (3 %) has been partly implemented, five (14%) are not yet due for completion and three (9 %) are no longer applicable.

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Audit Progress Summary:

The following table sets out the audits finalised in Quarter One of 2011/12, all relating to the 2010/11 financial year, 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
2010/11							
Certificates of Lawfulness	July 2010	25.05.11	Substantial	N/A	0	6	0
Sports Approved Supplier Framework	September 2010	04.04.11	Substantial	N/A	1	6	0
Internal Payments & Recharge Procedures	September 2010	14.06.11	Substantial	N/A	0	5	0
Accounts Receivable (Debtors)	November 2010	25.05.11	Substantial	↔	0	1	1
Accounts Payable (Creditors)	January 2011	11.04.11	Substantial	↔	1	0	1
NNDR	January 2011	20.04.11	Substantial	↔	0	2	0
Council Tax	January 2011	05.05.11	Full	↗	0	0	0
Safeguarding Adults	January 2011	31.05.11	Substantial	N/A	1	2	0
Commissioning & Placements	February 2011	19.05.11	Substantial	N/A	0	3	1
Cash Receipting	February 2011	25.05.11	Substantial	↔	0	1	1

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Detailed Progress Report - Implementation of Recommendations 2005/06

Ref	Recommendation	Priority	Original Deadline	Progress/Status
PLACE & SUSTAINABILITY				
TOREX Leisure Management System				
1	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.	2	Ongoing/ May 2008	<p>Partly Implemented <i>Update 4 April 2011:</i> Version 9.6 of the software has now been released on the market. A project has been set up within the Council to implement it. It is planned that it will be implemented within the next 3-6 months.</p>

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Detailed Progress Report - Outstanding Recommendations 2009/10

Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
CORPORATE RESOURCES				
IT AUDIT - PLANNING & CONTROL APPLICATION				
1	<p>A procedure should be established to reconcile payments received from the Planning Portal and iPlan as well as e-Forms on the Haringey website and iBuild application via the Haringey e-Payments system. This should ensure that all payments received via the Cash Receiving interface are reconciled to the Planning Portal application and e-Forms.</p>	2	31 August 2010	<p>Partly Implemented: Implementation date is unclear at present due to costs involved, however, in the interim we have developed a workaround whereby before applications are formally completed, SAP is checked for payments received.</p> <p>Management Update 25/1/2011: No implementation date provided as this is outside of Haringey's control. Central IT are aware of the integration issues between the payment systems and i-LAP. In the interim the Service will instigate a manual update system. 31/03/11.</p> <p>Management Update 6/04//2011 The situation is as above; however, this was raised with the suppliers, with an indicative implementation date of June 2011, depending on whether the suppliers want to incorporate the Council's service request.</p> <p><i>Revised deadline: June 2011</i></p>

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Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
2	<p>The current audit trail in place on the iPlan and iBuild application should be reviewed to ensure audit trail functionality specifies the tables required for auditing. This should be completed with management to help ensure that all system activity is recorded for the following areas:</p> <ul style="list-style-type: none"> • Changes to system files or fields; • User access to the system; and • Unauthorised access attempts and user lockouts. 	2	31 August 2010	<p>Partly Implemented:</p> <p>It has been agreed that this recommendation is not going to be implemented at this time due to the way that the i-LAP is configured. However, as with the input controls above, an enhancement request based upon the recommendation will be submitted.</p> <p>Management Update 25/1/2011:</p> <p>No implementation date provided as this is outside of Haringey's control. Formal enhancement request has been submitted to Northgate.</p> <p>Management Update 06/04/2011:</p> <p>The Council has raised this with Northgate; however, Northgate have not implemented this request at the time of the follow-up. It is considered unlikely that this will be done soon; however, this issue will be raised in the quarterly meetings with Northgate.</p> <p>The revised deadline of June 2011 is indicative, depending on Northgate's response.</p> <p><i>Revised deadline: June 2011</i></p>

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Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
ADULTS AND HOUSING SERVICES				
MENTAL HEALTH				
3	The Assessment and Care Management Manual is reviewed and updated, to ensure that its contents are in line with the strategic direction and objectives of the Council as a whole. Evidence of this should be retained e.g. through the use of version control.	2	March 2011	In Progress <i>Management Update 6 April 2011:</i> The procedures have not yet been reviewed due to the implementation of the Personalisation Agenda. An audit of this area is currently being undertaken by Grant Thornton, the Council's external auditors, which will cover review of procedures. It is expected that the report from Grant Thornton will be issued in the second quarter 2011/12. <i>Revised deadline: July 2011</i>
CHIEF EXECUTIVE				
VOLUNTARY ORGANISATIONS				
4	The monitoring spreadsheet maintained by the Finance and Monitoring Support Officer to record the dates of monitoring visits to voluntary organisations in receipt of grant aid should be updated on a regular basis. It is further recommended that the standard pro-forma used to record details of the visits should be utilised consistently for all organisations, and should be updated to include a field for the follow-up of issues raised at the previous monitoring visit.	2	Immediately	Partly Implemented Monitoring spreadsheets have been maintained and recent visits have been recorded on these. A standard pro-forma has been used and follow up issues have been raised. However, the form should be updated to include a field for the follow-up of issues raised at the previous monitoring visit. <i>Revised Deadline: 30 April 2011</i>

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Follow Up Table – 2010/11 Audit Work

AUDIT AREA	Assurance Level	Recommendations													Priority 1 Recs. Outstanding					
		Category				Implemented				Not Implemented										
		1	2	3	Total	1	2	3	Total	N/A	Not Imp.	In Progress	Not due							
Corporate Resources																				
Use of Consultants (Procurement audit)	Limited	3	1	0	4	3	1	0	4	0	0	0	0	0	0	0	0	0	0	0
Management of Out of Hours Telephone Contact Service	Substantial	1	5	0	6	1	5	0	6	0	0	0	0	0	0	0	0	0	0	0
Corporate Resources - IT																				
Framework-i to SAP Payments Interface	Substantial	0	5	2	7	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0
Children & Young People's Service																				
Catering Services	Substantial	0	7	2	9	0	5	2	7	2	0	0	0	0	0	0	0	0	0	0
Adults & Housing Services																				
Strategic & Community Housing Services	Substantial	0	3	0	3	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0
Chief Executives																				
Health & Safety	Substantial	1	2	1	4	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0
Data Quality – National Performance Indicators	Substantial	0	1	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Total		5	24	6	35	4	18	4	26	3	0	0	0	1	5	1				

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

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Detailed Progress Report - Outstanding Recommendations 2010/11

Ref	Recommendation	Priority	Original Implementation Deadline	Progress/Status
CHIEF EXECUTIVE				
HEALTH & SAFETY				
1	A formal process should be put in place for each Directorate to submit, within a specified deadline, their Quarterly Health & Safety Directorate Service Reports. The process should include following up on Directorates that have not submitted their reports, and taking appropriate action to address any issues.	1	31.12.10	<p>Partly Implemented</p> <p>Management Update June 2011:</p> <p>It has been difficult to implement this recommendation for all Directorates due to current resource constraints across the Council. However, this issue has been cascaded to the Health & Safety officers within each Directorate and progress will be monitored at directorate Health and Safety forum meetings.</p> <p><i>Revised deadline: 31 December 2011</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

July 2011

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IN HOUSE AUDIT – IRREGULARITIES INVESTIGATED 01/04/11 – 30/06/11 & B/F FROM 2010/11

Directorate	Irregularity Type	No. of cases investigated	No. of cases proven at 30/06/2011	No. of officers subject to disciplinary investigation	Disciplinary Outcome	Value (£) (if known)
Assistant Chief Executive	Allegation of irregular canvassing	1	1	1	Dismissed	
Children's Service	Allegation of misuse of purchasing account	1	1	1	Resigned	
	Allegation of theft of parking income	1	1	1	Dismissed	
	Allegation that employee failed to declare second employment	1	1	1	Dismissal Upheld at Appeal Warning	
Corporate Resources	Allegation of second employment	2	0	0	N/A	
Place and Sustainability	Allegation that employee absent without leave	1	1	1	Dismissed	
	Allegation of bringing Council into disrepute	1	0	0	N/A	
	Allegation of theft of fines Income	1	1	1	Resigned	
TOTAL		9	6	6		

Haringey Council – Corporate Committee

Disciplinary Case Analysis April to June 2011

Introduction

The information in this report is taken from SAP, covering the period 01 April 2011 – 30 June 2011.

The data is based on Haringey Council employees who

- hold Permanent, Temporary or Fixed Term Contracts

Note that this data excludes:

- Casual or Sessional Workers
- Schools
- Agency Workers

Legend	
Adults & Housing	AS
The Children & Young People's Service	C
Chief Executive	CE
Corporate Resources	CR
Public Health	PH
Place & Sustainability	PS
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)*

This section looks at the number of formal actions taken against employees under the disciplinary procedure.

Directorate	Cases Open	Cases Closed	No of cases	No of employees
AS	1	1	2	1
C	13	6	19	17
CE	1	0	1	1
CR	4	1	5	4
PH	0	0	0	0
PS	11	5	16	15
Grand Total	30	13	43	38

Please, note that the total number of cases is 43, but this only represents 38 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.

- **Children's** has the highest percentage of disciplinary cases against its workforce at **2.19%** in this quarter
- **30** cases remain 'open' at the end of this period

The following table looks at the stages of Disciplinary cases.

Stage	Cases Open	Cases Closed	Total	%
Invest. - not suspended	12	4	16	37
Invest. - suspended	13	8	21	49
ET	2	0	2	5
Appeal	3	1	4	9
Total	30	13	43	100

The following table identifies the outcomes of the 13 cases that were concluded.

Disciplinary Case Outcomes						
Outcome	Invest. - not suspended	Invest. - suspended	Invest. - appeal	Invest. - ET	Total	%
Compromise agreement	0	1	0	0	1	8
Dis. Appeal Dismissed	0	0	1	0	1	8
Dis. Appeal Part Upheld	0	0	0	0	0	0
Dis. Appeal Upheld	0	0	0	0	0	0
Dis. Appeal Withdrawn	0	0	0	0	0	0
Dis. Dismissal	0	2	0	0	2	15
Dis. ET Dismissed	0	0	0	0	0	0
Dis. ET Withdrawn	0	0	0	0	0	0
Dis. Final Written Warning	0	1	0	0	1	8
Dis. No Action	1	1	0	0	2	15
Dis. Other	2	1	0	0	3	23
Dis. Relegation/Demotion	0	0	0	0	0	0
Dis. Resigned	0	0	0	0	0	0
Dis. Verbal Warning	0	0	0	0	0	0
Dis. Written Warning	1	0	0	0	1	8
Escalated to next stage	0	0	0	0	0	0
Suspension Lifted	0	2	0	0	2	15
Total	4	8	1	0	13	100

- 23% of cases resulted in Dis. Other

This table displays reasons for Disciplinary action against employees.

Reasons for Disciplinary Cases				
Reason	Cases Open	Cases Closed	Total	%
Assault	1	0	1	2
Attendance	2	0	2	5
Behaviour	10	4	14	33
Fraud / Theft	6	3	9	21
Misuse of resources	1	1	2	5
Negligence	7	4	11	26
Other	3	1	4	9
Total	30	13	43	100

- The highest cause for disciplinary action was for Behaviour at 33%

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

Ethnic Class	Female		Male		All	
	Total	%	Total	%	Total	%
B & M E	14	64	8	36	22	58
White	5	31	11	69	16	42
Not Declared	0	0	0	0	0	0
Total	19	50	19	50	38	100

- 32% 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	3	50	0	0	0	0	0	0	0	0	3	50
	White	2	33	1	17	0	0	0	0	0	0	3	50
	Total	5	83	1	17	0	0	0	0	0	0	6	100
C	B & ME	2	12	1	6	5	29	4	24	0	0	12	71
	White	0	0	1	6	0	0	4	24	0	0	5	29
	Total	2	12	2	12	5	29	8	47	0	0	17	100
CE	B & ME	0	0	0	0	0	0	0	0	0	0	0	0
	White	0	0	0	0	1	100	0	0	0	0	1	100
	Total	0	0	0	0	1	100	0	0	0	0	1	100
CR	B & ME	2	40	1	20	0	0	0	0	0	0	3	60
	White	0	0	2	40	0	0	0	0	0	0	2	40
	Total	2	40	3	60	0	0	0	0	0	0	5	100
PH	B & ME	0	0	0	0	0	0	0	0	0	0	0	0
	White	0	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0	0	0
PS	B & ME	3	33	0	0	0	0	1	11	0	0	4	44
	White	3	33	0	0	0	0	0	0	2	22	5	56
	Total	6	67	0	0	0	0	1	11	2	22	9	100
HGY	B & ME	10	26	2	5	5	13	5	13	0	0	22	58
	White	5	13	4	11	1	3	4	11	2	5	16	42
	Total	15	39	6	16	6	16	9	24	2	5	38	100

Suspensions

This table shows a summary of suspension cases.

Summary of Suspension Cases	
Case status	Total
No. of cases heard	8
No. of cases not concluded	13
No. of cases not concluded - leaver	0
Total	21

Timescales (no of days) of Suspension Cases

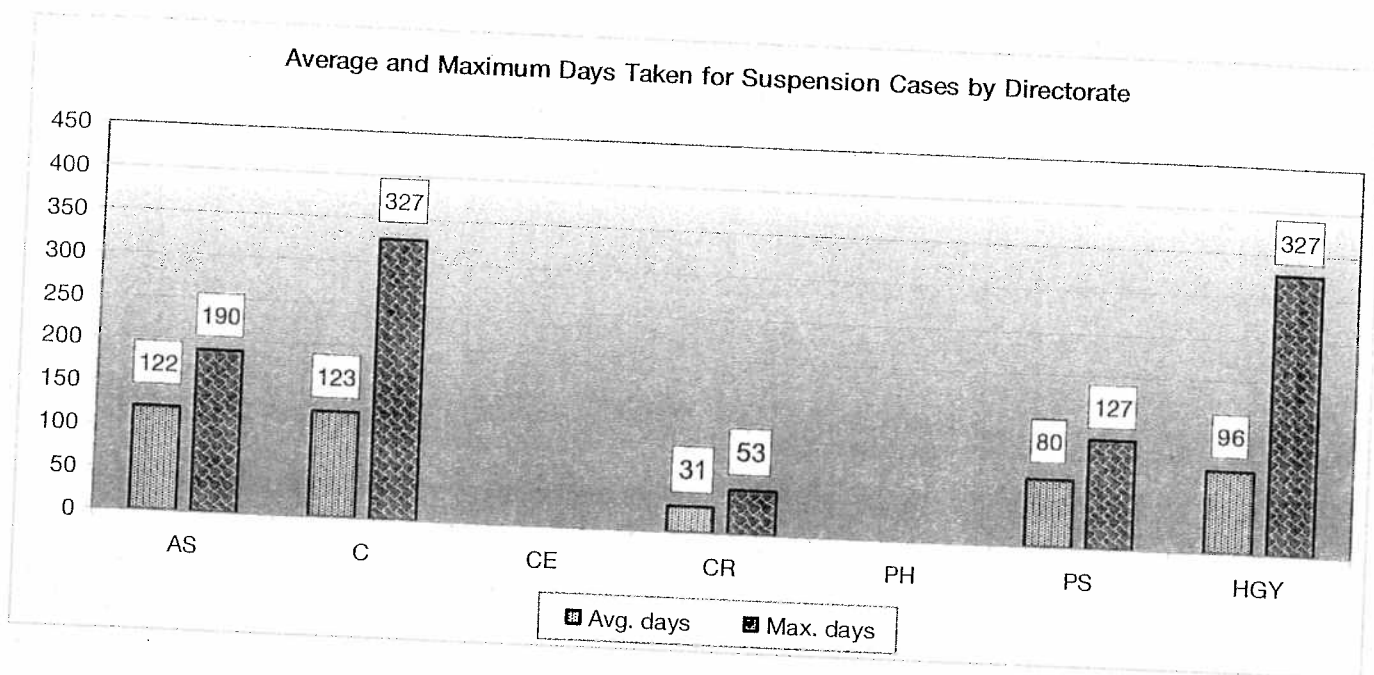
The table below looks at the 21 suspension cases and identifies the no. of working days each case has taken. If a case has not concluded by the end of the quarter, the number of working days is calculated from the start date of the suspension to the end of the quarter.

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.

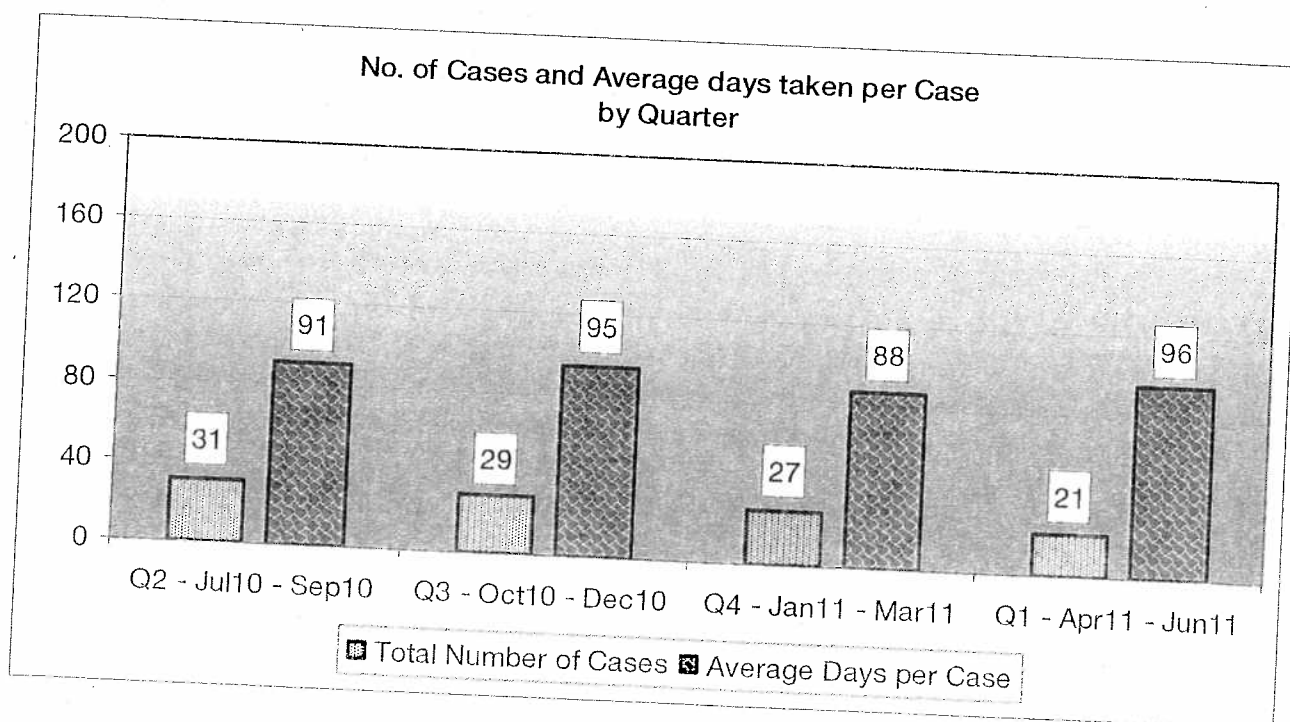
Timescales (no of days) of Suspension Cases										
Directorate	1-60	61-120	121-180	181-240	240+	Total cases	Total days	Avg days of total cases	Max. Days	Total cases heard
AS	1	0	0	1	0	2	243	122	190	1
C	2	2	3	0	1	8	985	123	327	4
CE	0	0	0	0	0	0	0	0	0	0
CR	2	0	0	0	0	2	62	31	53	0
PH	0	0	0	0	0	0	0	0	0	0
PS	3	4	2	0	0	9	719	80	127	3
HGY	8	6	5	1	1	21	2009	96	327	8
Total cases closed	2	3	1	1	1	8				

On average, 96 days were spent on each suspension case within the quarter.

The chart below illustrates the average and maximum number of days taken for a suspension case by Directorate for the quarter.



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



The average number of days suspended for the last quarter was 96. This has slightly increased since Quarter 4, however, the number of suspensions cases has reduced from 27 to 21 cases.