

AGENDA ITEM NO: 3

Report To: Audit Committee Date: 21.08.18

Report By: Corporate Director Environment Report No: AC/23/18/SA/APr

Regeneration and Resources

Contact Officer: Andi Priestman Contact No: 01475 712251

Subject: INTERNAL AUDIT PROGRESS REPORT – 30 MARCH TO 27 JULY 2018

1.0 PURPOSE

1.1 The purpose of this report is to enable members to monitor the performance of Internal Audit, to discharge their scrutiny and performance monitoring roles and gain an overview of the overall control environment throughout the Council.

1.2 The Monitoring Report from 30 March to 27 July 2018 is attached as an Appendix to this report since its content is essential to the understanding of the Council's control environment.

2.0 SUMMARY

- 2.1 There were 3 internal audit reports finalised since the last Audit Committee meeting in April 2018:
 - Customer Services
 - HSCP Commissioning Arrangements
 - Inverclyde Leisure Trust Performance Management Arrangements
- 2.2 These reports contained 7 issues categorised as follows:

Red	Amber	Green
0	2	5

2.3 The fieldwork for the 2017/18 plan is now complete and the current status of the plan is as follows:

Stage	Number of Reports
Final Report	14
Draft Report	2
Fieldwork Complete	1
Fieldwork in Progress	0
Planning	0
Not started	0
Total	17

- 2.4 In relation to Internal Audit follow up, there was one item due for completion by 30 **Appendix 2** June 2018 and action in relation to this item has been revised. The current status report is attached at Appendix 2.
- 2.5 The CMT has reviewed and agreed the current status of actions.

3.0 RECOMMENDATIONS

3.1 It is recommended that Members agree to note the progress made by Internal Audit in the period from 30 March to 27 July 2018.

Scott Allan Corporate Director Environment, Regeneration and Resources

4.0 BACKGROUND

- 4.1 In June 2017, the Audit Committee approved the current Internal Audit Annual Plan which detailed a programme of activity to be undertaken during 2017-18.
- 4.2 Internal Audit regularly reports findings and action plans to relevant Council Officers and the Audit Committee as part of the annual audit plan. A follow up process is in place to allow follow up of current internal audit actions to be co-ordinated and updated by Internal Audit on a monthly basis with regular reporting to CMT and the Audit Committee.

5.0 CURRENT POSITION

- 5.1 There have been 3 internal audit reports finalised since the last Audit Committee meeting in April 2018:
 - Customer Services
 - HSCP Commissioning Arrangements
 - Inverclyde Leisure Trust Performance Management Arrangements
- 5.2 The fieldwork for the 2017/18 plan is now complete and the current status of the plan is as follows:

Stage	Number of Reports
Final Report	14
Draft Report	2
Fieldwork Complete	1
Fieldwork in Progress	0
Planning	0
Not started	0
Total	17

- 5.3 There are 6 current action points being progressed by officers. There was one action point due for completion by 30 June 2018 and action in relation to this item has been revised.
- 5.4 The CMT has reviewed and agreed the current status of actions.

6.0 IMPLICATIONS

Finance

6.1 There are no direct financial implications arising from this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	_	•	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 There are no direct legal implications arising from this report.

Human Resources

6.3 There are no direct HR implications arising from this report.

Equalities

6.4 There are no direct equalities implications arising from this report.

Repopulation

6.5 There are no direct repopulation implications arising from this report.

7.0 CONSULTATIONS

7.1 Relevant officers have been consulted in the preparation of this report.

8.0 LIST OF BACKGROUND PAPERS

8.1 File of completed internal audit reports: Available from Andi Priestman, Chief Internal Auditor.



Audit Committee Report
Report on Internal Audit Activity from
30 March to 27 July 2018

FROM 30 MARCH TO 27 JULY 2018

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FROM 30 MARCH TO 27 JULY 2018

1 Audit work undertaken in the period

Reports issued since last update

1.1 Detailed findings and recommendations reported to management are currently graded using the following criteria:

Red	 In our opinion the control environment is insufficient to address the risk and this could impact the Council as a whole. Corrective action must be taken and should start immediately. Overseen to completion by Corporate Management Team. 						
	In our opinion there are areas of control weakness which we consider to be						
Amber	 Corrective action must be taken (some exceptions may be agreed with IA) within reasonable timeframe. 						
	Overseen to completion by Head of Service.						
Green	 In our opinion the risk area is well controlled or our audit highlighted areas for minor control improvement and/or areas of minor control weakness. Process improvements/efficiencies may be actioned at management discretion in consultation with Internal Audit (IA). 						
	Managed by service owner.						

1.2 There were 3 audit reports finalised since the April Audit Committee, which are identified below, together with a summary of the gradings of the issues identified. In Section 2 we have provided a summary of the main findings from the review

		Grading		
Reports finalised since previous Audit Committee	Red	Amber	Green	Total Number of Issues
Customer Services	0	0	3	3
HSCP Commissioning Arrangements	0	2	1	3
ILT – Performance Management Arrangements	0	0	1	1
Total	0	2	5	7

Other activities

Risk Management

1.3 Risk Management is the subject of separate reporting to Audit Committee and a full report is submitted separately on an annual basis.

Internal Audit Action Plan Follow Up

1.4 The current status of Internal Audit Action plans is set out as an attachment at Appendix 2 to this report.

FROM 30 MARCH TO 27 JULY 2018

2 Summary of main findings from reports issued since previous Audit Committee

2.1 We have provided below a summary of the key findings from the final report issued after 27 March 2018.

Customer Services

- 2.2 A wide range of services are provided from the customer service centre. These services vary from providing advice to customers by telephone, online, face-to-face contact, email and letter. In practice Customer Services is the first point of contact for customers even although a proportion of queries relate to other Services. Customer expectations continue to increase as knowledge and availability of digital channels become more common. One of the main aims of the Customer Services Strategy for 2015-18 is to progress the Council's digital access agenda and to use this as a tool for modernising and improving the overall customer experience.
- 2.3 The objective of this audit was to provide management and the Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to customer services.
- 2.4 We excluded the cash receipting process, the licensing process, Registrars and Customer Services Complaints as these processes will be or have been subject to separate audit reviews.
- 2.5 The overall control environment opinion for this audit review was **Strong.** In terms of good practice, we found that management is committed to delivering a consistent, modern and responsive front line service to its customers.
- 2.6 The review identified 3 GREEN issues and an action plan is in place to address all issues by 30 September 2018.

HSCP Commissioning Arrangements

- 2.7 The Inverclyde Integration Joint Board requires the Health & Social Care Partnership (HSCP) to provide local residents with defined services. Directly employed staff and commissioned services are central to the delivery of those services, with commissioned services costing in the region of £35m per year. Commissioning includes a range of activities such as assessing clients' needs, planning services and procuring those services. It is important to have clear commissioning priorities when implementing the overarching Strategic Plan. In this respect senior HSCP officers have produced a Market Facilitation & Commissioning Plan. The traditional "silo" approach to commissioning HSCP services is no longer compatible with the five strategic commissioning themes. Instead, the aim is to meet clients assessed needs in ways which deliver positive outcomes for them and improves their lives.
- 2.8 The objective of this audit was to provide management and the Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks faced by Inverclyde Council in relation to the HSCP's commissioning arrangements.
- 2.9 We excluded contract management as this subject will be covered as part of future HSCP audits.

FROM 30 MARCH TO 27 JULY 2018

2 Summary of main findings from reports issued since previous Audit Committee (Continued)

2.10 The overall control environment opinion for this audit review was **Satisfactory**. Two AMBER issues were identified as follows:

Developing themed strategic commissioning of HSCP services

The HSCP uses a mix of internal and external providers to deliver defined services to local clients. The commissioning of services includes assessing clients' overall care needs. Although HSCP services are organised by function, senior officers' commission services using five strategic commissioning themes. Through discussions with staff we understand that when developing themed strategic commissioning there is a need to examine how best to;

- more closely co-ordinate client assessments and themed commissioning arrangements, especially for clients with multiple care needs;
- avoid unintentionally providing clients with more care than their assessed needs require, which can occur when service provision is inadvertently emphasised over trying to achieve positive outcomes for clients;
- place a greater emphasis on a "bottom-up" rather than "top-down" approach to commissioning services which focuses on improving clients lives; and
- develop the financial information which underpins commissioning activities. An effective mechanism for allocating client care costs across Team budgets is required for those clients with complex care needs.

In addition, it is necessary to identify changes to relevant policies and procedures to support themed strategic commissioning.

It will be more difficult to successfully implement a themed approach to strategic commissioning and improve clients' lives without addressing issues which do not support the overall process.

Managing Strategic Commissioning practices

It is important that those HSCP officers who commission and manage services work collaboratively with the Strategic Commissioning Team. We found that there is scope to promote the role of the Strategic Commissioning Team amongst relevant HSCP officers. More specifically, operational officers must be encouraged to always make contact at an early stage whenever they need to change commissioned services and review grants or Service Level Agreements relating to external organisations for commissioned services. Also, relevant HSCP expenditure must be subject to approved commissioning arrangements. Key officers are not entirely certain that this is the case, although this issue is understood to have greatly reduced over the last year.

In addition, the Market Facilitation & Commissioning Plan was approved during March 2018. This plan contains a number of actions and highlights areas which require further development. Whilst we acknowledge that officers have started to implement this plan, there is scope to create a prioritised action plan of key tasks and identify risks to successfully implementing the Plan.

The effectiveness of the HSCP's commissioning arrangements may be reduced without on-going collaboration between the Strategic Commissioning Team and all relevant HSCP officers.

HSCP expenditure which is incurred without involving the Strategic Commissioning Team may lack the support of formal contracts and not fully comply with established commissioning policies and procedures.

FROM 30 MARCH TO 27 JULY 2018

2 Summary of main findings from reports issued since previous Audit Committee (Continued)

In addition, in the absence of a formally agreed and prioritised action plan it will be more difficult for officers to successfully implement the Market Facilitation & Commissioning Plan. Likewise, resource and capacity issues may not be adequately considered without preparing such an action plan.

2.11 The review identified 3 issues, 2 of which we consider to be individually significant, and an action plan is in place to address all issues by 31 March 2019.

Inverclyde Leisure Trust – Performance Management Arrangements

2.12 Inverclyde Leisure Trust (ILT) is a registered charity, a community focused non-profit company established in 2001 for the purpose of delivering sport, leisure, health and community activities. ILT works in partnership with Inverclyde Council and aims to provide a quality service for its customers, employees and stakeholders by delivering high quality facilities and services.

Falling levels of income from Inverclyde Council drives the need for growth in income generation and a determination to manage expenditure effectively.

- 2.13 The objective of this audit was to provide management and the Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to ILT's performance management arrangements.
- 2.14 The review focused on the high level processes and procedures in relation to performance management arrangements and concentrated on identified areas of perceived higher risk, such as ILT not having a documented and approved approach to the management of its performance in accordance with its strategic objectives or that appropriate performance measures are not in place or are not sufficiently comprehensive.

The following areas were not tested for completeness and accuracy as we have placed reliance upon the work of ILT's external auditor:

- Health & Safety Operational audits;
- Quality management audits; and
- Recording and reporting all accidents.

In addition, the audit did not review the completeness and accuracy of the LGBF indicators as these are subject to a separate audit through the Improvement Service.

- 2.15 The overall control environment opinion for this audit review was **Strong.** Areas of good practice were identified as follows:-
 - Inverclyde Leisure Trust's senior management team demonstrated a strong overall commitment to effectively managing its performance whilst also responding to a reduction in the management fee received from Inverclyde Council; and
 - The management team consists of experienced and professional staff who showed high levels of knowledge of and commitment to achieving the strategic aims of Inverclyde Leisure Trust
- 2.16 The review identified 1 GREEN issue and an action plan is in place to address this issue by 31 July 2018.

FROM 30 MARCH TO 27 JULY 2018

3. Audit Plan for 2018/2019 - Progress to 27 July 2018

Planned Audit Cover	Planning	TOR Issued	Fieldwork in Progress	Fieldwork Complete	Draft Report	Report Finalised	Reported to Audit Committee
Risk-Based Reviews							
General Data Protection Regulation	✓	✓	✓				
Corporate Purchase Cards	✓	✓	✓				
Regularity Audits	•	•	•				
Stock/Inventory Control – Quarterly Checks	✓	N/A	✓				
Corporate Governance							
Annual Governance Statement 2017-2018	Complete -	Complete - Input provided by CIA.					
Other Work							
National Fraud Initiative	2016/17 Data Matching Exercise Investigations are almost complete - See section 5 for detailed activity						
SPOC Liaison with DWP	Ongoing – see section 5 for detailed activity						
Inverclyde IJB	Proposed plan for 2018/2019 has been drafted for approval in September 2018 – 50 days allocated to IJB audit plan.				50 days allocated		

FROM 30 MARCH TO 27 JULY 2018

4. Audit Plan for 2017/18 - Progress to 27 July 2018

Planned Audit Cover	Planning	TOR Issued	Fieldwork in Progress	Fieldwork Complete	Draft Report	Report Finalised	Reported to Audit Committee
Risk-Based Reviews							
Grants to Voluntary Organisations	✓	✓	✓	✓	✓	✓	January 2018
Older Peoples Services – Billing and Collection	✓	✓	✓	✓	✓	✓	April 2018
Customer Services	✓	✓	✓	✓	✓	✓	August 2018
HSCP Commissioning	✓	✓	✓	✓	✓	✓	August 2018
Limited Scope Finance Reviews							
Revenues - Council Tax Billing	✓	✓	✓	✓	✓	✓	February 2018
Project Assurance Reviews							
SWIFT Financials – Phase 1	✓	✓	✓	✓	✓	✓	October 2017
Corporate Fraud Reviews							
Procurement – Quick Quotes	✓	✓	✓	✓	✓	✓	February 2018
Flexi Time	✓	✓	✓	✓	\checkmark		
Commercial Leases	✓	✓	✓	✓	✓	✓	January 2018
Employee Expenses and Overtime Claims	✓	✓	✓	✓	✓		
Regularity Audits							
Education – Pupil Equity Funding	✓	✓	✓	✓			
Arms Length External Organisations							
Inverclyde Leisure Trust – Performance	✓	✓	✓	✓	✓	✓	August 2018
Management Arrangements							-
Code of Conduct – Other Remunerative	Review com	nplete – see sect	ion 5 for detailed	activity			
Employment/Conflicts of Interest							
Council Tax Reduction Scheme			ion 5 for detailed				
Creditors – Duplicate Payments	Review com	nplete – see sect	ion 5 for detailed	l activity			
Corporate Governance							
Annual Governance Statement 2016-2017	Input provided by CIA.						
Other Work							
National Fraud Initiative			mplete - See sec	ction 5 for det	ailed activit	У	
SPOC Liaison with DWP	Ongoing – see section 4 for detailed activity						
Inverclyde IJB	2017-2018 Audit Plan is complete.						

FROM 30 MARCH TO 27 JULY 2018

5 Corporate Fraud Activity

The undernoted table sets out progress to date on corporate fraud activity in the period 30 March to 27 July 2018.

Council Tax Reduction Scheme 30 March to 27 July 2018							
Number of Home Visits	Number of Errors	Total Overpayment/Future					
	Identified and	Savings					
	Corrected	_					
113	10	£15,337.37/£8,041.96					
Council Tax Reduction Sche	me 1/4/17 to 30/3/18						
Number of Home Visits	Number of Errors	Total Overpayment/Future					
	Identified and	Savings					
	Corrected						
315	31	£44,429/£22,542					

In relation to overpayments identified during 2017/2018, £25,200 has been repaid to the relevant accounts at 27/7/18.

Flexi Time

Draft report is being prepared for management comment.

Commercial Leases

Final report has been issued. Summary of findings was reported to January 2018 Audit Committee.

Quick Quotes

Final report has been issued. Summary of findings was reported to April 2018 Audit Committee.

Code of Conduct – Other Remunerative Employment/Conflicts of Interest

Relevant cases from the 2016/2017 NFI exercise have now been investigated. Findings have been reported to Corporate Directors and recommendations have been agreed. Summary of findings was reported to January 2018 Audit Committee.

National Fraud Initiative 2016-2017

Services have completed review of identified matches and investigations are almost complete. Corporate Fraud team continue to provide oversight and support to Services. The current status of matches are as follows:-

Total matches reported – 3608 (520 recommended matches)

Total matches processed to date – 3602 (includes 520 recommended matches)

In progress – 6

Fraud – 10

Error – 63

Total Outcomes - £61,864.21

FROM 30 MARCH TO 27 JULY 2018

4 Corporate Fraud Activity (Continued)

National Fraud Initiative 2016-2017 Re-check – Position at 27/7/18

Over short periods of time, existing customers personal and financial circumstances change, affecting their entitlement to a benefit or service that the Council provides. ReCheck allows the Council to proactively check existing customer records to establish and monitor these changes.

In December 2017, we participated in a re-check exercise through NFI on Single Person Discount information to other datasets (Blue Badge, Housing Benefits, Occupational Pensions, Payroll, Taxi Driver Licence, Personal Alcohol Licence, State Benefits) – report number 803.

Total Matches reported – 786

Total Matches processed to date – 741
In Progress – 42
Frauds – 10

Error – 1

Recovering - £15,357.04

Specific NFI cases being reviewed by Corporate Fraud since the last Audit Committee are set out below:

File Ref	Description	Status
17/18 17-91	CTR > Pension	Ongoing investigation
17/18 17-108	CTR > Pension	Closed – no fraud detected.
17/18 17-113	CTR > Pension	Fraud established. Account updated and liable party has now been rebilled.
17/18 17-117	CT SPD > Pension	Fraud established. Passed to Finance for adjudication.
17/18 17-119	CTR > Pension	Fraud established. Account updated and liable party has now been rebilled.
17/18 17-121	CT SPD > Pension	Closed – no fraud detected.
17/18 17-126	CT SPD > Payroll	Ongoing investigation
17/18 17-133	CT SPD > Payroll	Passed to Finance for adjudication.
17/18 17-136	CT SPD > Taxi Drivers	Fraud established. Account updated and liable party has been rebilled.
17/18 17-150	CTR > Taxi Drivers	Referred to DWP.
17/18 17-152	CTR > Taxi Drivers	Referred to DWP.
17/18 17-154	CT SPD > Pension	Fraud established. Account updated and liable party has now been rebilled.
17/18 17-160	CT SPD > Payroll	Fraud established. Account updated and liable party has been rebilled.
17/18 17-161	CTR > Taxi Drivers	Ongoing investigation
17/18 17-162	CTR > Pension	Ongoing investigation
17/18 17-167	CTR > Personal Alcohol Licence	Ongoing investigation

FROM 30 MARCH TO 27 JULY 2018

4 Corporate Fraud Activity (Continued)

18/19 18-07	CTR > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-09	CT SPD > Pension (Recheck report)	Passed to Finance for
10,101000	C. C. D. F. Gildion (Neonicon report)	adjudication.
18/19 18-11	CT SPD > Pension (Recheck report)	Fraud established. Account
10/10/10/11	OT OF BY FORMORY (MODIFICAL TOPOTA)	updated and liable party has
		been rebilled.
18/19 18-12	CT SPD > Pension (Recheck report)	Passed to Finance for
10/13 10-12	Of Or B > 1 chalon (Necheck report)	adjudication.
18/19 18-15	CT SPD > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-17	CT SPD > Pension (Recheck report)	Ongoing investigation.
18/19 18-18	CT SPD > Pension (Recheck report)	Ongoing investigation.
18/19 18-22	CT SPD > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-23	CT SPD > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-25		Fraud established. Account
10/19 10-23	CT SPD > Pension (Recheck report)	
		updated and liable party has been rebilled.
18/19 18-26	CT SPD > Payroll (Recheck report)	Passed to Finance for
10/19 10-20	CT SPD > Payroli (Recrieck report)	
40/40 40 00	CT CDD - Densien (Deshade vanout)	adjudication.
18/19 18-28	CT SPD > Pension (Recheck report)	Ongoing investigation.
18/19 18-29	CT SPD > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-30	CT SPD > State Benefit (Recheck	Fraud established. Account
	report)	updated and liable party has
18/19 18-31	CT CDD : Ctata Danafit /Danhaak	been rebilled.
18/19 18-31	CT SPD > State Benefit (Recheck	Closed – no fraud detected.
18/19 18-32	report)	Referred to DWP.
10/19 10-32	CT SPD > State Benefit (Recheck	Referred to DWP.
18/19 18-33	report) CT SPD > State Benefit (Recheck	Passed to Finance for
10/19 10-33	· ·	
18/19 18-34	report)	adjudication. Closed – no fraud detected.
10/19 10-34	CT SPD > State Benefit (Recheck	Closed – no fraud detected.
18/19 18-35	report) CT SPD > Pension (Recheck report)	Closed – no fraud detected.
18/19 18-36		Fraud Established. Account
10/19 10-30	CT SPD > State Benefit (Recheck	
	report)	updated and liable party has been rebilled.
18/19 18-41	CTR > Pension (Recheck report)	
10/19 10-41	CTR > Perision (Recheck report)	Case joint worked with DWP. Fraud established. Reported
		to Procurator Fiscal and
18/19 18-42	HB > Pension	sanction applied. Fraud established. HB
10/19 10-42	FID > FEIISIUII	
		overpayment being recovered.
18/19 18-43	CTR > Pension (Recheck report)	Fraud established. Account
10/18 10-43	CTA > Fension (Necheck report)	updated and liable party has
		been rebilled.
19/10 19 44	CTP > Payroll (Pachael rapart)	Closed – no fraud detected.
18/19 18-44	CTR > Payroll (Recheck report)	
18/19 18-45	CTR > Pension (Recheck report)	Fraud established. Account
		updated and liable party has been rebilled.
		Deen rebilied.

FROM 30 MARCH TO 27 JULY 2018

4 Corporate Fraud Activity (Continued)

	T	T =
18/19 18-46	CT SPD > State Benefits (Recheck report)	Closed – no fraud detected.
18/19 18-49	CT SPD > State Benefits (Recheck	Fraud established. Account
	report)	updated and liable party has
		been rebilled.
18/19 18-50	CT SPD > State Benefits > Blue	Passed to Finance for
10,10 10 00	Badge (Recheck report)	adjudication.
18/19 18-51	CT SPD > State Benefits	Passed to Finance for
10/13 10-31	Of Or D > State Benefits	Adjudication
18/19 18-52	CT SDD > State Panelite (Pachael	Passed to Finance for
10/19 10-32	CT SPD > State Benefits (Recheck	
40/40 40 50	report)	adjudication.
18/19 18-53	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
10/10 10 51	report)	
18/19 18-54	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
	report)	
18/19 18-57	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
	report)	
18/19 18-58	CT SPD > State Benefits (Recheck	Passed to Finance for
	report)	adjudication.
18/19 18-59	CT SPD > Blue Badge (Recheck	Closed – no fraud detected.
	report)	
18/19 18-60	CT SPD > State Benefits (Recheck	Passed to Finance for
	report)	adjudication.
18/19 18-61	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
10/10/10/01	report)	Clocca Tie Iraaa aeteetea.
18/19 18-62	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
10/19 10-02	report)	Closed – No Hadd detected.
18/19 18-63	CT SPD > State Benefits (Recheck	Passed to Finance for
10/19 10-03	,	
40/40 40 04	report)	adjudication.
18/19 18-64	CT SPD > State Benefits (Recheck	Passed to Finance for
10/10 10 07	report)	adjudication.
18/19 18-65	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
	report)	
18/19 18-66	CT SPD > State Benefits (Recheck	Passed to Finance for
	report)	adjudication.
18/19 18-67	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
	report)	
18/19 18-69	CT SPD > State Benefits (Recheck	Passed to Finance for
	report)	adjudication.
18/19 18-70	CT SPD > State Benefits (Recheck	Closed – no fraud detected.
	report)	
18/19 18-71	CT SPD > State Benefits (Recheck	Passed to Finance for
15, 15 15 7 1	report)	adjudication.
18/19 18-72	CT SPD > State Benefits (Recheck	Passed to Finance for
18/19 18-72	· · · · · · · · · · · · · · · · · · ·	adjudication.
18/19 18-79	report) CT SPD > State Panelite (Pachack	Passed to Finance for
10/19 10-74	CT SPD > State Benefits (Recheck	
40/40 40 75	report)	adjudication.
18/19 18-75	CT SPD > State Benefits (Recheck	Passed to Finance for
	report)	adjudication.

4 Corporate Fraud Activity (Continued)

18/19 18-76	CT SPD > Star report)	te Benefits (Recheck	Referred to DWP.
18/19 18-78	CT SPD > State Benefits (Recheck		Passed to Finance for
	report)		adjudication.
18/19 18-81	CT SPD > Star report)	te Benefits (Recheck	Closed – no fraud detected.
18/19 18-84		te Benefits (Recheck	Ongoing investigation.
18/19 18-85		te Benefits (Recheck	Referred to DWP.
18/19 18-91	CT SPD > Star report)	te Benefits (Recheck	Passed to Finance for adjudication.
18/19 18-107		i Drivers (Recheck	Ongoing investigation.
18/19 18-109	CT SPD > State Benefits (Recheck report)		Ongoing investigation.
18/19 18-110	CT SPD > Taxi Drivers (Recheck report)		Ongoing investigation.
18/19 18-111	CT SPD > Payroll (Recheck report)		Ongoing investigation.
18/19 18-112	CT SPD > Blue Badge (Recheck report)		Ongoing investigation.
18/19 18-113	CT SPD > Star report)	te Benefits (Recheck	Closed – no fraud detected.
18/19 18-114	CT SPD > Payroll (Recheck report)		Ongoing investigation.
18/19 18-115	CT SPD > Taxi Drivers (Recheck report)		Ongoing investigation.
18/19 18-116	CT SPD > Personal Alcohol Licence.		Closed – no fraud detected.
18/19 18-117	CT SPD > State Benefits		Ongoing investigation.
SPOC Liaison	1/4/18 – 27/7/1	8	
DWP Referrals		30 this period	30 to date
LAIEF requests actioned		38 this period	38 to date
Whistleblowing/Referrals			

Whistleblowing/Referrals

Whistleblowing and referral cases closed/being investigated since the last Audit Committee are as follows:

File Ref	Description	Status	
17/18 17-76	Council Tax Exemption	Ongoing investigation.	
17/18 17-96	Council Tax Exemption	Ongoing investigation.	
17/18 17-103	Council Tax Exemption	Closed – no fraud detected.	
17/18 17-124	Fraudulent Expense Claims	Fraud established – report	
		issued to management.	
		Disciplinary investigations	
		underway.	
17/18 17-127	Misuse of Blue Badge	Closed – no fraud detected.	
17/18 17-140	Misuse of Blue Badge	Misuse established. Letter	
		issued.	
17/18 17-145	Council Tax Exemption	Fraud established. Account	
		updated and liable party	
		rebilled.	
17/18 17-147	Alleged misuse of Funds	Report issued to	
		management. See section 6.	

FROM 30 MARCH TO 27 JULY 2018

4 Corporate Fraud Activity (Continued)

Whistleblowing and referral cases closed/being investigated since the last Audit Committee are as follows:

17/18 17-159 Misuse of Blue Badge Misuse established. Letter issued.	File Ref	Description	Status		
issued. 17/18 17-163 Misuse of Blue Badge Misuse established. Visit to badge holder and advice given. 17/17 17-166 Council Tax Residence enquiry Closed – no fraud established. 17/18 17-168 Misuse of Blue Badge Misuse established. Badge cancelled. 18/19 18-01 Misuse of Expired Blue Badge Misuse established. Letter issued. 18/19 18-02 Undeclared income – HB, CTR Fraud established. Case being considered by DWP for criminal prosecution. 18/19 18-03 Undeclared partner – HB, CTR Referred to DWP. 18/19 18-05 Misuse of Blue Badge Badge seized and misuse letter issued. 18/19 18-06 Misuse of Blue Badge Badge seized and misuse letter issued. 18/19 18-01 Misuse of Blue Badge Closed – no fraud detected. 18/19 18-01 Misuse of Blue Badge Dadge Seized and misuse letter issued. 18/19 18-10 Misuse of Blue Badge Closed – no fraud detected. 18/19 18-11 Misuse of Blue Badge Dadge Closed – no fraud detected. 18/19 18-14 Council Tax Exemption Ongoing investigation. 18/19 18-15 Misuse of Blue Badge Misuse established. Badge cancelled. 18/19 18-16 Misuse of Blue Badge Referred to Corporate Fraud team at North Ayrshire Council. 18/19 18-20 Misuse of Blue Badge Referred to DWP. 18/19 18-21 Housing Benefits enquiry Referred to DWP. 18/19 18-27 Misuse of Expired Blue Badge Badge seized and misuse letter issued. 18/19 18-37 Housing Benefits enquiry Referred to DWP. 18/19 18-38 Misuse of Bue Badge Referred to North Ayrshire Council. 18/19 18-39 Misuse of Expired Blue Badge Referred to North Ayrshire Council. 18/19 18-30 Housing Benefits enquiry Closed – no fraud detected. 18/19 18-31 Housing Benefits enquiry Closed – no fraud detected. 18/19 18-32 Housing Benefits enquiry Referred to DWP. 18/19 18-36 Single Person Discount Fraud established. Account updated and liable party rebilled.	17/18 17-159				
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18/19 18-68 Council Tax Residence enquiry Closed – no fraud detected.					
	18/19 18-68	Council Tax Residence enquiry			
	18/19 18-73	Housing Benefit enquiry			

FROM 30 MARCH TO 27 JULY 2018

4 Corporate Fraud Activity (Continued)

18/19 18-77	Misuse of Blue Badge	Badge seized and misuse	
		letter issued.	
18/19 18-80	Council Tax Residence enquiry	Closed – no fraud detected.	
18/19 18-82	Single Person Discount	Ongoing investigation.	
18/19 18-83	Misuse of Expired Blue Badge	Badge seized and misuse	
40/40 40 00	10.	letter issued.	
18/19 18-86	Misuse of Blue Badge	Badge seized and misuse	
10/10 10 0=		letter issued.	
18/19 18-87	Council Tax Residence enquiry	Referred to DWP.	
18/19 18-89	Misuse of Expired Blue Badge	Badge seized and misuse	
		letter issued.	
18/19 18-90	Housing Benefits enquiry	Passed to Finance for	
		adjudication.	
18/19 18-92	Single Person Discount	Ongoing investigation.	
18/19 18-93	Misuse of Expired Blue Badge	Badge seized and misuse	
		letter issued.	
18/19 18-95	Single Person Discount	Ongoing investigation.	
18/19 18-96	Single Person Discount	Ongoing investigation.	
18/19 18-98	Misuse of Blue Badge	Badge seized and misuse	
	_	letter issued.	
18/19 18-99	Misuse of Blue Badge	Badge seized and misuse	
		letter issued.	
18/19 18-100	Misuse of Expired Blue Badge	Badge seized and misuse	
		letter issued.	
18/19 18-102	Misuse of Blue Badge Misuse letter issued.		
18/19 18-103	CTR/Single Person Discount	Ongoing investigation.	
18/19 18-108	Council Tax Exemption	Ongoing investigation.	
18/19 18-118	Misuse of Blue Badge	Ongoing investigation.	

5 Ad hoc activities undertaken since the previous Audit Committee

- 5.1 From time to time, management will request the assistance of Internal Audit in certain activities that are in addition to the annual Operational Plan. Examples of such activities include investigations of alleged irregularities, review of changes in system procedures etc.
- 5.2 Contingency has been made available in the Operational Plan for such ad hoc activities. Since the previous Audit Committee, ad hoc activity undertaken in the period is as follows:
 - Providing relevant information in relation to FOI requests.
 - Review of SPT Grant Claims.

INVERCLYDE COUNCIL INTERNAL AUDIT

REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) AT 30 JUNE 2018

Summary: Section 1 Summary of Management Actions due for completion by 30/06/18

There was one action due for completion by 30 June 2018 and the action date for this item has been revised.

Section 2 Summary of Current Management Actions Plans at 30/06/18

At 30 June 2018 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 30/06/18

At 30 June 2018 there was a total of 6 current audit action points.

Section 4 Analysis of Missed Deadlines

At 30 June 2018 there was one audit action point where the agreed deadline had been missed.

Section 5 Summary of Action Plan Points by Audit Year

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 30.06.18

SECTION 2

Directorate	No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
Environment, Regeneration &	0			
Resources				
Health and Social Care	0			
Partnership (HSCP)				
Education, Communities and	1		1	
Organisational Development				
Total	1		1	

^{*} These actions are included in the Analysis of Missed Deadlines - Section 4

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) SUMMARY OF CURRENT MANAGEMENT ACTION PLANS AS AT 30.06.18

SECTION 2

CURRENT ACTIONS BY DIRECTORATE

Education, Communities and Organisational Development			
Due for completion September 2018	1		
Total Actions	1		
HSCP			
Due for completion March 2019	5		
Total Actions	5		
Total current actions:	6		

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) CURRENT MANAGEMENT ACTIONS AS AT 30.06.18

SECTION 3

Education, Communities and Organisational Development

Action	Owner	Expected Date
Corporate Health and Safety (September 2016)		
Planning and Managing Health and safety audits and inspections including data retention requirements (Amber) Feasibility of using Figtree for Health and Safety information is now complete and functionality is now being tested with a view to populating the system by the end of the financial year 2017/2018. (New Action)	Health and Safety Team	30.09.18*

HSCP

Action	Owner	Expected Date
HSCP Commissioning (July 2018)		
Developing themed strategic commissioning of HSCP		
services (Amber)		
Management will examine how to:	Commissioning Working Group	31.03.19
 reduce unnecessary differences in client assessment arrangements between Teams for those clients with two or more care needs. This exercise will aim to more closely coordinate overall client assessments with practically applying themed strategic commissioning arrangements; avoid unintentionally providing clients with more care than their assessed needs require by focusing themed strategic commissioning activities on delivering positive outcomes for clients. These efforts will be undertaken alongside the ongoing development of preventative and early intervention activities; place a greater emphasis on a "bottom-up" rather than "top-down" approach to themed strategic commissioning of services by focusing on trying to achieve positive outcomes for clients and so improve their lives; and develop an effective mechanism for allocating client care costs across Team budgets for those clients with complex needs and so enhance the financial information which underpins commissioning activities. 		

^{*} See Analysis of Missed Deadlines – Section 4

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) CURRENT MANAGEMENT ACTIONS AS AT 30.06.18

SECTION 3

HSCP (Continued)

Action	Owner	Expected Date
HSCP Commissioning (July 2018)		
Developing themed strategic commissioning of HSCP services (Amber) Management will identify changes to procurement and commissioning policies and procedures which will adequately support themed strategic commissioning in practice.	Commissioning Working Group	31.03.19
Managing Strategic Commissioning practices (Amber) Management will promote the role of the Strategic Commissioning Team amongst relevant HSCP officers. This exercise will include encouraging operational managers to always make contact at an early stage whenever they need to;	Commissioning Working Group	31.03.19
 change commissioned services; review grants paid to external organisations for commissioned services; and review Service Level Agreements for commissioned services. 		
Management will consult relevant Finance staff about how best to use FMS in a one-off exercise to identify and manage any pockets of HSCP expenditure which are not yet subject to approved commissioning arrangements.	Commissioning Working Group	31.03.19
Management will create a prioritised action plan of key tasks for the Market Facilitation & Commissioning Plan. This exercise will include an analysis of the risks to successfully implementing the plan.		31.03.19

^{*} See Analysis of Missed Deadlines – Section 4

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) ANALYSIS OF MISSED DEADLINES

SECTION 4

D		Original	Revised	Managament Comments
Report	Action	Date	Date	Management Comments
Corporate Health	Planning and Managing Health and	31.03.18	30.09.18	User acceptance testing has been
and Safety	safety audits and inspections including	30.06.18		carried out and feedback has been
(September 2016)	data retention requirements (Amber)			provided to the software developer.
	Feasibility of using Figtree for Health and			Further development work will be carried
	Safety information is now complete and			out and further UAT will be undertaken.
	functionality is now being tested with a view			The project plan has been updated and
	to populating the system by the end of the			the implementation date is now
	financial year 2017/2018. (New Action)			September 2018.

INVERCLYDE COUNCIL INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF INTERNAL AUDIT ACTION PLAN POINTS (RED AND AMBER ONLY) SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR

SECTION 5

The following table sets out the total number of agreed actions raised by audit year together with their completion status as at 30 June 2018.

	Total	Total	Total Current Actions Not Yet Due*		
Audit Year	Agreed Actions	Actions Completed	Red	Amber	Green
2012/2013	76	76	0	0	0
2013/2014	116	115	0	0	1
2014/2015	77	76	0	0	1
2015/2016	52	52	0	0	0
2016/2017	66	65	0	1	0
2017/2018	53	32	0	5	16
Total	440	416	0	6	18

^{*}This part of the table sets out the total number of current actions not yet due at the date of the follow up report. The AMBER actions are included in Section 3 of the follow up report.