

# **Benefits Service Improvement Plan**

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Sub Appendix 9.2

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#### Rossendale Benefits Service

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#### 1. Introduction

#### 1.1 Existing Performance

Rossendale Borough Council is facing significant corporate challenges especially in the improvement of its customer services.

Weakness in key performance indicators for the Benefits Service has contributed to poor CPA ratings for successive years.

In addition self assessment in October 2004 against the DWP National Performance Standards shows RBC Benefits Service only attaining 46% against a target of 85%.

In recognition of these problems the RBC management team has already taken a positive stance in refocusing the corporate strategy around Rossendale's citizens and customer services and utilised external expertise, where this can add value.

#### 1.2 Challenges

Some specific areas of improvement have already been forthcoming but the major challenges will be to extend this to all areas of the Benefits Service, specifically: -

- demonstrate that high performance can be sustained and improved on an ongoing basis, in particular:-
  - Attain "excellent" CPA score
  - Achieve top quartile BVPI
- · achieve objectives through innovative means whilst still remaining within budget.
- Enter into partnership with other appropriate organisations who can facilitate: -
  - Quick wins
  - o Long term sustainability and stability
- Maintain best value based on the Gershon principles of knowledge sharing economies of scale and simplified procurement.

#### 1.3 Purpose of this document

This document sets out a "high level" service improvement plan to achieve the improvement objectives.

Low level, associated, plans also exist and these are referred to from this document as appropriate.

The most important challenge and first principle is to agree the services *Vision* and *Key Objectives*. Without this agreement no progress is possible.

#### 1.4 Relationship to other plans

The overarching plan to which this Benefits Service Improvement plan belongs is the Benefits Service Operational Plan.

The Benefits Service Operational plan is published annually and sets out objectives, challenges, policies and plans for the service for the subsequent 12 months. The operational plan can be considered the business as usual plan. The format of the operational plan is outlined in Appendix 1 of this document.

This improvement plan can be considered a one-off project plan that supports the operational plan.

### 2. Service Improvement Objectives

The following represent the Services' SMART objectives:-

- 1. To attain National Standards as assessed by BFI by end 2005
- 2. To achieve top quartile BVPI by end 2005-06
- 3. To attain Excellent CPA assessment by 2008
- 4. To demonstrate improved quality of service as measured by citizens

#### 3. Success Criteria

Success of the improvement plan will be reviewed against achievement of the objectives listed above.

### 4. Inputs to the Plan

There are several inputs to the plan each containing details of service gaps and/or recommended actions for improvement. These are: -

- o RBC BFI Self assessment
- RBC BVPI returns
- RBC CPA report
- o Internal Audit
- o RBC Benefits Service Operational Plan

Expected additional inputs include: -

- o BFI report and recommendations, published in June 2005
- New National Standards and self assessment tool

#### 5. Method of Creation

The BFI self assessment is the single document that encompasses most of the gaps identified. As such this is the document which will be used to initiate the plan.

The process will be: -

- 1. The BFI self assessment tool will be modified to create a continuous improvement evaluation tool (see diag 6.1 below) This tool is a spreadsheet containing all 543 self assessment questions in seven modules and shows:
  - o A description of the standard

- o RBC self assessment answer as at Sept 2004
- Any comments as at commencement of improvement plan in Jan 2005
- Current status of achievement (Red, Amber, Green)
- Improvement actions agreed
- Responsibility for action (who)
- o Target date for completion of action
- Actual date achieved
- o Evidence of completion
- Quick win status

Diag 6.1 – showing extract from low level plan

| <b>Benefits Improvement Plan</b>   | n status a                  | as at 17 Feb 2005                                  |     |  |        |             |                      |   |               |
|--|-----------------------------|--|-----|--|--------|-------------|----------------------|---|---------------|
| Processing Claims Standard   | LA Self<br>Assmnt<br>Answer | Initial status as at Jan 05                        | RAG | Actions & latest status  | who    | target date | actual date achieved | Evidence  | quick<br>win? |
| Appendix 1   |                             |  |     |  |        |             |                      |   |               |
| New claims - speed of processing   |                             |  |     |  |        |             |                      |   |               |
| 4.1 a) Does the LA decide 90% of claims within 14 calendar days of receiving all information?  | No                          |  | No  | Not currently monitored<br>Would be enabled by DIP                   |        |             |                      |   |               |
| 4.1 b) Is the average time to complete the processing of claims 36 calendar days or less?  | No                          |  | Yes | This has been true for the Dec and Jan. trend indicates continuation | Dec-04 |             |                      |   | ✓             |
| 4.2 Does the LA have systems in place to:  |                             |  |     |  |        |             |                      |   |               |
| a) request further information or evidence giving     4 weeks for the customer to respond  | Yes                         | Copy of Further Information Letter (28 days)       | Yes |  |        |             |                      | PC 1 Copy of Further Information<br>Letter (28 days)            |               |
| b) send a reminder or make other contact with<br>the customer, before the expiry of the 4 week<br>period within which the customer has been<br>asked to supply further information or evidence | Yes                         | Reminder No Info letter, Reminder Part Info letter | Yes |  |        |             |                      | PC 2 Reminder No Info letter, PC 2(a) Reminder Part Info letter |               |
| c) identify when arrears of work are accruing; and   | Yes                         | RBC Workload Management Tool                       | Yes |  |        |             |                      | PC 3 RBC Workload Management<br>Tool                            |               |
| d) takes action to manage down any backlogs?   | No                          | Backlog Policy under draft                         | Yes | Backlog policy now in place  | Feb-05 |             |                      |   | <b>√</b>      |

2. Workshops were initiated, for all Benefits team leaders, where each response was reviewed and actions agreed to resolve.

3. There have been workshops for each of the seven modules.

Diag 6.2 – showing continuous improvement monitoring tool

|                        | Standard<br>Score | Latest self<br>assessment<br>score | Percentage | Above standard score | BFI's Above<br>standard<br>assessment<br>score | Percentage |
|------------------------|-------------------|------------------------------------|------------|----------------------|--|------------|
| Strategic Management   | 178               | 68                                 | 38%        | 41                   | 10   | 24%        |
| Customer Services      | 74                | 51                                 | 69%        | 17                   | 9  | 53%        |
| Processing of Claims   | 91                | 65                                 | 71%        | 20                   | 1  | 5%         |
| Working with Landlords | 24                | 13                                 | 54%        | 7                    | 3  | 43%        |
| Internal Security      | 31                | 28                                 | 90%        | 11                   | 3  | 27%        |
| Counter-fraud          | 89                | 60                                 | 67%        | 6                    | 0  | 0%         |
| Overpayments           | 56                | 46                                 | 82%        | 12                   | 5  | 42%        |
| Total                  | 543               | 331                                | 61%        | 114                  | 31   | 27%        |

LA SELF-ASSESSMENT

|                        | Standard<br>Score | LA Standard self-<br>assessment<br>score | Percentage | Above standard score | LA Above<br>standard self-<br>assessment<br>score | Percentage |
|------------------------|-------------------|--|------------|----------------------|---|------------|
| Strategic Management   | 178               | 51                                       | 29%        | 41                   | 3   | 7%         |
| Customer Services      | 74                | 33                                       | 45%        | 17                   | 0   | 0%         |
| Processing of Claims   | 91                | 33                                       | 36%        | 20                   | 0   | 0%         |
| Working with Landlords | 24                | 8  | 33%        | 7                    | 0   | 0%         |
| Internal Security      | 31                | 21                                       | 68%        | 11                   | 0   | 0%         |
| Counter-Fraud          | 89                | 60                                       | 67%        | 6                    | 0   | 0%         |
| Overpayments           | 56                | 42                                       | 75%        | 12                   | 0   | 0%         |
| Total                  | 543               | 248                                      | 46%        | 114                  | 3   | 3%         |

4. Review high level plan to identify any costs or resource requirements (indicative)

5. When the new BFI standards have been analysed, these will be reviewed against the existing plan. A new plan will be created by the project manager and where there are any gaps identified against the new standards that are not covered by the existing plan then new actions will be agreed.

#### 6. Governance

The improvement plan will be managed as a project and will therefore be managed as a normal project as follows: -

- 1. The project manager will be Angela Storey and Anita Tittensor until alternative resource identified.
- 2. The planning process will be completed by identifying actions in relation to CPA and internal audit recommendations that are not covered by responses to the BFI report and performance standards.
- 3. Action reviews meetings will be held monthly and will include all team leaders and managers who currently have actions outstanding. The objective will be to review the status of all agreed actions. This must include a senior management team member who should also be seen as project sponsor, having sufficient authority to make decisions and agree resources as necessary.
- 4. Actions will be delegated by the project manager to the most appropriate resource including Benefits Service managers and RBC senior managers. This will be in agreement with line managers ensuring that workloads are balanced against business as usual.
- 5. Communicating progress. A high level action report will be created based on the high level plan contained in this document. This will be distributed to staff, service managers and senior managers as requested. Summary reports will be created periodically for the Lead Member.
- 6. Issue management. Any blocking issues will be collated by the project manager for discussion with the Head Of Service.

# 7. Meeting National Standards

This section contains the high level plan for meting national standards. This is based on the BFI self assessment tool. Low level details are contained in the continuous improvement spreadsheet that had been created from the BFI tool.

Key:

| Acronym | Description              |
|---------|--------------------------|
| HOS     | Head of Service          |
| BSM     | Benefits Service Manager |
| TL      | Team Leader              |

### 7.1 Strategic Management

| Ref  | Issue   | Actions  | Deliverables  | Compl<br>etion<br>target     | Lead<br>Officer | Key<br>resources          | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved   | Actions<br>to Date   |
|------|---|--|---|------------------------------|-----------------|---------------------------|---------------------|--|--|
| BSM1 | Establish and adopt Benefits<br>Service Vision & Policy<br>Objectives     | <ul> <li>Agree vision statement</li> <li>Approve by Executive</li> <li>Approve by members</li> <li>Incorporate in corporate plans</li> </ul>   | Vision statement  | Aug 05                       | HOS             | HOS<br>Lead Member        | none                | PS 2.1, 2.3, 2.6, 2.7, 2.8, 2.9 BFI 2.3, 2.9   | Vision<br>statement<br>drafted – to<br>be agreed and<br>approved<br>(See CPA1 &<br>11) |
| BSM2 | Create Benefits Operational<br>Plan and annual planning<br>review process | <ul> <li>Write contents as outlined in<br/>Appendix 1</li> <li>Establish executive sign-off and<br/>acceptance policy and process</li> <li>Establish members sign-off and<br/>acceptance policy and process</li> </ul> | Annual Benefits<br>Service Operational<br>Plan                                    | Aug 05                       | HOS             | HOS<br>Lead Member<br>BSM | none                | PS 2.14, 2.15,<br>2.16, 2.17,<br>2.18, 2.21,<br>8.1, 2.31,<br>2.46, 2.62<br>BFI<br>2.9,2.46,2.62 | Plan drafted –<br>to be agreed<br>and approved   |
| BSM3 | Establish operational progress reporting governance                       | <ul> <li>Establish reporting process and format to Executive</li> <li>Establish reporting process and format to members</li> </ul>   | Periodic update reports<br>to all stakeholders –<br>members,<br>management, staff | July 2005<br>Start Aug<br>05 | HOS             | HOS<br>BSM<br>Lead Member | none                | PS 2.22, 2.37,<br>2.38, 6.16,<br>2.62, 2.46<br>BFI<br>2.9,2.46,2.62                              | Work<br>commenced<br>on agreeing<br>format and<br>detail. (CPA<br>13)                  |

| Ref  | Issue   | Actions  | Deliverables   | Compl<br>etion<br>target   | Lead<br>Officer | Key<br>resources          | Indicative<br>Costs  | PS & BFI<br>gaps<br>resolved  | Actions to Date  |
|------|---|--|--|--|-----------------|---------------------------|--|---|--|
| BSM4 | Establish Performance<br>Management Framework                         | <ul> <li>Draft performance management framework</li> <li>Agree and approve</li> <li>Construct reporting templates</li> <li>Train Service Managers in monitoring, review, improvement cycle</li> <li>Set SMART targets for teams and individuals</li> </ul> | PMF<br>Reporting template  | Dec 05   | HOS             | HOS<br>BSM<br>Lead Member | None   | PS 2.28. 2.29,<br>2.31, 2.38,<br>2.39, 2.40,<br>2.75, 2.81<br>BFI<br>2.31,2.46,<br>2.81 | Some<br>processes in<br>place but<br>needs formal<br>review. PIAT<br>team to assist<br>July/August.<br>(see CPA3 &<br>CPA14)   |
| BSM5 | Establish Business continuity<br>Plan                                 | Review existing policy     Create annual testing and review procedure  | Business Continuity<br>Plan                                      | Nov 05   | HOS             | HOS<br>BSM                | Potential costs<br>unknown at this<br>stage                | PS 2.23<br>BFI 2.31   | To be developed. (see CPA 16   |
| BSM6 | Establish change management<br>for HB and CTB delivery<br>procedures  | <ul> <li>Change management control</li> <li>Within 10 days of receipt</li> <li>Cross reference</li> <li>Plain English</li> </ul>   | Change management procedure and disciplines                      | Dec 05   | HOS             | BSM                       | none   | PS 2.51, 2.52,<br>2.53. 2.54<br>BFI 2.81  | To be developed  |
| BSM7 | Establish management<br>assurance and local<br>management information | Implementation of DMS required for comprehensive solution (e.g. work throughput, backlogs, incoming trends)     Will be quick if partnership arrangements goes ahead otherwise lengthy   | Sophisticated<br>workload MI                                     | Dec 05 (if<br>partnershi<br>p working<br>arrangem<br>ents<br>agreed) | HOS             | HOS<br>BSM<br>partner     | None if partner<br>SLA dictates<br>adequate<br>workflow MI | PS2.57, 2.58<br>BFI 2.81  | Funding<br>received<br>through PSF<br>for DMS<br>system.   |
| BSM8 | Review training strategy, training plan and resources                 | Review required to satisfy standards     Review and document all     procedures and ensure they are     updated regularly     Implement staff appraisal scheme     and performance feedbacks   | Training strategy and resources SMART targets and review process | Nov 05 (if partnershi p)   | BSM             | BSM<br>HR                 | Potential<br>additional<br>resource                        | PS 2.66, 2.67,<br>2.68, 2.69,<br>2.70, 2.71,<br>3.21, 2.120<br>BFI 2.86                 | In Lancashire Training Consortium (funded by PSF). Personal training records in place for all staff. Received PSF for TNA. Corporate training programme in place. Procedure review underway. |
| BSM9 | Review job descriptions   | <ul><li>Ensure all employees have JDs</li><li>Ensure SMART objectives</li></ul>  | JDs  | Dec 05   | BSM             | BSM<br>HR                 | none   | PS 2.72, 2.74, 3.22   | All staff have<br>JD's. Review   |

| Ref   | Issue   | Actions   | Deliverables   | Compl<br>etion<br>target       | Lead<br>Officer | Key<br>resources                        | Indicative<br>Costs      | PS & BFI<br>gaps<br>resolved<br>BFI 2.46                        | Actions to Date   |
|-------|---|---|--|--------------------------------|-----------------|---|--------------------------|---|---|
| BSM10 | Review IT fallback and recovery plans and ICT security arrangements           | Review Vivista contract     Review new user and security set up arrangements     Agree testing programme     Undertake full systems usage review  | Documented IT recovery plan  | Nov 05                         | HOS             | ICT (in-house<br>support)<br>Vivista    | Unknown at<br>this stage | PS 2.90,<br>2.136<br>BFI 2.136                                  | commenced.  Vivista contract under review. Urgent review taken place on security set- up/access arrangements and implemented. Formal security policy to be developed. |
| BSM11 | Review internal audit scope<br>and reconsider internal audit<br>reports       | Investigate 3 year rolling audit plan     Assessment against national standards     Counter Fraud Audit     Reconsider audit reports and devise action plan   | 3 year rolling audit<br>plan                                       | Dec 05<br>(current<br>actions) | HOS             | BSM<br>Internal audit<br>(Neil Kissock) | Unknown at<br>this stage | PS 2.94, 2.95,<br>2.100, 2.150,<br>2.162<br>BFI 2.150,<br>2.162 | The Initial meeting with Audit have taken place. Review to continue – action plan of all agreed O/S issues/actions to be completed by July 05. (see CPA31)            |
| BSM12 | Incorporate external audit findings in reporting to members                   | review external audit reports     Incorporate in BSM3 above   | Reporting on external<br>audit findings and<br>progress to members | Dec 05                         | HOS             | Lead member<br>BSM                      | none                     | PS 2.107,<br>2.108<br>BFI 2.162                                 | To be developed.  |
| BSM13 | Review current stance on calculating and reporting on cost of benefit service | <ul> <li>Review existing policy</li> <li>Assess effort required to produce</li> <li>Decide if feasible</li> <li>Review as part of partnership arrangements</li> <li>Review against new standards when published in May</li> </ul> | Cost of benefit service calculation                                | Dec 05                         | HOS             | Finance Manager<br>HOS                  | none                     | PS 2.110,<br>2.111, 2.112,                                      | Discussion within Lancashire Benefits Group to agree process and benchmarkin g. Will also be addressed if partnership   |

| Ref   | Issue  | Actions   | Deliverables                        | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources       | Indicative<br>Costs      | PS & BFI<br>gaps<br>resolved   | Actions<br>to Date  |
|-------|--|---|-------------------------------------|--------------------------|-----------------|------------------------|--------------------------|--|---|
|       |  |   |                                     |                          |                 |                        |                          |  | arrangements go ahead.  |
| BSM14 | Establish current level of<br>conformance with Race<br>Relations Act | Review current status     Review service actions depending on outcome, e.g. training, review processes  | Conformance with Act RES            | Dec 05                   | HOS             | HOS<br>BSM             | Unknown at<br>this stage | PS 2.119,<br>2.120, 2.168<br>BFI 2.168   | Corporate training programme commenced.   |
| BSM15 | Review internal working arrangements                                 | Review internal working relationships (e.g. housing, finance, revenues, customer services)     Review gaps     Identify resolving actions (e.g. SLAs, performance reviews)     Resolve issues with registration of council tax liabilities. | Gap analysis and rectification plan | Sep 05                   | BSM             | HOS<br>BSM             | none                     | PS 2.126,<br>2.127, 2.128,<br>2.129, 2.130,<br>4.25, 2.178,<br>2.203, 4.105<br>BFI<br>2.178,4.25 | Meetings<br>commenced<br>with internal<br>partners to<br>agree<br>processes and<br>SLAs. Will<br>be in place by<br>Sep 05.    |
| BSM16 | Review external working arrangements                                 | <ul> <li>Ensure all relevant SLAs with external parties are in place</li> <li>Identify gaps</li> <li>Rectify omissions</li> </ul>   | Gap analysis and rectification plan | Sep 05                   | BSM             | HOS<br>BSM             | None                     | PS 2.133,<br>2.135, 2.136,<br>2.137, 2.138,<br>2.203, 4.105<br>BFI 2.178,<br>2.203,<br>4.105     | National<br>SLAs in place<br>and meetings<br>held regularly<br>(e.g. DWP,<br>Rent Serv).<br>Also SLA in<br>place with<br>CAB. |
| BSM17 | Ensure compliance with standards where service contracted out        | Not yet relevant     Review should partnership arrangements commence  | Contract embodiment                 | Nov 05                   | HOS             | HOS<br>BSM<br>Director | Unknown                  | PS 2.141,<br>2.142, 2.143  | Review should partnership occur.  |

### 7.2 Customer Services

| Ref  | Issue   | Actions   | Deliverables   | Compl<br>etion | Lead<br>Officer | Key       | Indicative<br>Costs              | PS & BFI                                      | Actions to Date  |
|------|---|---|--|----------------|-----------------|-----------|----------------------------------|---|--|
|      |   |   |  | target         | Officer         | resources | Cosis                            | gaps<br>resolved                              | Date   |
| BCS1 | Quality and availability of all information leaflets and documentation. | <ul> <li>Review all leaflets and documentation</li> <li>Review that sufficient stocks held</li> <li>Create process for checking that sufficient available at outlets</li> <li>Review of benefit notification letters</li> </ul> | Full range of leaflet<br>and document<br>availability and stock<br>replenishment | Nov 05         | BSM             | BSM<br>TL | Potential cost of leaflets/forms | PS 3.4, 3.15, 3.44, 3.60 BFI 2.15, 3.44, 3.60 | Discussions within Lancashire Benefits Group about possible joint approach/share d leaflets etc. |

| Ref  | Issue   | Actions  | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs                         | PS & BFI<br>gaps<br>resolved          | Actions to Date   |
|------|---|--|---|--------------------------|-----------------|------------------|---|---------------------------------------|---|
|      |   |  |   |                          |                 |                  |   |                                       | Joint form in place in East Lancs and currently being reviewed. Content and format of E-forms agreed within East Lancs and currently being designed. Testing of new benefit notification suite to commence in mid-July. (see CPA20) |
| BCS2 | Actively ascertain public needs of the service and ensure maximum benefit take-up | Review against Customer Services     Strategy     Develop take-up strategy     Will be included as part of partnership arrangements          | Customer needs<br>assessment and<br>increased take-up | May 06                   | HOS             | HOS<br>BSM       | Potential cost of surveys                   | PS 3.6, 3.66, 3.7, 3.60 BFI 3.7, 3.66 | BV survey requirement undertaken. Discussions within Lancs Shared Service Contact centre group about joint approach to survey work. East Lancs group also in place. (see CPA4)  |
| BCS3 | Answer 80% of calls within 10 rings.  | Implement customer services strategy for a call centre     Will be addressed as part of the Lancashire Shared Service Contact Centre Project | Monitoring and achievement of benchmark               | Mar 06                   | HOS             | BSM              | Included in Call<br>Centre business<br>case | PS 3.7, 3.39<br>BFI 3.39, 3.7         | SSCC development – go live readiness to commence in July (see CPA22) All staff have been issued with list of Customer Standards in  |

| Ref   | Issue  | Actions  | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs  | PS & BFI<br>gaps<br>resolved                             | Actions to<br>Date   |
|-------|--|--|---|--------------------------|-----------------|------------------|--|--|--|
| BCS4  | Provide evidence that meet appointment thresholds ( i.e. 80% customers seen within certain time) | Ensure Customer services strategy provides measures and enablers     Will be addressed as part of the Lancashire Shared Service Contact Centre Project                     | Measures that meet standards  | Mar 06                   | HOS             | BSM              | Included in<br>OSS business<br>case                              | PS 3.9   | Sept 05 SSCC development – go live readiness to commence in July (see CPA22)   |
| BCS5  | Provide telephone<br>appointment system that<br>meets standards                                  | Implement Customer Services     Strategy     Will be addressed as part of the     Lancashire Shared Service Contact     Centre Project                                     | Telephone based appointments system   | Mar 06                   | HOS             | BSM              | Included in call<br>centre business<br>case                      | PS 3.11<br>BFI 3.39                                      | SSCC<br>development –<br>go live<br>readiness to<br>commence in<br>July (see<br>CPA18)   |
| BCS6  | Monitor and target<br>correspondence response<br>within 14 days of receipt                       | Implement DMS system     Dependency on partnership arrangements  | Measurement of correspondence response                                      | Jan 06                   | HOS             | BSM              | Included in potential partnership arrangements                   | PS 3.13<br>BFI 3.39                                      | PSF received<br>for DMS<br>Presently<br>manually<br>monitor<br>correspondenc<br>e and ensure<br>work is dealt<br>with within 14<br>days. |
| BCS7  | Establish plans for assessment need of ethnic minority groups                                    | Review RBC responsibilities, deliverables and timescales for ethnic minority needs     Establish robust interpreting service     Establish consultation with ethnic groups | Ethnic minority<br>assessment<br>Interpreting service<br>consultation       | May 06                   | BSM             | HR               | Unknown at this stage  | PS 3.34, 3.35<br>BFI 3.60                                | To be reviewed.  |
| BCS8  | Provide quality service for those in work  | Assess needs of those in work (i.e. out of hrs contact, self serve etc)     Extended hours available from customer services strategy     Monitor Job Centre Plus SLA       | Extended hours<br>service (call centre and<br>OSS)<br>Self serve on Website | May 06                   | HOS             | HOS<br>BSM       | Included in<br>customer<br>services<br>strategy<br>business case | PS 3.38,<br>3.39, 3.7,<br>3.60<br>BFI 3.60, 3.7,<br>3.39 | To be developed.   |
| BCS9  | Improve complaint procedure  | Review complaint process     DMS will allow effective identification, monitoring and management  | Improved service and response times to complaints                           | Feb 06                   | BSM             | TL               | Included in partnership arrangements                             | PS 3.74<br>BFI 3.74                                      | Corporate Complaints Procedure in Place.   |
| BCS10 | Monitoring standard of appeals   | Review processes     Report outcome of appeals to members  | Improved quality of appeals.  | Feb 06                   | BSM             | TL               | None   | PS 3.83<br>BFI 3.83                                      | Sign off<br>process/quality<br>check for   |

| Ref | Issue | Actions | Deliverables | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved | Actions to Date       |  |
|-----|-------|---------|--------------|--------------------------|-----------------|------------------|---------------------|------------------------------|-----------------------|--|
|     |       |         |              |                          |                 |                  |                     |                              | submissions in place. |  |

# 7.3 Processing Claims

| Ref  | Issue  | Actions   | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs   | PS & BFI<br>gaps<br>resolved                | Actions to<br>Date  |
|------|--|---|---|--------------------------|-----------------|------------------|---|---|---|
| BPC1 | Ensure that 90% of decisions within 14 days of receipt   | Processes to be reviewed and daily<br>monitoring undertaken   | Measurement and monitoring  | Jul 05                   | BSM             | BSM<br>TL        | None  | PS 4.1 , 4.25<br>BFI 4.25                   | Processes<br>refined and<br>documented.<br>In place by<br>July  |
| BPC2 | Ensure average time to process is under 36 days  | <ul> <li>Has been achieved for last 2 months of 2004-05</li> <li>Ensure resource available to maintain into 2005-06</li> <li>Will be enabled by Partnership arrangements</li> </ul> | Meeting BVPI<br>standard  | ongoing                  | BSM             | HOS<br>BSM<br>TL | Potential<br>agency to<br>backfill for staff<br>leavers until<br>uncertainty over<br>partnership is<br>resolved | PS 4.1 , 4.25<br>BFI 4.25                   | New<br>monitoring<br>process being<br>implemented<br>in place July<br>05  |
| BPC3 | Enable meeting standard for payments on account  | Identify process that meets standard  | Monitoring system<br>Processing procedure<br>Monthly analysis   | Dec 05                   | BSM             | BSM<br>TL        | None  | PS 4.6, 4.7,<br>4.8, 4.33<br>BFI 4.33       | POA in place<br>and meeting<br>standards<br>however<br>formal<br>monitoring<br>arrangements<br>not yet in<br>place. |
| BPC4 | Establish system for<br>measuring and managing<br>work outstanding for changes<br>in circumstances | Requires DMS to be fully effective     To be resolved by partnership arrangements   | Measurement of incoming and outstanding changes of circumstances. Processing of changes within 9 days | Dec 05                   | HOS             | BSM<br>TL        | Included in<br>partnership<br>working<br>business case  | PS 4.12. 4.13,<br>8.33<br>BFI 4.41,<br>8.33 | Manual system in place – outstanding work monitored on weekly basis.  |
| BPC5 | Establish system to ensure<br>that minimum monthly<br>percentage of interventions<br>processed     | Implement VF plan   | Interventions<br>monitoring   | Jun 05                   | HOS             | TL<br>BSM        | none  | PS 4.19, 4.56<br>BFI 4.56                   | Process in place and targets being met. VF compliant from 27/6/05.  |

| Ref   | Issue   |   | Actions   | Deliverables  | Compl<br>etion<br>target     | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved  | Actions to Date  |
|-------|---|---|---|---|------------------------------|-----------------|------------------|---------------------|---|--|
| BPC6  | Resolve minimum threshold of data matches   | • | Implement VF plan   | Data matches<br>monitoring  | Jun 05                       | BSM             | TL<br>BSM        | none                | PS 4.20, 4.56<br>BFI 4.56   | Process in place and targets being met. VF compliant from 27/6/05.   |
| BPC7  | Enable identification of trends<br>and patterns from result of<br>monitoring previous reviews | • | Implement VF plan   | Trends and patterns   | Aug 05                       | BSM             | TL<br>BSM        | None                | 4.22  | Process in place and targets being met. VF compliant from 27/6/05. Analysis of data to be determined         |
| BPC8  | VF - identity Establish follow-up and resolution to cross-checking discrepancies              | • | Implement VF plan   | Cross-checking of<br>information where<br>discrepancies<br>identified in VF | Jun 05                       | BSM             | BSM<br>TL        | none                | PS 4.29, 4.71<br>BFI 4.62,<br>4.71  | VF compliant from 27/6/05.   |
| BPC9  | VF — residency and rent<br>Record actions as a result of<br>follow-ups on discrepancies       | • | Implement VF plan   | Recording system  | Jun 05                       | BSM             | BSM<br>TL        | none                | PS 4.33, 4.71<br>BFI 4.71   | VF compliant from 27/6/05.   |
| PBC10 | VF – IS/JSA/income/capital<br>Follow- up and record actions<br>as a result of discrepancies   | • | Implement VF plan   | Recording system  | Jun 05                       | BSM             | BSM<br>TL        | none                | PS 4.39, 4.71<br>BFI 4.71   | VF compliant from 27/6/05.   |
| BPC11 | VF – household members<br>Follow- up and record actions<br>as a result of discrepancies       | • | Implement VF plan   | Recording system  | Jun 05                       | BSM             | BSM<br>TL        | none                | PS 4.45, 4.71<br>BFI 4.71   | VF compliant from 27/6/05.   |
| BPC12 | VF compliancy including effective management checks   | • | Implement VF plan   | Recording system  | Jun 05                       | BSM             | BSM<br>TL        | none                | PS4.50,<br>2.103, 4.62,<br>4.71, 4.91,<br>4.112, 7.135,<br>8.33, 8.39,<br>5.47<br>BFI 2.103,<br>4.91, 4.112,<br>7.135, 8.39 | VF compliant<br>from 27/6/05.<br>Management<br>check<br>processes<br>reviewed and<br>in place.<br>(see CPA5) |
| BPC13 | Meet legal requirement for<br>Rent Officer referrals within<br>3 days of receiving claim      | • | Review processes Implement VICTER                             | Monitoring and recording of referrals                                       | May 05<br>VICTER<br>(Mar 06) | BSM             | BSM<br>TL        | None                | PS 4.71, 4.33,<br>4.117<br>BFI 4.117,<br>4.33   | Processes in place to measure and monitor. Regular liaison with ROS  |
| BPC14 | Make decision on Rent<br>Officer Decision within 2  | • | DMS required to be effective<br>VICTER will resolve – instant | Monitoring and recording of referrals                                       | Dec 05                       | BSM             | BSM<br>TL        | Unknown             | PS 4.74, 4.33,<br>4.117   | Manual prioritisation  |

| Ref   | Issue  |   | Actions   | Deliverables  | Compl  | Lead    | Key       | Indicative | PS & BFI                     | Actions to |
|-------|--|---|---|---|--------|---------|-----------|------------|------------------------------|------------|
|       |  |   |   |   | etion  | Officer | resources | Costs      | gaps                         | Date       |
|       |  |   |   |   | target |         |           |            | resolved                     |            |
|       | days of receipt  |   | update  |   |        |         |           |            | BFI 4.117,                   | system in  |
|       |  |   |   |   |        |         |           |            | 4.33                         | place.     |
| BPC15 | Ensure customers understand consequences of not reporting changes in circumstances | • | Ensure information included with all correspondence | Effective management of changes in circs and communication with | Jun 05 | BSM     | TL        | None       | PS 4.41<br>BFI 4.41,<br>4.62 | In place   |
|       |  |   |   | customers.  |        |         |           |            |                              |            |

# 7.4 Working with Landlords

| Ref  | Issue  | Actions  | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved             | Actions to<br>Date  |
|------|--|--|---|--------------------------|-----------------|------------------|---------------------|--|---|
| BWL1 | Ensure landlords written once<br>per year reminding them of<br>their responsibilities          | Instigate annual procedure   | Annual letter to landlords  | Aug 05                   | BSM             | TL<br>BSM        | none                | PS 5.4, 5.16<br>BFI 5.16                 | Work<br>underway –<br>will be issued<br>by Aug 05<br>(See CPA28)  |
| BWL2 | Ensure letter to direct<br>payment landlords meet<br>regulatory requirements                   | Review letter against regulations  | Conformant letters  | May 05                   | BSM             | TL<br>BSM        | none                | PS 5.5 (b)<br>BFI 5.16                   | In place  |
| BWL3 | Ensure that LA tenancy<br>records are routinely checked<br>when assessing rent rebate<br>claim | Review processes   | Proper checks   | May 05                   | BSM             | BSM<br>TL        | none                | PS 5.8                                   | In place  |
| BWL4 | Ensure that Landlord liaison arrangements are in place   | Review processes     Designate landlord liaison officer     Review leaflets, information and letters     Arrange attendance as landlord forums     Develop fit and proper person test policy | Direct payments made in accordance with regulations     Provision to withhold payments in accordance with regs 11 and 13     Encourage landlords to make direct contact before court action | Aug 05                   | BSM             | BSM<br>TL        | none                | PS 5.15, 5.16, 5.17, 5.25 BFI 5.16, 5.25 | Landlord<br>liaison officer<br>in place.<br>Liaison<br>meetings<br>taking place.<br>Landlord info<br>leaflet<br>developed and<br>in place<br>(issued to<br>landlords).<br>Current review<br>of direct |

| Ref  | Issue  | Actions              | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved | Actions to<br>Date  |
|------|--|----------------------|---|--------------------------|-----------------|------------------|---------------------|------------------------------|---|
|      |  |                      | Policy that<br>landlord should<br>not take<br>enforcement<br>action when<br>arrears due to<br>arrears of HB |                          |                 |                  |                     |                              | payment<br>arrangements<br>underway. Fit<br>and proper<br>landlord<br>procedure<br>being<br>developed. in<br>place.<br>(see CPA7) |
| BWL5 | Apply regulations that prevent recovery from landlords who report suspected fraud in certain circumstances | Write procedure note | Application of regulations  | Dec 05                   | BSM             | TL<br>BSM        | none                | PS 5.20                      | Being<br>developed.   |

# 7.5 Internal Security

| Ref  | Issue  | Actions   | Deliverables              | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved               | Actions to<br>Date  |
|------|--|---|---------------------------|--------------------------|-----------------|------------------|---------------------|--|---|
| BIS1 | Vetting of employees                                   | HR ensure that RBC vets employees in accordance with audit commissions recommendations     Declarations of interest for employees               | Compliance with standards | Dec 05                   | HR              | BSM<br>HR        | unknown             | PS 6.3, 6.4,<br>6.5, 6.6, 6.20<br>BFI 6.20 | Declarations of<br>interest in<br>place (Jan 05)<br>(see CPA29) |
| BIS2 | Reporting of progress on IA recommendations to members | Ensure covered under strategic<br>management actions on reporting to<br>members   | Reporting process         | Dec 05                   | HOS             | HOS              | none                | PS 6.16                                    | Being developed.  |
| BIS3 | Investigation of non cashed cheques                    | Write procedures for investigating<br>non cashed cheques after 6 months     Full review of split of duties and<br>iworld functionality required | Procedure                 | Mar 06                   | BSM             | TL<br>BSM        | none                | PS 6.27, 6.46<br>BFI 6.12,<br>6.46         | Procedures to be reviewed.                                      |
| BIS4 | Ensure post opening                                    | Review of procedures  | Procedure                 | June 05                  | BSM             | TL               | None                | PS 6.12                                    | Full review   |

| Ref  | Issue  | Actions  | Deliverables                    | Compl<br>etion | Lead<br>Officer | Key<br>resources          | Indicative<br>Costs | PS & BFI<br>gaps    | Actions to Date   |
|------|--|--|---------------------------------|----------------|-----------------|---------------------------|---------------------|---------------------|---|
|      |  |  |                                 | target         |                 |                           |                     | resolved            |   |
|      | procedures are adequate  |  |                                 |                |                 |                           |                     | BFI 6.12            | undertake and<br>new procedure<br>in place.<br>(see CPA8)             |
| BIS5 | Ensure reconciliation<br>procedure in place and<br>security of cheques and<br>payments | Review of reconciliation procedure     Review of cheque and payment security | Procedure and improved security | Jan 06         | P Seddon        | Accountancy<br>HOS<br>BSM | None                | PS 6.46<br>BFI 6.46 | Initial discussions taken place. Full review and process to be agreed |

### 7.6 Counter Fraud

| Ref  | Issue   | Actions   | Deliverables              | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved                        | Actions to<br>Date   |
|------|---|---|---------------------------|--------------------------|-----------------|------------------|---------------------|---|--|
| BCF1 | Create policy statement specifically for counter fraud operation  | Create policy statement     Align to RBC corporate policy     Adopt at committee     Communicate to staff and managers     Include in CF operational plan | Policy statement          | May 05                   | BSM             | LD<br>HOS        | none                | PS 7.1, 7.2,<br>7.3, 7.8,<br>7.10, 7.24<br>BFI 7.24 | Completed to<br>be approved<br>end of July<br>2005.  |
| BCF2 | Create CF operational procedures  | Create procedures     Communicate to staff  | Operational procedures    | Jun 05                   | LD              | LD<br>TL         | none                | PS 7.5, 7.6,<br>7.56<br>BFI 7.56                    | Completed to be approved end of July 2005.   |
| BCF3 | Deal with fraud referrals in<br>manner set out in Standards<br>for Reviews and data<br>matching. Monitor and<br>analyse data and review risk-<br>criteria | Create procedure     Communicate to staff   | Compliance with standards | Dec 05                   | LD              | LD               | none                | PS 7.14, 7.56<br>BFI 7.56                           | Some progress<br>been made but<br>not completed.   |
| BCF4 | Provide fraud awareness<br>sessions to all LA employees<br>at induction   | Slot into corporate induction plans     Ensure annual refresher briefings for all staff in involved in HB/CTB admin, housing and ctax collection          | Fraud awareness           | May 05                   | LD              | HR<br>LD         | none                | PS 7.16 (a),<br>7.56<br>BFI 7.56                    | Some completed in May/June and procedures being agreed. Senior Management Have now agreed to be done via handouts at |

| Ref   | Issue  | Actions   | Deliverables   | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs                   | PS & BFI<br>gaps<br>resolved                                     | Actions to<br>Date  |
|-------|--|---|--|--------------------------|-----------------|------------------|---------------------------------------|--|---|
|       |  |   |  |                          |                 |                  |                                       |  | induction – handouts completed. To take part in Corporate Induction in Sept 05.                     |
| BCF5  | Provide quarterly feedback to<br>relevant LA employees on<br>activities and success of fraud<br>investigations                       | <ul> <li>Create quarterly newsletter</li> </ul>   | Communication on fraud activities and success  | Jul 05                   | LD              | LD               | none                                  | PS 7.16 (c ),<br>7.56<br>BFI 7.56                                | In place – commenced June 05  |
| BCF6  | Improve procedural guidance<br>on DNR. Record and receive<br>post within one day of receipt<br>in LA                                 | Review process and document     This is currently achieved but not recorded and fully monitored     | Recording and receipt<br>of post within one day<br>of receipt and effective<br>procedure | Dec 05                   | BSM             | LD               | Included in partnership business case | PS 7.44, 7.64<br>BFI 7.64  | One day<br>response time<br>now in place –<br>part of post<br>opening<br>review. Details<br>in SLA. |
| BCF7  | Review appointments of<br>authorised officers for<br>relevance and need and<br>ensure compliance with<br>legislation                 | Review process  | Reviews of appointments  | Dec 05                   | LD              | LD               | None                                  | PS 7.46, 7.72<br>BFI 7.72  | Developed.  |
| BCF8  | Operate code of conduct for investigators that complies with appropriate legislation   | Review procedures and document  | Code of conduct  | Dec 05                   | LD              | LD               | none                                  | PS 7.99,<br>7.185, 7.199,<br>7.2047.46 (f)<br>BFI 7.99           | Developed   |
| BCF9  | Conduct management checks<br>on investigations to ensure<br>compliance with PACE,<br>CPIA, RIPA, social security<br>legislation, HRA | Needs review of current procedure   | S Compliance with standard   | Oct 05                   | HOS             | LD               | None                                  | PS 7.58,<br>7.204, 7.199,<br>7.185, 7.177,<br>7.135<br>BFI 7.135 | Management checks in place.   |
| BCF10 | Provide guidance on when investigators should seek legal advise  | Currently creating based on<br>Liverpool template   | Guidance notes   | Jun 05                   | LD              | LD               | none                                  | PS 7.59  | Actioned  |
| BCF11 | Create policy to provide<br>ongoing , ad-hoc and formal<br>training  | <ul> <li>Write policy</li> <li>Communicate</li> <li>Will be included in operational plan</li> </ul> | Training policy  | Oct 05                   | LD              | LD               | None                                  | PS 7.58  | Actioned policy to be presented July 05.  |
| BCF12 | Provide investigators with SMART objectives  | Include in appraisal  | Guidance notes   | Jun 05                   | LD              | LD               | none                                  | PS 7.59  | In place but<br>will be<br>reviewed under<br>partnership<br>arrangements                            |

| Ref   | Issue   |   | Actions  | Deliverables  | Compl<br>etion<br>target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS & BFI<br>gaps<br>resolved   | Actions to Date  |
|-------|---|---|--|---|--------------------------|-----------------|------------------|---------------------|--|--|
| BCF13 | Create policy to provide<br>ongoing , ad-hoc and formal<br>training | • | Review of process  | Training policy                                       | Aug 05                   | LD              | LD               | None                | PS 7.73  | In op's plan<br>and policy to<br>be presented<br>July 05.                |
| BCF14 | Provide investigators with SMART objectives                         | • | Review of overpayment procedures                         | SMART objectives                                      | Jul 05                   | LD              | LD<br>BSM        | None                | PS 7.76  | In place but<br>will be<br>reviewed under<br>partnership<br>arrangements |
| BCF15 | Collect and analyse management information                          | • | Develop management information processes and procedure   | Effective management<br>and analysis of fraud<br>work | Nov 05                   | LD              | LD<br>BSM        | None                | PS 7.135<br>BFI 7.135  | Management Checks in place   |
| BCF16 | Improve sanction processes and operational procedures               | • | Full review of processes and documentation of procedures | Procedures  | Jan 06                   | LD              | HOSLD            | None                | PS 7.99, 7.64,<br>7.135, 7.153,<br>7.177, 7.185,<br>7.199, 7.204<br>BFI 7.137,<br>7.177, 7.153,<br>7.185, 7.204,<br>7.99 | Policy and<br>procedures to<br>be presented<br>July 05.                  |

## 7.7 Overpayments

| Ref | Issue   | Actions   | Deliverables                                | Completio<br>n target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS &<br>BFI gaps<br>resolved               | Actions to<br>Date   |
|-----|---|---|---|-----------------------|-----------------|------------------|---------------------|--|--|
| BO1 | Overpayments policy reflects corporate policies | review wording of     overpayments policy with     regard to corporate policy     set measurable targets in annual     benefits plan     ensure overpayments are     brought under appropriate     financial control     cross reference to strategic     management actions     arrange to be approved to     members and review     programme | Consistent policy targets financial control | Dec 05                | HOS             | HOS<br>BSM       | none                | PS 8.1, 8.17,<br>8.89<br>BFI 8.13,<br>8.89 | Performance<br>Development<br>Team assisting in<br>Oct on<br>overpayments and<br>will work to<br>recommendations<br>of BFI report and<br>PSF.<br>(see CPA10) |

| Ref | Issue   | Actions  | Deliverables                                     | Completio<br>n target | Lead<br>Officer | Key<br>resources | Indicative<br>Costs | PS &<br>BFI gaps<br>resolved  | Actions to<br>Date  |
|-----|---|--|--|-----------------------|-----------------|------------------|---------------------|---|---|
| BO2 | Budget set to achieve<br>stretch target for recovery<br>of outstanding debt.  | Review   | Effective recovery                               | Dec 05                | HOS             | HOS<br>BSM       | None                | PS 8.38, 8.89<br>BFI 8.89   | Performance Development team assisting in Oct 05 on overpayments and will work to recommendations of BFI report and PSF                                 |
| B03 | Ensure overpayments are minimised and ensure effective monitoring of debt and set performance targets               | DMS to effectively manage and prioritise changes     Set SMART targets for action on reported changes, work and collecting debt     Ascertain plans for monitoring | Monitoring and reporting of debt                 | Dec 05                | BSM             | BSM              | none                | PS 8.33,8.39,<br>8.41, 8.42,<br>8.51, 8.77,<br>8.89<br>BFI 8.33,<br>8.39, 8.51,<br>8.77, 8.89 | Performance Development Team assisting in Oct 05 on overpayments and will work to recommendations of BFI report and PSF.                                |
| B04 | Targets for reducing the<br>numbers and amount of<br>inactive debt  | Review of procedures and identification of debts   | Targets in place and effective recovery measures | Dec 05                | BSM             | BSM              | none                | PS 8.47, 8.89<br>BFI 8.47,<br>8.89  | Performance<br>development team<br>assisting in Oct 05<br>on overpayments<br>and will work to<br>recommendations<br>of BFI report and<br>PSF (seeCPA37) |
| B05 | Improve procedures  | Review all procedures and document   | Procedures                                       | Dec 05                | BSM             | BSM              | None                | PS 2.17, 8.89<br>BFI 8.89   | Performance Development Team assisting in Oct 05 on overpayments and will work to recommendations of BFI report and PSF                                 |
| B06 | Develop, record and analyse management check process  | Develop procedure  | Procedure  | Jul 05                | HOS             | BSM<br>TL        | None                | PS 8.33, 8.47<br>BFI 8.33,<br>8.47  | In place (VF compliant from 27.6.05)  |
| В07 | Introduce management<br>reports and systems to<br>monitor and analyse<br>creation and management<br>of overpayments | Review processes and document procedures     DMS for effective workflow and management   | Effective debt<br>management                     | Dec 05                | HOS             | BSM<br>TL        | None                | PS 8.33, 8.39,<br>8.51, 8.77,<br>8.89<br>BFI 8.33,<br>8.39, 8.51,<br>8.77, 8.88               | Being developed.  |

# 8. CPA Improvement Plan

| Ref  | Issue   | Actions  | Deliverables                           | Completion target | Lead Officer | Key<br>resources          | Indicative costs | CPA gaps resolved                                    | Other gaps resolved  |
|------|---|--|--|-------------------|--------------|---------------------------|------------------|--|--|
| CPA1 | Develop policies and<br>strategies covering all<br>areas of HB and CTB<br>administration that are<br>endorsed by elected<br>members | Agree vision statement     Approve by Executive     Approve by members     Incorporate in corporate plans  | Vision statement                       | Aug 05            | HOS          | HOS<br>Lead Member        | none             | 1.8  | Vision statement<br>drafted – to be<br>agreed and<br>approved<br>(see BSM1,2 & 3)                                      |
| CPA2 | Set performance targets that are realistic and achievable.  | Monitor staff output.  Evaluate.  Set achievable but stretching targets  | Increased performance. Improved BVPI's | Nov 04            | ВМ           | TP<br>SF                  |                  | 1.8  | Completed.<br>Reviewed and<br>Increased after<br>BFI Inspection.   |
| CPA3 | Introduce performance monitoring systems  | Draft     performance     management     framework     Agree and     approve     Construct     reporting     templates     Train Service     Managers in     monitoring,     review,     improvement     cycle     Set SMART     targets for | PMF Reporting template                 | Dec 05            | HOS          | HOS<br>BSM<br>Lead Member | None             | 2.28. 2.29, 2.31,<br>2.38, 2.39, 2.40,<br>2.75, 2.81 | Some processes in place but needs formal review. Performance Development Team to assist Oct onwards (see BSM4 & CPA14) |

|      |  | teams and individuals  |   |          |     |            |                           |     |  |
|------|--|--|---|----------|-----|------------|---------------------------|-----|--|
| CPA4 | Conduct meaningful surveys to determine the level of customer satisfaction with the service and to identify the needs of the minority. | Review     against     Customer     Services     Strategy     Develop     take-up     strategy     Will be     included as     part of     partnership     arrangements                      | Customer needs<br>assessment and<br>increased take-up   | May 06   | HOS | HOS<br>BSM | Potential cost of surveys | 1.8 | BV survey requirement undertaken. Discussions within Lancs Shared Service Contact centre group about joint approach to survey work. East Lancs group also in place. (see BCS2)   |
| CPA5 | Introduce the Department's Verification Framework and comply with its minimum standards.   | Implement     VF plan  | Recording system  | Jun 05   | BSM | BSM<br>TL  | none                      | 1.8 | VF compliant from 27/6/05. Management check processes reviewed and in place. (see BCP12)   |
| CPA6 | Improve performance on claims processing so that it meets the standard for prompt payment.   | Run reports which highlight delays in claim processing.  Act upon and feedback to staff.   | Compliance with Standards   | March 06 | HOS | ВМ         | none                      | 1.8 | Improved from 62 days @ 3/04 to 43 days @ 04/05. Striving for continual improvement.  34 days @ 09/05  |
| CPA7 | Develop effective working relationships with its landlords   | Review processes     Designate landlord liaison officer     Review leaflets, information and letters     Arrange attendance as landlord forums     Develop fit and proper person test policy | Direct     payments     made in     accordance     with     regulations     Provision to     withhold     payments in     accordance     with regs 11     and 13     Encourage     landlords to     make direct     contact     before court     action | Aug 05   | BSM | BSM<br>TL  | none                      | 1.8 | Landlord liaison officer in place. Liaison meetings taking place. Landlord info leaflet developed and in place (issued to landlords). Current review of direct payment arrangements underway. Fit and proper landlord procedure being developed in place. (see BWL4) |

| CPA8  | Develop and implement secure post opening arrangements  Conduct an annual IT security assessment | Review of procedures  Review access levels.   | Policy that landlord should not take enforcement action when arrears due to arrears of HB  Procedure  Compliance with Standards. | June 05<br>Jan 06 | BSM<br>HOS | TL JW              | none | 6.12 | Full review undertake and new procedure in place. (see BIS4))  To be reviewed.   |
|-------|--|---|--|-------------------|------------|--------------------|------|------|--|
| CPA10 | Develop policies for the control and recovery of overpayments.                                   | review wording of overpayment s policy with regard to corporate policy     set measurable targets in annual benefits plan     ensure overpayment s are brought under appropriate financial control     cross reference to strategic management actions     arrange to be approved to members and review programme | Consistent policy targets financial control  | Dec 05            | HOS        | HOS<br>BSM         | none | 1.8  | Performance Development Team assisting in Oct 05 on overpayments and will work to recommendations of BFI report and PSF. (see BO1) |
| CPA11 | Need a clear statement of intent to provide an effective and secure HB and CTB service as set    | <ul><li>Agree vision statement</li><li>Approve by Executive</li></ul>   | Vision statement   | Aug 05            | HOS        | HOS<br>Lead Member | none | 2.11 | Vision statement<br>drafted – to be<br>agreed and<br>approved  |

|       | out in Performance<br>Standards.   | Approve by members     Incorporate in corporate plans  |  |        |     |                           |      |      | (See CPA1 &<br>BSM1)   |
|-------|--|--|--|--------|-----|---------------------------|------|------|--|
| CPA12 | Develop policies which cover all areas of the Benefit Service.   | Review existing policies and update.   | Compliance with standards.                     | May 06 | HOS | ВМ                        | none | 2.11 | Some policies have been reviewed.  |
| CPA13 | Develop a Benefits<br>Service Plan and ensure it<br>is endorsed by elected<br>Members.                       | Write contents as outlined in Appendix 1     Establish executive sign-off and acceptance policy and process     Establish members sign-off and acceptance policy and process   | Annual Benefits<br>Service<br>Operational Plan | Aug 05 | HOS | HOS<br>Lead Member<br>BSM | none | 2.11 | Plan drafted – to be<br>agreed and<br>approved<br>(see BSM 3)  |
| CPA14 | Develop Performance<br>Management System in<br>order to report to elected<br>members and senior<br>managers. | Draft     performance     management     framework     Agree and     approve     Construct     reporting     templates     Train Service     Managers in     monitoring,     review,     improvement     cycle     Set SMART     targets for     teams and     individuals | PMF Reporting template                         | Dec 05 | HOS | HOS<br>BSM<br>Lead Member | None | 2.11 | Some processes in place but needs formal review. Performance Development Team to assist Oct/Nov. (see BSM4 & CPA3) |
| CPA15 | Introduce a staff appraisal<br>Scheme which will assist<br>in the monitoring of                              | HR to introduce scheme.  Manager's   | More informed and empowered staff.             | Oct 04 | HOS | HOS<br>BSM                | None | 2.11 | Completed  |

| CPA16 | performance targets for Benefit Staff.  Develop a Business Continuity Plan.                   | implement.  Appraise in line with Business objectives.  Review at 1 2 1's  Review existing policy Create annual testing and review                                     | Staff feel valued. Improved morale. Improved performance.  Business Continuity Plan    | Nov 05 | HOS | HOS<br>BSM | Potential costs<br>unknown at this<br>stage               | 2.11 | Being developed.<br>(see BSM5)  |
|-------|---|--|--|--------|-----|------------|---|------|---|
| CPA17 | Ensure that reference to achieving \performance Standards is mentioned in any Plans produced. | procedure  Review draft plans  | Operational Plan   | Aug 05 | HOS | ВМ         | none  | 2.12 | Completed   |
| CPA18 | Provide an appointment facility for our customers.  | Implement     Customer     Services     Strategy     Will be     addressed as     part of the     Lancashire     Shared     Service     Contact     Centre     Project | Telephone based appointments system  | Mar 06 | HOS | BSM        | Included in call centre business case                     | 2.17 | SSCC<br>development – go<br>live readiness to<br>commence in July<br>(see BCS5)   |
| CPA19 | Provide adequate interviewing facilities.   | Develop plans for<br>One stop Shop.  | Improved Customer Service. Improved Customer Satisfaction.                             | Mar 06 | HOS | BSM        | Further improvements part of proposals for one stop shop. | 2.17 | Interviewing facilities are available. BFI Inspection did not highlight any problems. Facilities will be greatly improved when one stop shop opens. |
| CPA20 | Provide leaflets in other formats and languages and display clearly.                          | Review all leaflets and documentatio n     Review that sufficient  | Full range of<br>leaflet and<br>document<br>availability and<br>stock<br>replenishment | Nov 05 | BSM | BSM<br>TL  | Potential cost of leaflets/forms                          | 2.17 | Discussions within<br>Lancashire<br>Benefits Group<br>about possible joint<br>approach/shared<br>leaflets etc. Joint                                |

|       |  | stocks held Create process for checking that sufficient available at outlets Review of benefit notification letters   |   |          |     |     |   |      | form in place in East Lancs and currently being reviewed. Content and format of E- forms agreed within East Lancs and currently being designed. Testing of new benefit notification suite to commence in mid-July. (see BCS1 |
|-------|--|---|---|----------|-----|-----|---|------|--|
| CPA21 | Ensure all staff have received Customer Service Training.  | Identify staff for training.  Arrange for courses to be attended.   | Staff more<br>Customer<br>Focussed.                                   | Aug 2005 | HOS | BSM | Incorporated in Training Budget   | 2.17 | Corporately all staff have received Customer Care Training.  |
| CPA22 | Monitor performance of caller waiting times, telephone response times and replies to correspondence. | Implement customer services strategy for a call centre     Will be addressed as part of the Lancashire Shared Service Contact Centre Project     Ensure customer service strategy for a call centre     Will be addressed as part of the Lancashire Shared Service contact Centre | Monitoring and achievement of benchmark  Measures that meet Standards | Mar 06   | HOS | BSM | Included in Call<br>Centre business<br>case<br>Included in OSS<br>business case | 2.17 | SSCC<br>development – go<br>live readiness to<br>commence in July<br>(see BCS3<br>&BCS4)   |

|       |   | Centre<br>Project  |   |          |     |           |                |      |  |
|-------|---|--|---|----------|-----|-----------|----------------|------|--|
| CPA23 | Targets set for the Performance of the Benefit Service should be in line with Performance Standards requirements. | Review targets set.  | Improved performance.   | Aug 2005 | HOS | ВМ        | none           | 2.23 | Targets set are working towards top quartile performance.  |
| CPA24 | Develop procedural guidance for claims processing.  | Review and update procedures.                                | Compliance with standards   | Aug 2005 | ВМ  | BM<br>TL  | None           | 2.23 | Procedures are in place. Reviewed in preparation for BFI Inspection.  Procedures to be reviewed regularly.   |
| CPA25 | Develop Service Level<br>Agreements with other<br>Departments/Agencies.   | Contact various agencies.  Arrange meetings.  Develop SLA's. | Closer Working.  Problems highlighted and resolved quickly.                                     | Jan 2005 | ВМ  | TL's      | None           | 2.23 | Completed  |
| CPA26 | Follow up action to be taken on any questionnaires issued to landlords.   | Analyse results.  Develop a plan of action.                  | Promotes better relationship with Landlords.  | Dec 05   | ВМ  | LO        | Unknown        | 2.26 | Poor response from last questionnaire, two years ago. New questionnaire to be developed and issued to landlords' once up to date landlord list collated. |
| CPA27 | Develop a Leaflet specifically for Landlords.   | Develop a leaflet  | Promotes better relationship with Landlords.  Reminds them of obligations and responsibilities. | Mar 05   | SF  | SF        | Printing costs | 2.26 | Completed.  Leaflet has been developed it is due to be distributed to all landlords Aug 2005.  |
| CPA28 | Ensure that all landlords are written to at least   | Instigate annual   | Annual letter to landlords  | Aug 05   | BSM | TL<br>BSM | none           | 2.26 | Work underway –<br>will be issued by   |

|       | annually, giving up to date information and responsibilities.  | procedure   |  |                                      |     |   |                       |      | Aug 05<br>(See 7.4 BWL1)  |
|-------|--|---|--|--------------------------------------|-----|---|-----------------------|------|---|
| CPA29 | Ensure all new staff are vetted as part of the recruitment process to minimise the risk of internal fraud. | HR ensure that RBC vets employees in accordance with audit commissions recommendat ions     Declarations of interest for employees  | Compliance with standards                            | Dec 05                               | HR  | BSM<br>HR                               | unknown               | 2.29 | Declarations of<br>interest in place,<br>reviewed (Jan 05)<br>(see BIS1)  |
| CPA30 | Declarations of interest should be obtained from all council employees.                                    | Declaration of<br>Interest forms for<br>employees   | Compliance with standards                            | Dec 05                               | TP  | TP                                      | None                  | 2.29 | Declarations of<br>interest in place,<br>reviewed (Jan 05)<br>(see IA8)   |
| CPA31 | Make better use of Internal<br>Audit Service.  | Investigate 3     year rolling     audit plan     Assessment     against     national     standards     Counter     Fraud Audit     Reconsider     audit reports     and devise     action plan | 3 year rolling audit<br>plan                         | Dec 05<br>Jul 05(current<br>actions) | HOS | BSM<br>Internal audit (Neil<br>Kissock) | Unknown at this stage | 2.29 | The Initial meeting with Audit have taken place. Review to continue – action plan of all agreed O/S issues/actions. (see BSM31) |
| CPA32 | To publicise externally the council's Statement of Intent on Prosecution Policy.                           | Place<br>advertisement in<br>Local Pres   | Customers aware of Consequences.  Reduction in Fraud | Jul 2005                             | LD  | LD                                      |                       | 2.36 | Completed   |
| CPA33 | To set achievable targets.   | Monitor staff<br>output Raise targets Monitor   | Improve performance                                  | Aug 2005                             | вм  | TL                                      | None                  | 2.36 | Targets set and updated after BFI Inspection.   |
| CPA34 | Introduce Management checks.   | Run reports to produce list of work.  | Prevents<br>overpayments.<br>Highlights training     | Sept 2005                            | ВМ  | CD                                      | None                  | 2.36 | Completed   |

|       |  | Check 10% of<br>work.<br>Feedback to Staff<br>any issues which<br>training may be<br>needed on. | issues.  |        |     |     |      |      | (see IA9)  |
|-------|--|---|--|--------|-----|-----|------|------|--|
| CPA35 | Develop a Fraud Partnership Agreement with the Counter Fraud Investigations Service and sin off SLA with the Benefit Department. | Develop partnership. Develop SLA.   | Closer working.  Improved service                      | Jul 05 | LD  | LD  | None | 2.36 | Completed  |
| CPA36 | Issue written guidance on<br>making a fraud referral<br>issued to all council<br>employees – desk aides to<br>Benefit staff.     | Write and issue written guidance to staff.  Develop desk aides.                                 | Greater staff<br>awareness                             | Jul 05 | LD  | LD  | None | 2.36 | Completed  |
| CPA37 | Set an annual target for debt recovery.  | Review of procedures and identification of debts  | Targets in place<br>and effective<br>recovery measures | Dec 05 | BSM | BSM | none | 2.40 | Performance Development Team assisting in Oct on overpayments and will work to recommendations of BFI report and PSF (see BO4) |
| CPA38 | Utilise all available methods of overpayment recovery.   | Review current<br>methods.<br>Explore other<br>avenues of<br>recovery                           | Effective recovery methods                             | Dec 05 | CD  | CD  | None | 2.40 | Introduced new methods of recovery i.e. from DWP Benefits and Debt Recovery Agency. PIAT to review in July.                    |

# 9. Internal Audit Improvement Plan

|  |  |  |  |  |  | Completion | Lead Officer | Key resources | Indicative | Internal Audit | Other gaps |
|--|--|--|--|--|--|------------|--------------|---------------|------------|----------------|------------|
|--|--|--|--|--|--|------------|--------------|---------------|------------|----------------|------------|

| Ref | Issue   | Actions   | Deliverables   | target  |                      |                      | costs           | Gaps resolved               | resolved   |
|-----|---|---|--|---------|----------------------|----------------------|-----------------|-----------------------------|--|
| IA1 | The weaknesses identified in the CPA report should be acted upon to improve the services to local people in line with Corporate Improvement Priority number 9.  | Identify weaknesses. Incorporate in Service Improvement Plan for action to be taken.            | Improved performance  Compliance with Standards.   | Feb 05  | AT                   | AT                   | None            | Recommendation 1 Level 2    | Completed.   |
| IA2 | The recommendations contained within Action plan dated 24 May 2004 should be actioned as soon as possible.  | Review report and act if necessary.   | Improved performance  Compliance with Standards.   | Feb 05  | AT<br>TP<br>SF<br>CD | AT<br>TP<br>SF<br>CD | None            | Recommendation 2 Level 2    | All recommendations have been considered and acted on if appropriate.                              |
| IA3 | The recommendation relating to the Service Level Agreement with BIU should be extended to include fraud awareness training for relevant staff.  | Review and update SLA.  | Compliance with Standards.   | July 05 | AT<br>LD<br>LO       | AT<br>LD<br>LO       | None            | Recommendation 3<br>Level 2 | SLA recently<br>agreed and<br>updated.   |
| IA4 | After the BFI Inspection further consideration should be given to introducing DIP and workflow Management for a full audit trail of correspondence received by the authority and to aid management review performance targets within the section. | Identify possible provider.  Site visits to determine product choice.  Appoint project manager. | Improved performance.  Improved monitoring and gathering of statistical information.  Improved performance monitoring. | Jan 06  | HOS                  | HOS                  | Unknown         | Recommendation 4 Level 2    | Review should partnership occur.   |
| IA5 | Health and safety<br>training should be<br>arranged for staff<br>responsible for<br>opening post and<br>post opening<br>procedures should   | Update post<br>opening<br>procedures.<br>Arrange Health<br>and Safety<br>Training for staff.    | Compliance with Standards.   | Nov 05  | HOS                  | HR<br>TL's           | Training Budget | Recommendation 5<br>Level 3 | Procedures now in place. Managers have been trained. Health and Safety Training to be delivered by |

|     | 1 - 1 1 - 1                               |                    |                  |             |       |       |                 | 1                | Manager              |
|-----|---|--------------------|------------------|-------------|-------|-------|-----------------|------------------|----------------------|
|     | be drawn up which staff can refer to e.g. |                    |                  |             |       |       |                 |                  | Managers to staff.   |
|     |   |                    |                  |             |       |       |                 |                  |                      |
|     | how to deal with                          |                    |                  |             |       |       |                 |                  |                      |
|     | tenders/returned                          |                    |                  |             |       |       |                 |                  |                      |
|     | housing benefit                           |                    |                  |             |       |       |                 |                  |                      |
|     | cheques/confidential                      |                    |                  |             |       |       |                 |                  |                      |
|     | items of post etc.                        |                    |                  |             |       |       |                 |                  |                      |
|     | These procedures                          |                    |                  |             |       |       |                 |                  |                      |
|     | should also be                            |                    |                  |             |       |       |                 |                  |                      |
|     | issued to reception                       |                    |                  |             |       |       |                 |                  |                      |
|     | staff who may also                        |                    |                  |             |       |       |                 |                  |                      |
|     | receipt similar items                     |                    |                  |             |       |       |                 |                  |                      |
|     | of post.                                  |                    |                  |             |       |       |                 |                  |                      |
| IA6 | Health and Safety                         | Identify staff who | Compliance with  | Aug 2005    | HOS   | HR    | Training Budget | Recommendation 6 | Lone Working         |
|     | training should be                        | need training.     | Standards.       | 1-108 - 110 |       |       |                 |                  | Risk assessment      |
|     | arranged for                              | need training.     | Startaar asi     |             |       |       |                 | Level 3          | completed.           |
|     | members of staff                          | Arrange for them   |                  |             |       |       |                 | Ec ver 5         | Health and Safety    |
|     | who will be visiting                      | to attend course.  |                  |             |       |       |                 |                  | Training to be       |
|     | customers in their                        | to attend course.  |                  |             |       |       |                 |                  | rolled out to staff. |
|     | own homes and a                           |                    |                  |             |       |       |                 |                  | Manual handling      |
|     | generic risk                              |                    |                  |             |       |       |                 |                  | Course completed     |
|     | assessment carried                        |                    |                  |             |       |       |                 |                  | by staff.            |
|     |   |                    |                  |             |       |       |                 |                  | by starr.            |
|     | out on lone working                       |                    |                  |             |       |       |                 |                  |                      |
|     | implications for                          |                    |                  |             |       |       |                 |                  |                      |
|     | intervention                              |                    |                  |             |       |       |                 |                  |                      |
|     | officers.                                 |                    | -                | 7 2007      | ***** | ***** | ** *            |                  |                      |
| IA7 | The position of IT                        | Nominate a         | Better access to | June 2005   | HOS   | HOS   | Unknown         | Recommendation 7 | Corporate Web        |
|     | Champion should                           | member of staff.   | service for our  |             |       |       |                 |                  | developer            |
|     | be allocated within                       |                    | Customers.       |             |       |       |                 | Level 2          | appointed June 05    |
|     | the benefits section                      | Arrange            |                  |             |       |       |                 |                  | and new web          |
|     | to ensure that up-to-                     | appropriate web    |                  |             |       |       |                 |                  | content              |
|     | date information is                       | training.          |                  |             |       |       |                 |                  | management           |
|     | available to                              |                    |                  |             |       | 1     |                 |                  | system being         |
|     | customers on the                          |                    |                  |             |       | 1     |                 |                  | implemented.         |
|     | website and to                            |                    |                  |             |       |       |                 |                  |                      |
|     | ensure that the                           |                    |                  |             |       | 1     |                 |                  |                      |
|     | section is                                |                    |                  |             |       | 1     |                 |                  |                      |
|     | contributing                              |                    |                  |             |       | 1     |                 |                  |                      |
|     | towards achieving                         |                    |                  |             |       | 1     |                 |                  |                      |
|     | the authority's                           |                    |                  |             |       | 1     |                 |                  |                      |
|     | corporate BVPI                            |                    |                  |             |       |       |                 |                  |                      |
|     | target on e-                              |                    |                  |             |       |       |                 |                  |                      |
|     | government.                               |                    |                  |             |       |       |                 |                  |                      |
| IA8 | Benefit                                   | Declaration of     | Compliance with  | Dec 2005    | TP    | TP    | None            | Recommendation 8 | Declarations of      |
|     | management should                         | Interest forms for | Standards.       |             |       |       |                 |                  | interest in place,   |
|     | ensure that all                           | employees          |                  |             |       |       |                 | Level 2          | reviewed(Jan 05)     |
|     | benefit personnel                         | improjects         |                  |             |       |       |                 | 20.012           | (see CPA30)          |
|     | have signed a                             |                    |                  |             |       |       |                 |                  | (500 017150)         |
|     | Declaration of                            |                    |                  |             |       | 1     |                 |                  |                      |
|     |   |                    |                  |             |       |       |                 |                  |                      |

|      | Interest form.   |   |   |           |          |          |      |                                 |   |
|------|--|---|---|-----------|----------|----------|------|---------------------------------|---|
| IA9  | The 10% control checks should recommence in line with the Audit Commission's recommendation.   | Run reports to<br>produce list of<br>work.<br>Check 10% of<br>work.<br>Feedback to Staff<br>any issues which<br>training may be<br>needed on.     | Prevents<br>overpayments.<br>Highlights training<br>issues. | Sept 2005 | ВМ       | CD       |      | Recommendation 9 Level 2        | Actioned.   |
| IA10 | Control checks should continue on payments over £400, but staff should be reminded that they should e-mail through advanced notice of high value cheques to reduce the amount of time the control team have to spend on verifying the accuracy of these payments. For the future, the 'value' of the control check should be reviewed in line with rent increases within the valley and management should have the discretion to raise the limit to accommodate the average value of the local reference rent. | Check, every pay run, all cheques produced over the value of £400.  | Prevent overpayments  | Dec 2005  | TP<br>SF | TP<br>SF | None | Recommendation 10 Level 2       | It was decided to to check cheques over £600. It was felt that £400 was to low. |
| IA11 | In order to comply with the Audit Commission's recommendation, the benefit 'patches' should be rotated once training of the new staff has been completed.  | Arrange for patches to be rotated. Inform Ctax section, Housing, Neighbourhood office staff and switchboard of changes and new telephone numbers. | Compliance with Standards.                                  | June 2005 | TP<br>SF | TP<br>SF | None | Recommendation<br>11<br>Level 3 | All patches rotated 8 <sup>th</sup> June 2005. To be reviewed every 13weeks.    |

These recommendations have been graded according to their level of importance as follows:

**Level 1** – This is a recommendation, which if not actioned will impact upon the Director of Finance's responsibilities under Section 151 of the Local Government Act for the proper administration of financial affairs.

**Level 2** – This is a recommendation which in the opinion of the auditor is essential to maintain the minimum levels of internal control in the system.

**Level 3** – This is a recommendation which the auditor views as being desirable but not essential to maintain the minimum levels of internal control.

There are 124 actions within this document 9 red – outstanding, 44 amber - action ongoing and 71 green - completed.

Red actions can be found at: **BSM** 5, 12, 13, 17. **BSC** 7, 8. **BIS** 3. **CPA** 9, **IA** 4.

Amber actions can be found at: **BSM** 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 14. **BCS** 1, 2, 3, 4, 5, 6, 9, 10. **BWL** 5. **BIS** 2, 5. **BO** 1, 2, 3, 4, 7. **CPA** 1, 3, 4, 10, 11, 12, 13, 14, 16, 18, 19, 20, 22, 26, 31, 37, 38.

Green actions can be found at: **BSM** 15, 16. **BPC** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15. **BWL**1, 2, 3, 4. **BIS** 1, 4. **BCF** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16. **BO** 5, 6. **CPA** 2, 5, 7, 8, 15, 17, 21, 23, 24, 25, 27, 28, 29, 30, 32, 33, 34, 35, 36. **IA** 1, 2, 3, 5, 6, 7, 8, 9, 10, 11.