

Audit and fraud unit

Fraud Prevention Team BUSINESS PLAN

2005 – 2006

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Abbreviations

BFI	Benefit Fraud Inspectorate
BVPI	Best Value Performance Indicator
CMT	Corporate Management Team
CPA	Comprehensive Performance Assessment
CPIA	Criminal Procedures and Investigations Act
CPS	Crown Prosecution Service
CTAX	Council Tax
CTB	Council Tax Benefit
DWP	Department for Work and Pensions
FPA	Fraud Partnership Agreement
HB	Housing Benefit
HBMS	Housing Benefit Matching Service
HRA	Human Rights Act
IA	Internal Audit
IUC	Interview Under Caution
LA	Local Authority
MIS	Management Information Systems
NAFN	National Anti Fraud Network
PACE	Police and Criminal Evidence Act
PINS	Professionalism in Security
PSA	Public Service Agreement
RIPA	Regulation of Investigatory Powers Act
SSAA	Social Security Administration Act
SLA	Service Level Agreement
VF	Verification Framework

Foreword

This plan sets out the Fraud Prevention team (FP Team) aims for the year 2005/6. It defines the team's goals in terms of performance management, key performance indicators and how we will strive to deliver a highly professional and dedicated service to the residents of Copeland. It is intended to underpin the Council's aims as a whole and should be read in conjunction with the finance and business development department business plan and the pertinent policies and procedures.

This plan describes how the unit will foster effective and constructive liaison with external agencies, and internal departments within Copeland, in combating and reducing benefit fraud and error in the area, by working closely with

- Members, Chief Officers and Managers
- Legal Department
- Other Council Departments
- Other Local Authorities
- Department for Work and Pensions
- Police
- Crown Prosecution Service
- Immigration
- National Anti Fraud Network
- Revenue and Benefits Service

The plan has been produced to assist our staff, management and all interested parties in having a comprehensive understanding of the challenges and the opportunities that the unit will face in the next few years and how we seek to be one of the best performing investigation teams when measured by application of the Government Performance Standards, Best Value and other Performance Indicators.

K Mann

Fraud Prevention Team Leader (FPTL)

Copeland Borough Council

April 2005

1 Introduction – The “National” problem

- 1.1 The major area of fraud affecting Local Government is Benefits fraud. The Department for Work and Pensions spends in excess of £130 billion a year on benefits for some 30 million people.
- 1.2 This is equivalent to over £80 a week for every household in the country. Payment of Housing Benefit and Council Tax Benefit by local authorities amounts to over £12 billion of government expenditure, with benefit being paid to approximately 4.5 million people.
- 1.3 Latest estimates suggest that anything up to £750 million is being lost each year as a result of fraud and error in the HB system.
- 1.4 In March 1999, the government published its strategy for tackling fraud and error and improving security within the Department and Local Authorities (LA's) - *A new contract for welfare: SAFEGUARDING SOCIAL SECURITY*. It called for sustained and detailed effort across 4 fronts:
 - **Getting it right** - benefit payments should be correct from day one
 - **Keeping it right** - ensuring payments are adjusted as circumstances change
 - **Putting it right** - detecting when payments go wrong and taking prompt action to correct them, with appropriate penalties to prevent a recurrence
 - **Making sure things work** - monitoring progress, evaluating the strength of defences and adjusting them in the light of experience.
- 1.5 This plan not only supports the government vision for tackling benefit fraud and error effectively, it also further confirms Copeland's commitment for reducing benefit fraud and error within the area.

2 Our Vision

- 2.1 The vision of the Fraud Prevention Team is to “**aim for excellence**” in the investigation of fraud and identification of error within the benefits system. Our fraud prevention and investigative skills will also be applied to non-benefit fraud. *In order to achieve this we will;*
 - Provide a modern customer focused and efficient service
 - Develop and maintain a culture of best practice
 - Be accessible to our customers
 - Meet the performance standards / targets of the Team
- 2.2 We welcome scrutiny and aim to achieve excellent reports from internal and external checks and audits that are undertaken, including those by the Benefit Fraud Inspectorate, Internal Audit and external auditors.

3 Our Mission

- 3.1 Our mission in the Fraud Prevention Team is to provide a high quality and professional service to the residents of Copeland in the prevention and detection of fraud and error.
- 3.2 The Fraud Prevention Team will seek to develop a comprehensive counter fraud strategy to detect and investigate all allegations of fraud that are received. It will also through pro-active work seek to identify potential “*high risk*” fraud activity.
- 3.3 In addition to the investigation of allegations of fraud, we will seek to identify error within the benefits system by use of Interventions under the Verification Framework. These will consist of reviews of benefit claims, conducted either by visit, office interview, or post, and the resolution of data-matches identified by the Housing Benefit Matching Service (HBMS). Any changes identified will be fully verified in accordance with Verification Framework (VF) guidelines.
- 3.4 The unit will work closely with its linked DWP sectors to ensure that fraud investigation is progressed efficiently and effectively, by maximising resources and utilising IT and data systems to combat fraud and error.
- 3.5 We will carry out investigations and give fraud prevention advice, where irregularities are found as part of routine systems audit work or those that are referred by other departments.
- 3.6 Our objective is to:
- Actively providing support and training to our staff to a recognised professional standard
 - Introducing a quality procedure to the work we do
 - De-mystifying the issues surrounding fraud and error
 - Promoting fraud awareness
 - Working with external agencies in countering fraud and reducing error
 - Taking an holistic approach to investigation work
 - Ensuring staff, managers and the public know how to contact us
 - Giving professional advice on “securing the benefit gateway” to benefits and other appropriate Council staff

4 Our Values

- 4.1 As professionals, the Fraud Prevention Team seeks that its staff maintain the highest standards in their professional lives. As staff and managers we all aim to:
- Work with honesty and integrity
 - Accept responsibility for our actions
 - Treat others with courtesy, respect and consideration as we would expect to be treated ourselves
 - Respect the views of colleagues and peers encouraging contributions from everyone embracing diversity

- Celebrate achievement and success
- Be open, fair and accountable

5 Management Structure

- 5.1 As at 01/04/2005 The Investigation Team sits within Revenues and Benefits Services, reporting to the Revenues and Benefits Manager. From the 01/06/2005 the investigation unit becomes part of the newly formed Audit and Fraud Prevention Unit.
- 5.2 As at the 01/04/05 Ray Keech, as Revenues and Benefits Manager, has line management and budgetary responsibility for the Investigation Team. As from the 01/06/2005 Marilyn Robinson will have line management and budgetary responsibility
- 5.3 **Kirsten Mann**, as Fraud Prevention Team Leader (formerly Investigation team leader), has responsibility for ensuring investigations and interventions are carried out in accordance with the legal frameworks that are in place and for maintaining a high standard of work within the team. Kirsten, working in partnership with Ray(as from the 01/06/05 Marilyn), is also responsible for the strategic and operational management of the Fraud Prevention team (formerly the investigations team), and for developing the councils' counter fraud and error policies. Post re structure there will be close liaison with the Revenues and Benefits Manager to ensure the needs of the benefits service are met by the fraud prevention unit

6 Our staff

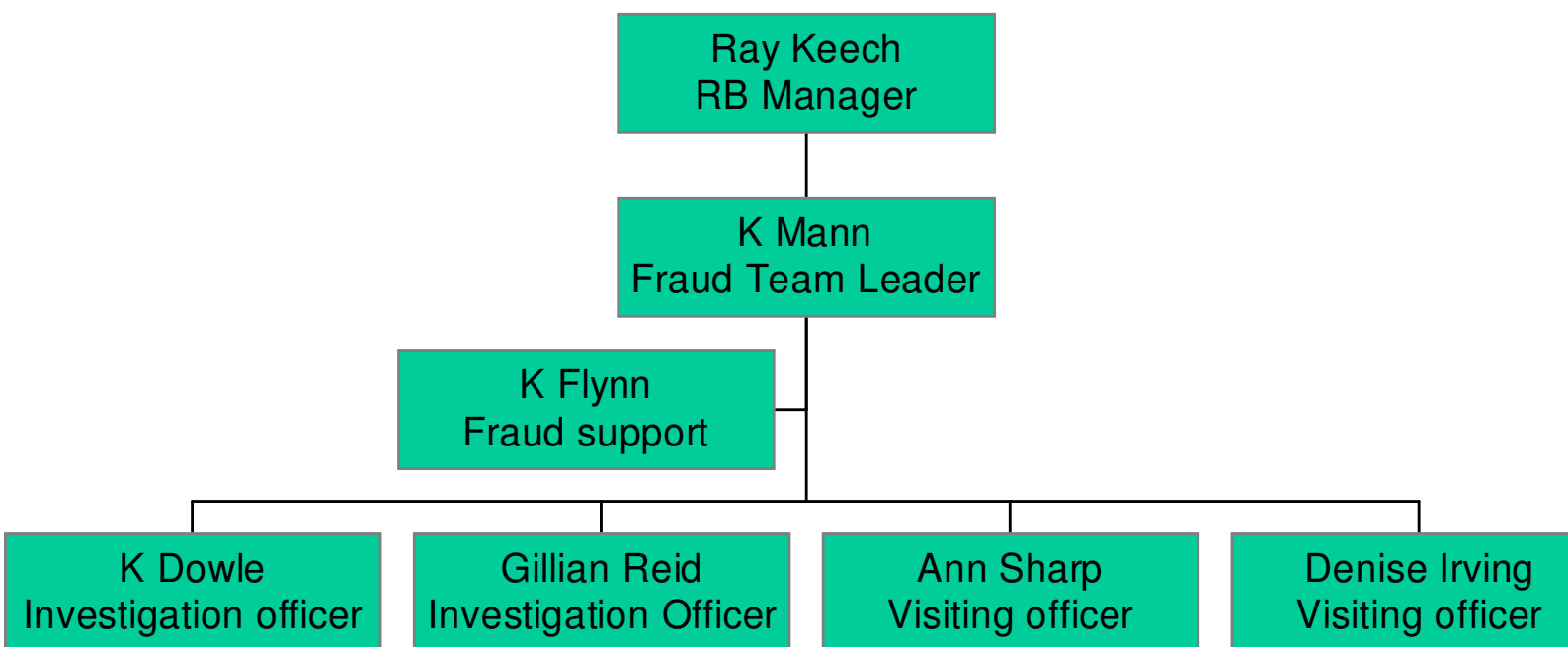
- 6.1 We fully recognise that our strength is our staff, and our staff are committed to being flexible and to meet challenges and opportunities head on. We will ensure that levels of staffing remain sufficient in order to achieve the targets as set out in [Appendix 1](#).
- 6.2 Our staff will receive the best training that is available to ensure they continue to act legally and effectively and discharge their duties to the highest standard.
- 6.3 All staff within the team will have a formal annual appraisal that, as well as reviewing the last year and setting personal targets for the coming year, identifies their individual training needs, both in terms of discharging their duties and for setting out a path for personal development and improvement. When setting individual targets, these will relate to, and cross-reference back to, the overall aims, objectives and targets of the service as a whole. Through a combination of monthly one to one and quarterly meetings, targets and training needs are regularly reviewed. All training needs, whether identified through the appraisals process or other means, will be identified in a yearly plan
- 6.4 Through a combination of monthly team meetings and distribution of Department of Work and Pensions (DWP) circulars, all staff will receive

training and updates on core procedural and legislative issues affecting their work. This will ensure that all staff are kept up to date with the latest developments affecting the service.

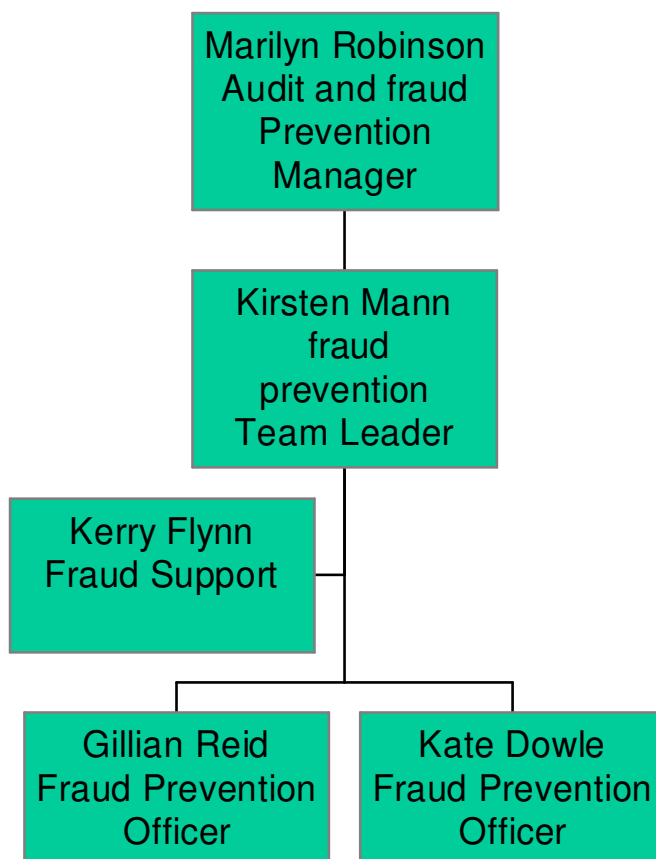
- 6.5 In addition, all staff will receive on-going professional training in order to develop further skills and/or knowledge, as well as ensuring new areas of legislation are covered as they arise. Where external trainers are used, the training received will be monitored and reviewed to ensure that it is effective and that the Council is receiving value for money in respect of its investment.

7 Organisational Structure and Core Responsibilities

01/04/05 – 31/05/05



01/06/05 – 30/04/06



- 7.1 All staff are required to act professionally and with courtesy to others in their everyday dealings. They are all signatories to a specific code of conduct that covers this and also requires them to declare potential conflicts of interest. This is reviewed on an annual basis.
- 7.2 Staffing resources reporting to the Investigation Team Leader currently consist of a team of 2 Investigation Officers, supported by an Administrative Officer, responsible for the investigation of benefit fraud allegations and a team consisting of 2 Visiting Officers responsible for conducting interventions and reviews by post, office interview or visit.

- 7.3 As from the 01/06/05 the line management for the Fraud Prevention Unit will be provided by Marilyn Robinson. The Investigation team Leader post becomes the Fraud Prevention Team Leader who will have responsibility for two fraud prevention officer's and a fraud support officer. The team will have responsibility for the investigation of benefits and non-benefits fraud allegations.
- 7.4 The Visiting officers will be transferring to a unit within Revenue's and Benefits and they will be responsible for conducting interventions and reviews by post, officer interview or visit

8 Liaising and Working with the DWP

- 8.1 The Fraud Prevention Team recognises that in order to deliver an effective and professional service, and to combat fraud and error, it must work with a number of external agencies.
- 8.2 We will seek to improve liaison with our key stakeholders within the DWP, by formalising "Service Level Agreements" and "Fraud Partnership Agreements" where they do not yet to exist. Where SLAs and FPAs do exist, we will review them and continue to monitor and improve on previous performance.
- 8.3 The *Benefit Fraud Inspectorate (BFI) Good Practice Guide* recommends that LAs develop and deliver a comprehensive fraud awareness-training programme, to minimise the risks of fraud and error entering the system and to increase the likelihood of fraud and error being detected at the earliest opportunity. The Fraud Prevention Team undertake to provide Housing Benefits and Council tax Benefits (HB/CTB) fraud awareness training to colleagues in the DWP, and seek for DWP to provide training in DWP benefits for CBC Revenues and Benefits staff.
- 8.4 The Fraud Prevention Team will work closely with the DWP to develop joint working initiatives that will be designed to:
- encourage and develop stronger links between LAs and DWP
 - help combat fraud or error in the benefit system
- 8.6 The fraud Prevention Team will
- agree and sign up to the DWP Fraud Partnership Agreement (FPA)
 - monitor the FPA by reviewing progress quarterly with the DWP, agreeing success and agreeing how to rectify under achievement or poor performance
 - in consultation with other Cumbrian Authorities, agree local variations to the FPA, taking into account local factors and to review and monitor on a quarterly basis
 - share best practice and develop areas of work to be carried out as joint initiatives and pursue any possible additional funding
 - identify areas and training which can be beneficial to each other's organisation

- develop with the DWP a long term strategic approach to combating fraud and error

9 Working with other agencies

- 9.1 The Fraud Prevention Team will continue to develop and foster effective working relationships with those organisations that operate in the field of prevention of fraud and error.
- 9.2 These organisations include
- Other Local Authorities
 - Police
 - Immigration
 - Customs and Excise
 - Crown Prosecution Service
 - National Anti-Fraud Network
 - Special compliance office
- 9.3 The Fraud Prevention Team will publicise the Hotline Number. The Line has been established to complement those existing fraud reporting procedures, and is in no way intended to replace them.

10 Internal Liaison within the Authority

- 10.1 The Investigation Team is committed to ensuring that benefit payments should be correct from the start. Where instances of fraud or error are identified, the team will work closely with the Benefits Service to secure the benefit gateway.
- 10.2 Through discussion, the Fraud Prevention Team will agree a Statement of Service Standard with the Benefits Service and any other departments where such an agreement would be required.
- 10.3 The Fraud Prevention Team will seek to promote fraud awareness throughout the local authority in the coming years by a number of means. It will work closely with Benefit processing staff and managers to identify weaknesses in the processes.
- 10.4 The Fraud Prevention Team will provide help and guidance to other individuals as to how to make a referral. Including guidance as to what information needs to be included. We need to maintain a system of feedback whether the referral is taken on for investigation or not
- 10.5 The team leader will develop a procedure to monitor the effectiveness of referrals received by source.
- 10.6 The Fraud Prevention Team will:

- deliver fraud awareness training for frontline and benefit staff, in identifying and recognising forged and manipulated documents
- deliver general fraud awareness training corporately for staff involved in benefit and welfare areas and administering grant claims.
- raise general awareness by producing a quarterly newsletter, which will be available to all relevant staff and throughout the authority via the intranet.

10 Quality of Investigation Work

- 11.1 The fraud Prevention Team has taken note of the BFI's *Good Practice Guide* which states good quality investigations are important to:
- establish if a fraud exists
 - Be even handed and transparent in their approach to customers
 - support prosecutions, administrative penalties or cautions
 - provide sufficient evidence to re-determine claims, raise overpayments and fulfil sanctions criteria
- 11.2 The Fraud Prevention Team will aim to improve the quality of fraud investigation work by:
- ensuring that fraud investigators are well trained
 - providing high quality referrals to investigators, by risk assessing information provided and providing guidance where appropriate
 - passing on experience and information to other investigators quickly
 - publicising the efforts of investigators
 - providing investigators with sufficient resources
 - sharing information with other agencies as allowed by the law
- 11.3 Management checks will be undertaken on a monthly basis by the Fraud Prevention team leader on investigation files to ensure that investigations comply with legal and council procedures and will include quality checks on
- On-going current investigations
 - Closed - fraud established cases
 - Fraud not established
 - All cases where there has been no investigation activity for more than 2 months
- 11.4 Levels of management checks may be varied in respect of specific high-risk areas and for new staff undergoing training, but will take the form of four weekly one to one discussions between the team leader and staff . The One to One's will be documented and records kept.
- 11.5 Quality checks will examine the investigation file in a holistic way. Details of the investigative timescales expected are included in the standards that are attached as [Appendix 1](#). Quality checks will examine the
- quality of Referral
 - quality of the intelligence received
 - quality of evidence

- compliance with legal and council policies
- delays in any part of the investigation
- quality of any interviews/statements undertaken
- general direction of investigation

11.6 Details of the checks undertaken and the results will be recorded in the fraud management system on each individual case and on a 121 report form. A copy of which will be provided to the staff as feedback

12 The Law Pertaining to Fraud

12.1 The Fraud Prevention Team will at all times comply with legislation relating to the investigation of benefit fraud, This legislation includes

- Police and Criminal Evidence Act 1984 (PACE)
- Criminal Procedures Investigations Act 1986 (CPIA)
- Social Security Administration Act 1992 (as amended) (SSA)
- Human Rights Act 1998 (HRA)
- Data Protection Act 1998 (DPA)
- Regulation of Investigatory Powers Act 2000 (RIPA)
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Criminal Procedures Investigations Act

12.2 The code therefore applies to the Investigation Team, whether or not the LA, the DWP or the CPS prosecutes cases. The Investigation Team will ensure that standards imposed by the code will apply even if at the commencement of the investigation there may not be any intention to prosecute; this is because prosecution is always a future possibility. The collection of evidence and Interviews Under Caution are part the prosecution process.

Social Security Administration Act

12.3 On completion of this training, the unit will ensure that Authorised Officers powers are used appropriately and effectively and that proper records are maintained to record each instance of the powers being exercised. Local guidelines and a code of conduct are being developed to assist staff in the legitimate use of Authorised Officer powers.

12.4 All investigators will undertake specialist training in the use and execution of Authorised Officer powers. Section 110A of SSAA 1992 provides for the LA to appoint Authorised Officers. Authorised Officers have statutorily defined powers under S109B and 109C of the act

- to require the production of documents
- to require people to answer questions.

- 12.5 Authorised Officers will be able to use their powers as defined in the SSA with the exception of those powers defined under S109B (2A) – information from banks, building societies etc. For such enquiries, investigators will use the services of the Authorised Officers within the National Anti Fraud Network (NAFN) .An information gathering institution with whom we have a service level agreement and pay an annual fee.

Human Rights Act

- 12.6 The Human Rights Act (HRA) 1998 came into force from 2 October 2000. This incorporated the European Convention into domestic law. To comply with the HRA all criminal investigations must respect individuals' rights to privacy.

Regulation of Investigatory Powers Act

- 12.7 All investigating bodies must demonstrate that any intrusion into an individual's right to privacy is essential to the investigation of fraud. Procedures and guidance are set out in the Regulation of Investigatory Powers Act (RIPA) 2000, which was expressly passed to regulate HRA matters. RIPA is a legal requirement and therefore a mandatory requirement for LAs.
- 12.8 The Investigation Team will ensure that all investigators have received the appropriate guidelines and training in RIPA and that accurate records are maintained for each occasion that surveillance is undertaken.
- 12.9 All RIPA applications will be reviewed by a nominated member of senior management. They will be authorised/or refused in writing and strict records will be kept of the reasons for and timeframe of any applications made. We are open to external Audit by the Surveillance commissioner in this area and must comply with the strict guidelines provided by them.

13 Sanction Targets

- 13.1 The Fraud Prevention Team will investigate all accepted cases to prosecution standard. The decision as to whether a case is submitted for a sanction will be based on the recommendation of the investigation officer, and in line with the appropriate policies and procedures.
- 13.2 The Fraud Prevention Team Leader will determine whether a case should be considered for sanction and prepare a case for the Revenue's and Benefits Manager to determine, based on the Council's policies and procedures whether a sanction is appropriate, taking account of the wider interests of the Council and it's residents.
- 13.3 The Fraud Prevention Team expects to apply sanctions on a minimum number of cases as set out in this Plan. The sanctions may be a combination of:
- Caution
 - Administrative penalty
 - Prosecution

- 13.4 The target for the number of sanctions issued in any year will be set in accordance with the Best Value Performance Indicator (BVPI) regime as specified by the Audit Commission.

14 Interventions

As of the 1 of April 05 Interventions still falls within the remit of the Fraud Prevention Team

- 14.1 The Interventions Policy sets out the principals Copeland Borough Council will follow in achieving the standards required
- 14.2 In order to meet these standards, we will conduct interventions on benefit claims by use of data-matching from HBMS, risk scoring provided by HBMS and fraud investigations. Locally set targets of 10% greater than Government set targets will ensure that any variance should not affect the Council's ability to remain VF compliant.
- 14.3 All data-match referrals from HBMS will be resolved or referred for further investigation within 2 months of receipt, in line with Verification Framework requirements. Cases identified for intervention by risk score will be reviewed by use of a postal form, or a visit .
- 14.4 The requirement is that a minimum number of interventions are commenced each month in 10 months of the year. Although for operational reasons the non-compliant months may vary, we will aim to be compliant in all months except December and March as these are traditionally times when staffing resources may be low or required for other functions across the Revenues & Benefits service.
- 14.5 Any visits conducted to resolve data-matches or conduct reviews will count towards the Verification Framework Visiting target (should the council choose to take this module on) hence sufficient visits for this purpose will be scheduled in order to ensure the Council meets their target without the need for a separate Visiting Programme.
- 14.6 As from the 1st of June, this function will transfer to the Revenues and Benefits Department. Along with the 2 visiting officers and their actions will form part of the business plan provided for them.

15 Service performance standards, monitoring and reporting

- 15.1 The fraud Prevention Team is committed to providing a high quality, timely and efficient service that meets the aspirations of our customers. In order to demonstrate the effectiveness of our service, we need to set clear service standards and targets, monitor performance and progress against them and publish the results for all to see.
- 15.2 There are also two major Government initiatives that control work administration – Performance Standards and the Verification Framework. These will guide all work within the Fraud Prevention Team.
- 15.3 The Verification Framework specifies the minimum standards of evidence and checks that must be made during the life of a claim for benefit assistance. Its emphasis is to ensure the development of a regime of detecting fraud and error within benefit claims, by use of data-matching and risk analysis. We have partially adopted this framework and should aim to use it in our everyday administrative processes accordingly. Checks of benefit claims are conducted by the use of targeted risk based reviews, by either post or visit and by investigating and correcting discrepancies discovered by use of data-matching. The effectiveness of our application of the framework is measured through monthly and quarterly MIS returns to DWP and through an annual check by external auditors.
- 15.4 [Appendices 1](#) and [2](#) to this business plan set out specific work and team related targets that we have set for the coming year. and should be read in conjunction with the overall Service Plans, for customer services and Finance and business development.
- 15.5 As previously stated the fraud section is part of the Revenues and Benefits Department as at the 01 April 2005, transferring to the finance and Business Development Department as from the 01 June 2005.
- 15.6 In coming years we aim to create an annual plan which will be drafted in the 4th quarter of the year and then circulated for comment. This circulation process will include consultation with Members. The final plan, incorporating any comments or additional items, will be published in May each year to the. The plan will then be maintained through the course of the year so that any changes necessary because of changing legislative or other requirements can be reflected as required.
- 15.7 Monitoring of performance against the various targets will be an ongoing matter. Where we are required to submit statistical returns to DWP, or statutory reports on BVPI performance, these will be done in accordance with the required specification and timescales set.
- 15.8 In addition, internal reporting will include:
- a monthly report on key performance indicators to the Appropriate service Head;

- a quarterly report on all key performance indicators to the Audit Sub Committee;
- an end of year report BVPI performance. This will also be subjected to external audit scrutiny and national publication in accordance with the BVPI scheme;
- an annual report on the Business Plan setting out the achievements against all targets, reported to the audit sub committee and the appropriate service head.

Revenues & Benefits Investigation Team – Business Plan

Appendix 1 –Targets

1.1 The key activities of the Investigation Team can be categorised into four main areas of work:

- investigation of Housing Benefit and Council Tax Benefit referrals
- pro-active visiting exercises
- special initiatives (NFI, HBMS)
- ongoing reviews of benefit claims under the verification framework

1.2 The work of the Investigation Team will be measured against the standards and targets as identified below:

TARGET 2005 – 2006	TARGET DATE / LEAD OFFICER	COMMENT	MEASUREMENT / REPORTING
Average time taken to risk assess investigation referral 05/06 10 working days	Ongoing to 31/03/06 KM	In line with Performance Standards	Quarterly and Annual reports produced by case management software to Audit Sub Committee, Head of Finance and Business Dev. And Customer Services
Average time taken from risk assessment to first investigation activity 05/06 10 working days	Ongoing to 31/03/06 KM	In line with Performance Standards	Data collected from test checks; Quarterly and Annual reporting to Audit Sub Committee, Head of Finance and Business Dev. And Customer Services

Revenues & Benefits Investigation Team – Business Plan

TARGET 2005 – 2006	TARGET DATE / LEAD OFFICER	COMMENT	MEASUREMENT / REPORTING
<p>Number of visits made to claimants to confirm benefit entitlement (BVPI 76a)</p> <p>05/06 / 1000 cases</p>	<p>From the 01/04/05 to the 31/05/05 KM</p>	<p>Ensuring security of benefits system & In line with Performance Standards (transfers to the Revenues and benefits department as from the 01/06/05)</p>	<p>Monthly to head of Service Quarterly to DWP Annually through BVPI</p>
<p>Number of completed investigations into possible fraudulent benefit claims (BVPI 76c)</p> <p>05/06 /1000 cases</p>	<p>Ongoing to the 31/03/06 KM</p>	<p>Ensuring security of benefits system & In line with Performance Standards <i>Completed investigations are those cases where referrals of suspected fraud are accepted for detailed review by an authorised investigation officer who then compiles a report of findings with recommendations for further action as appropriate</i></p>	<p>Monthly to the Head of Finance and Business Development and Customer Services Quarterly to DWP and to Audit Sub Group Annually through BVPI and to Audit Sub Group</p>
<p>Number of sanctions applied to fraudulent benefit claimants (BVPI 76d)</p> <p>05/06 30 sanctions</p>	<p>Ongoing to the 31/03/06 KM</p>	<p>In line with Performance Standards <i>Sanctions cover Administrative Penalties, Cautions and Prosecutions.</i></p>	<p>Monthly to the Head of Finance and Business Development and Customer Services Quarterly to DWP and to Audit Sub Group Annually through BVPI and to Audit Sub Group</p>

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Revenues & Benefits Investigation Team – Business Plan

TARGET 2005 – 2006	TARGET DATE / LEAD OFFICER	COMMENT	MEASUREMENT / REPORTING
SAFE rewards claimed for sanctions imposed 05/06 £36'000	Ongoing to the 31/03/06 KM	Calculated at £12k per investigator And £12k from Joint investigations with CFIS	Monthly to Head of Finance and Business Development and customer services Quarterly to DWP and audit sub group
Value of overpayments/admin penalties and WIB attributable to fraud cases 05/06	Ongoing to the 31/03/06 KM	Not tested in previous years so for 05/06 merely a record of achievement	Monthly to Head of Finance and Business Development and customer services Quarterly to DWP and audit sub group
Number of 'interventions' on benefit cases to be carried out 05/06 (50% caseload +10%) 05/06 4500	Ongoing to the 31/03/06 KM	In line with Performance Standards <i>Government set minimum target based on caseload. Copeland target is Government figure + 10%</i>	Monthly to Head of Finance and Business Development and customer services Quarterly to DWP and audit sub group
Produce a quarterly newsletter and publish as part of the intranet page	Ongoing to the 31/03/06 KM	Measuring progress against the business plan	In hard copy and quarterly on intranet
Maintain level of qualified staff within the department and pursue training where required	Ongoing to the 31/03/06 KM	In line with performance standards	Records of training and report quarterly to the Audit Sub Group

Revenues & Benefits Investigation Team – Business Plan

Provide Annual Fraud Awareness training to all staff involved in the benefits process	Ongoing to the 31/03/06 KM	Ensuring security of benefits system & In line with Performance Standards	Records kept of training offered
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Appendix 2 – Service Improvement Targets

TARGET / STANDARD 2005 - 2008	TARGET DATE / LEAD OFFICER	COMMENT	MEASUREMENT / REPORTING
Maintain and review all procedures across the service	Ongoing to the 31/03/06 KM	To ensure procedures meet best practice	Procedures available to all relevant staff
Review all commonly used letters and documents	Ongoing to the 31/03/06 KM	To ensure compliance with legislative changes and keep up with best practice	Record of Revisions
Achieve all performance measures and enablers detailed within the revised Performance Standards for all areas within Security	31/03/06 KM	To improve overall standard of work within Investigations and contribute to overall CPA rating of Revenues and Benefits Services	Comprehensive Performance Assessment