

# **Appendix 1**

## **Internal Audit & Investigations**

### **Quarterly Update Report Q4**

## 1.0 OVERVIEW

### 1.1 Purpose & Scope of Report

1.1.1 The purpose of this report is to provide an update on the progress made against the delivery of the Internal Audit Plan. This report provides details of audits finalised in quarter four of the 2023/2024 financial year.

### 1.2 Assurance Framework

1.2.1 Each Internal Audit report provides a clear audit assurance opinion. The opinion provides an objective assessment of the current and expected level of control over the subject audited. It is a statement of the audit view based on the work undertaken in relation to the terms of reference agreed at the start of the audit; it is not a statement of fact. The audit assurance opinion framework is as follows:

Opinion	Explanation
No Assurance	“Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.”
Limited	“Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.”
Reasonable	“There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.”
Substantial	“A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.”

1.2.2 The assurance opinion is based upon the initial risk factor allocated to the subject under review and the number and type of recommendations we make. It is management’s responsibility to ensure that effective controls operate within their service areas. Follow up work is undertaken on audits providing **limited** or **‘no’** assurance to ensure that agreed recommendations have been implemented in a timely manner.

## 2.0 HIGH LEVEL SUMMARY OF AUDIT FINDINGS

		Recs			Assurance
2.1	Public Health Grant	0	3	1	Reasonable

2.1.1 We issued a 'reasonable' assurance opinion, to reflect the progress being made to improve the financial management of the Public Health Grant (PHG). However, we concluded that whilst systems and processes have improved recently, there are still areas for development regarding the overall governance and monitoring of Public Health Grant expenditure.

2.1.2 Guidance is available from the Department of Health (DHSC), supported by a Public Health & Wellbeing strategy, however, there needs to be further improvement in the way evidence is gathered, to demonstrate that it has been embedded effectively. At the time of the audit the Directorate Management Team was reviewing the spend on the Grant and its alignment with the Public Health outcomes, through a quality assurance assessment of the ring-fenced public health grant. The outcomes from this review will be critical in the establishment of a more effective and transparent audit trail for Public Health expenditure via the grant.

2.1.3 Whilst the finance support team monitors expenditure to ensure there are no areas of Grant underspend, there's needs to be improved guidance on what is deemed as appropriate and/or inappropriate spend.

2.1.4 Evidence to further support value for money outcomes, is being addressed by the quality assurance review being led by the Consultant in Public Health. This will incorporate the identification of available evidence to demonstrate value for money and the cost effectiveness or return on investment. Several recommendations were made to improve the levels of governance and control in this area.

2.1.5 There is evidence that the Public Health ring-fenced grant funding conditions are being monitored more effectively, and from 2022 – 2023 the S151 Officer and Interim Director of Public Health provide a statement as confirmation that that the grant has been used to discharge the public health functions.

		Recs			Assurance
2.2	Coroners	0	6	4	Limited

2.2.1 Berkshire Coroner's Office is responsible for investigating sudden deaths across Berkshire, with inquests held at Reading Town Hall. Reading Borough Council (RBC) is the lead authority, managing all staff, except for the Senior Coroner who is an independent judicial office holder and eight Assistant Coroners appointed in Berkshire who are also independent. RBC also provides day-to-day services such as premises and HR. Members of staff (Coroner's Officers, administrative staff and Court Officers employed directly by RBC) work under the direction of the coroner, making inquiries about the circumstances of the death, supporting the inquest process, and providing a link between the coroner's service, the bereaved and witnesses.

2.2.2 Berkshire Coroner's Office service costs are apportioned across six authorities, with RBC paying approximately a third of the total.

- 2.2.3 The audit was conducted at the request of the Assistant Director, who had highlighted several concerns within this area. We concluded that only limited assurance could be provided as we identified weaknesses within the governance and decision-making processes. An historic SLA between the six Berkshire authorities is in place which lacks clarity and equity, and associated documented policies and procedures, particularly around the apportionment of costs between the authorities, with a greater liability allocated to RBC.
- 2.2.4 Roles and responsibilities were detailed in job descriptions and summaries, although they, together with the organogram, would benefit from review and updating to reflect the revised staffing structure. Whilst there were no clearly agreed and documented roles and responsibilities in relation to information governance for either RBC staff or independent judiciary postholders, including relating to the case management system and appropriate and authorised access to data, we were informed that staff would indicate if they had a personal connection to a case so that access to that record could be removed. We were informed that discussions on appropriate/authorised access to and management of data are discussed at team meetings and one-to-ones.
- 2.2.5 There was a lack of clarity around the governance process for decision-making, monitoring and reporting on the coroner's service across the six Berkshire unitary authorities. The SLA between them dated to 2013 and had not been updated since, for example, to reflect changes in the method of cost apportionment between the authorities.
- 2.2.6 Officer workload was reviewed at one-to-one meetings with allocation and balance of cases between officers overseen by the Principal Coroner's Officer. Various risk management processes were in place, although several would benefit from updating. Recently agreed changes to Coroner's Service staff had not yet been fully implemented to allow an assessment of their effectiveness. Over the last three months, the average number of inquest cases per officer was 43; the Chief Coroners model from 2019/20 details that this should be approximately 25 depending on the complexity of the case.
- 2.2.7 The Council's Contract Procurement Rules (part of the Council's constitution) should be followed for coroner's service contracts. Contracts were in place for removals, toxicology and mortuary services, although, due to the limited market, this was often at a significant cost to the coroner's service. There was no contract in place for the provision of pathology services, which was subject to a national shortage, leaving the coroners exposed to short-notice price increases and associated budget pressures.
- 2.2.8 Various measures were in the process of being considered for implementation to try to reduce reliance on limited or sole suppliers, including the provision of a regional mortuary service and tendering/retendering of contracts. It was, however, unclear at present whether these would prove successful in alleviating the problems. An extension appeared to have been exercised on the mortuary contract although no formal approval or documentation to confirm this had been seen at the time of the audit.
- 2.2.9 Contracts signed by both the supplier and RBC were not observed and did not always contain KPIs against which the provider could be measured. Contract management, including regular reporting against KPIs and review meetings to discuss service provision, was not conducted for all contracts.

- 2.2.10 The fees for some specialist services provided by other laboratories (one of whom was a sole national supplier) did not appear to have been agreed in advance of tests being conducted or the Council being invoiced.
- 2.2.11 The current basis of apportionment of costs between the Berkshire authorities did not reflect what was detailed in the SLA and there did not appear to be clarity as to how/on what basis this was calculated. A template was used to calculate the relevant amounts; there were no documented policies or procedures in place detailing the process. The Berkshire Treasurers Group had agreed to move to a more equitable method of allocating costs after the 2023/24 financial year, phased over a three-year period. At present, Reading Borough Council was paying significantly more than the other Berkshire authorities.
- 2.2.12 Net amounts due or payments due to be received by RBC on a quarterly basis in relation to all joint arrangements had been made/received in a timely manner.
- 2.2.13 The coroner's budget was based on rolling forward the majority of the previous year's costs and the budget was not amended in-year to reflect any known/agreed changes. Whilst significant costs relating to the Forbury Gardens inquest were reflected in the budget, it was very difficult to ensure accurate budgeting and forecasting as, whilst the Public Protection Manager authorised the expenditure, he had no knowledge or control over it.

		Recs			Assurance	
2.3	Bank and Cash Reconciliation	0	5	2	Reasonable	

- 2.3.1 A number of significant improvements have been made to the main reconciliation processes since the previous audit was finalised in May 2022. The Finance Dashboard has continued to develop since its implementation during 2022/23 and has been maintained for the most part throughout 2023/24 to Period 8, representing the last reconciliation to Oracle Fusion. Audit testing showed that the RAG status had been updated for the main reconciliations, although were not clear/complete for all feeder systems listed. This may be due to the need to improve the controls relating to storage and accessibility of completed feeder system reconciliations.
- 2.3.2 The main bank reconciliations have been completed for each period during the year within a reasonable timescale, supported by well detailed documentation, and have been subject to review and recorded sign-off procedures.
- 2.3.3 Documented Procedures have also been developed for the main bank reconciliation including Cash in Transit (CIT) during the past year. Recommendations were made to further improve documented procedures and ensure that these remain up to date following the implementation of the e5 system and changes to the chart of accounts/coding structure in December 2023.
- 2.3.4 Whilst good evidence is held to support reconciliations relating to some of the key feeder systems during 2023/24, for example VAT and Payroll, this is not consistent across the board, or for all of the feeder system reconciliations listed in the Finance Dashboard. Some assurances were given that these are completed with the supporting documents stored locally but a more robust process is required and is currently work in progress overseen by the interim Deputy Chief Accountant who was appointed during late November 2023.

2.3.5 A bespoke shared drive has been in place for Finance for some time but has been developed to include a range of sub folders designed to capture all documentation relating to reconciliations including the updated Finance Dashboards for each accounting period. The aim is to improve the existing controls to collate all supporting documents to the reconciliation process in one area, which can be monitored by senior Finance managers and inform the Dashboard updates; the Chief Accountant/Deputy Chief Accountant are the main custodians of this process. This was a recommendation from the previous audit review.

		Recs			Assurance
2.4	Community Infrastructure Levy	0	5	1	Limited

2.4.1 The Community Infrastructure Levy (CIL), also known as the 'levy' is a charge that can be levied by local authorities on new development in their area. It is an important tool for local authorities to use to help them deliver the infrastructure needed to support development in their area. Unlike S106 funds which may be tied to a specific development or infrastructure provision, CIL funds can be used flexibly to fund any infrastructure provision prioritised by the Council that has been set out in its Infrastructure Funding Statement (IFS).

2.4.2 CIL regulations set out the legal definitions for spend and the Council's CIL spending protocol shapes the direction of spend. CIL Regulations require that 80% of receipts are used on infrastructure and in accordance with the authorised IFS. 15% of CIL receipts be used to assist the delivery of infrastructure to support neighbourhood priorities and 5% of receipts are allocated to cover administration costs.

2.4.3 The purpose of our audit was to ensure procedures and processes for collecting CIL monies are robust, expenditure is monitored, and funds are used in accordance with the plans approved by the Council.

2.4.4 There are good controls in place to advise the developer how the CIL liability has been calculated, so that queries can be addressed before the demand notice is issued for payment and it is acknowledged that the formula used by the Exacom<sup>1</sup> system to calculate the liability is complex.

2.4.5 Although the Council's 'Spend Protocol' for the allocation of funds has been reviewed and approved by Policy Committee, there are no documented procedures to clarify the requirements and processes for administering the 15% element of CIL<sup>2</sup>, both on Exacom, or on a day-to-day basis. There is also an over reliance on a key individual for land charge reconciliation and updating Exacom, creating a single point of failure within the process.

2.4.6 Separations of duties between the billing and recovery of the CIL remain a challenge for the service due to staffing resources.

<sup>1</sup> Exacom is a "multi-user CIL Administrator product is aimed at Community Infrastructure Levy charging and collection authorities and is designed to take the sting out of CIL administration, providing a work-flow interface to enable an administrator to capture information, calculate charges, levies, surcharges etc, generate notices and manage finance. It also provides alerting when due dates are reached."

<sup>2</sup> CIL Regulations require that 15% of CIL receipts be used to assist the delivery of infrastructure to support neighbourhood priorities.

- 2.4.7 Better coordination, supported by documented processes between legal, finance and planning would provide greater assurance over the recovery of CIL debts, which equates to approximately £0.5m per annum. Registered land charges currently account for approximately £1.5m. Failure to collect these debts may delay the Council's ability to fund specific projects. This 'debt' falls outside of the Council's aged debt reporting framework.
- 2.4.8 There is a risk that the debtor report, produced by the Exacom system, is inaccurate because the accuracy and completeness of the report are dependent upon payments being identified in the suspense account of the Council's financial system, and manually recorded/updated in the Exacom system. Furthermore, there are known system glitches/issues which need addressing.
- 2.4.9 Overall, a limited assurance opinion was given on the basis that the CIL is administered without any documented procedures, with limited resilience (single points of failure) and no appropriate segregation of duties to ensure the collection of CIL monies are effectively monitored.

**2.4 Advisory Reports**

- 2.4.1 An internal audit Advisory Report is designed to summarise the work completed and does not provide an Assurance Opinion (i.e., Substantial, Reasonable, Limited or No Assurance).

	Recs			Assurance
Section 117 of the Mental Health Act	0	4	0	Advisory Report

- 2.4.2 An Advisory Report Position Statement was considered an acceptable approach for this area due to a) revised management responsibilities being introduced in this area and b) the links with a wider investigation that had not concluded at the time of the audit. The aim of this was to provide management with information concerning the process developments achieved during the past two years and the current governance arrangements to inform future management under the new structure. The scope of this review did not include verification of the process to identify that all eligible service users have S117 support in place.
- 2.4.3 There has been good progress with developing and documenting procedures pertaining to S117 and guidelines for recommended practice was evident. A SharePoint site is maintained with access available to the relevant/authorised officers in this service area. This however may not be complete, fully comprehensive, or up to date (as at the time of our review, December 2023) therefore we recommended that the status is reviewed by the new Mental Health Team Manager after taking up the role. We also recommended that a log is maintained to track the relevant documented policies and procedures in this service area to ensure that all are captured, up to date, approved, accessible and subject to periodic reviews.

- 2.4.4 Evidence was provided to verify that control records are maintained to identify and track all S117 cases, including a) the Agreed Splits Tracker/Matrix containing details of referrals to Panel (“Joint Section 117 Mental Health and Learning Disability Placement Panel”) and agreed costs/cost splits and b) client case references which enable an audit trail to the detailed case records held in Mosaic. Audit high-level (walkthrough) sample testing showed that the client records in Mosaic clearly identify S117 status and support information. A copy of the detailed Terms of Reference for the Panel is held in the relevant SharePoint files, plus minutes and decisions in specified sub files.
- 2.4.5 We obtained some assurance that access to Mosaic client data in this area is restricted to authorised officers within RBC and there is no direct access by external organisations/parties (a specialised IT review would be required to provide greater assurance for this control).
- 2.4.6 A Memorandum of Understanding (MOU) document is present and is reasonably up to date (January 2022) in terms of sharing data with relevant partners in the BHFT (Berkshire Health Foundation Trust). The retention of personal client data in this service area to ensure compliance with the Data Protection Act is subject to a significant review project by the ASC Business Support Team in liaison with the Social Care Systems Team – this relates to client records in the Mosaic system and is not restricted to S117 cases. There are currently some concerns around the accuracy and completeness of dates affecting retention periods in Mosaic to be addressed as part of the retention project. Given that this project will understandably take time to complete we made a recommendation to ensure that progress is monitored, with reasonable completion timescales kept under review.
- 2.4.7 We identified reasonable controls in place to capture financial data relating to S117 services for billing purposes. Budget monitoring relating to both income (from billing) and expenditure is not fully separated from other ASC services currently, with complex multi-service packages for clients often making this less practical. We identified through other audit work in the Directorate this year that detailed reports are prepared for each monthly account period and analysed by the ASC Debt Management Group, however these may not currently show debts relating to S117 or the ICB (Integrated Care Board, NHS) in isolation, but as part of the wider Health Debt category.
- 2.4.8 Future audit work may include detailed case and transaction sample testing of the audit trails between service/Panel approvals, Mosaic client records (including Financial Assessments) and the corporate financial system. The Internal Audit Team are currently liaising with the Social Care Systems Team to review our access rights in Mosaic and understanding of the Workflows and system reporting facilities.



	Recs			Assurance
Procurement	0	0	0	Advisory Report

- 2.4.9 It was originally planned to carry out an audit of the end-to-end procurement process as part of the 2023/24 audit plan. However, the Assistant Director of Procurement and Contracts requested that an initial review of limited scope be carried out in the year. It is now proposed to carry out a full audit of procurement as part of the 2024/25 audit plan.
- 2.4.10 The Procurement Team carried out a maturity assessment in December 2022, which covered eight areas – procurement leadership and governance, procurement strategy and objectives, defining the supply need, commodity strategies and collaborative procurement, contract and supplier management, key purchasing processes and systems, people and performance management – and consisted of 53 questions in total. Of the 53 questions, 31 (58%) were identified as developing towards conformity, 19 (36%) were identified as non-conforming, 2 (4%) as conforming and 1 (2%) as not applicable.
- 2.4.11 A service plan for 2023/24 was compiled for the procurement service, detailing the actions to be taken to address the identified issues from the maturity assessment whilst maintaining business as usual (BAU). In addition, a Procurement Transformation Programme was compiled to specifically address the key issues identified. It was also planned that the procurement maturity assessment would shortly be repeated, with the involvement of both the procurement hub and spokes. Internal audit reviewed progress on the implementation of these action plans.
- 2.4.12 It was noted that there were a large number of project workstreams identified for the Procurement Team, many of which had vast scopes, were highly complex and hence hugely time-consuming, but progress had been made against the priorities identified in Procurement’s service plan for the year.
- 2.4.13 Work had not yet commenced in the year on embedding a hub and spoke model across the organisation for procurement and contracts, and a review of the end-to-end procurement process was underway.
- 2.4.14 A revised Social Value Policy had been drafted which aligned with RBC’s Corporate Plan and national policy drivers and formed part of the preparation for implementation of the Procurement Act 2023. The draft Modern Slavery Statement for 2023/24 had not been approved at the time of the audit.
- 2.4.15 Contract Procedure Rules (CPRs) had been reviewed, updated and approved by Council. A supplementary procurement manual and awareness programme would be designed and implemented.
- 2.4.16 The use of waivers in the procurement process had been reviewed and a revised proposal for more rigorous exceptions to the competition process was being drawn up. It would be overseen by a specifically constituted oversight group.

- 2.4.17 The supplier set up process had been updated so that any set-up requests needed to originate from Dash forms. Budget holder approval was also no longer required in the set-up process. Further amendments would be required once new systems (finance, customer management and e-source portal) were in place.
- 2.4.18 There was no up-to-date and comprehensive contracts register or pipeline in place, although progress was being made in this area.
- 2.4.19 A core project team had been set up to oversee the process of renewing the e-sourcing portal, with input sought from relevant officers across the Council.
- 2.4.20 A proposed framework for classifying, validating, allocating, and reporting on savings had been drafted.
- 2.4.21 The RBC Contract Management Process guidance, and associated tool, detailed that contracts would be classified into four categories: bronze, silver, gold and platinum, based on contract value, risk to re-procure, political/Members interest, and contracts impacting on business delivery.

## **2.5 Grant Certifications**

### **Libraries Improvement Fund Grant**

- 2.5.1 The libraries improvement fund was a two-phased grant, this being the second phase. Funding was to be focussed on capital investment into library buildings, and Reading was successful in bidding for £62,000 for capital works at Tilehurst Library. Works included:
- Improved door controls and CCTV
  - Digital device lending
- 2.5.2 We were satisfied the grant had been spent in accordance with the grant conditions.

Key: No Assurance: ■ Limited Assurance: ■ Reasonable Assurance: ■ Substantial Assurance: ■

Audit reviews carried over from 2022/2023

Audit Title	Timing				Start Date	Draft Report	Final Report	Res			Assurance
	Q1	Q2	Q3	Q4				P1	P2	P3	
Housing Repairs	●				Nov-22	Mar-23	Apr-23	2	8	4	Reasonable Assurance
Cyber Security	●				Aug-22	Dec-22	May-23	2	3	2	Reasonable Assurance
Accounts Payable	●				Mar-23	May-23	Jun-23	0	1	2	Substantial Assurance
General Ledger	●				Jan-23	Mar-23	Apr-23	0	6	1	Reasonable Assurance
Client Contributions Follow up	●				Feb-23	Apr-23	Jun-23	0	0	0	Reasonable Assurance
Inflationary Uplifts (Follow up)	●				Jan-23	May-23	May-23	0	0	0	Reasonable Assurance
Leavers and movers' processes	●				Jan-23	Apr-23	July-23	0	5	2	Reasonable Assurance
Adult Social Care Debt	●				Feb-23	Jun-23	Sep-23	1	5	0	Reasonable Assurance
Provider Payments (Adults)	●				Jan-23	May-23	July-23	2	3	0	Reasonable Assurance

Audit reviews for 2023/2024

Audit Title	Timing				Start Date	Draft Report	Final Report	Res			Assurance
	Q1	Q2	Q3	Q4				P1	P2	P3	
Fuel system	●				May-23	Jun-23	Jul-23	4	5	0	
Commercial Assets & Investments	●				Jul-23	Nov-23	Dec-23	0	5	0	
Intercompany accounting (Follow Up Review)	●				Oct-23	Deferred to 2024/25 on request of DoF					
S117 of the Mental Health Act					Jun-23	Dec-23	Jan 24	0	4	0	Advisory
Rough Sleeping Accommodation Program Grant Determination RSAP 1 &2	●				Apr-23	Apr-23	Apr-23	0	0	0	Certified
Homelessness Prevent Grant including top up	●				Apr-23	Apr-23	Apr-23	0	0	0	Certified
Rough Sleeping Initiative Grant additional pressures cert	●				Apr-23	Apr-23	Apr-23	0	0	0	Certified
Iken billing process*	●				Jun-23	Sep-23	Oct-23	0	4	0	N/A
Local Transport Plan Capital Settlement (Grant Certification)		●			July-23	Oct 23	Nov-23	0	0	0	Certified
Local Authority Bus Subsidy Grant (BSOG)		●			July-23	Oct-23	Oct-23	0	0	0	Certified
Bank & Cash Rec inc control account reconciliations		●			Aug-23	Feb-24	Mar-24	0	5	2	
CTAX		●			Apr-23	Jun-23	Jul-23	0	0	2	
Procurement end-to-end process		●			Nov-23	Dec-23	Dec-23	0	0	0	Advisory
Payroll (inc HR/Itrent processes)		●			Aug-23	Nov-23	Nov-23	0	2	1	
Public Health Grant		●			Jan-24	Feb-24	Mar-24	0	3	1	
Supported Living Placements		●			Deferred to 2024/2025						
Continuing Health Care (CHC)		●			Jun-23	Aug-23	Sep-23	0	4	0	
Employee gifts and hospitality & declarations of interests		●			Jun-23	Sep-23	Nov-23	2	3	1	

\* added to the plan mid-year

Key: No Assurance: ■ Limited Assurance: ■ Reasonable Assurance: ■ Substantial Assurance: ■

Audit Title	Timing				Start Date	Draft Report	Final Report	Res			Assurance
	Q1	Q2	Q3	Q4				P1	P2	P3	
Reading Museums - Reading Foundation of Art		●			Jun-23	Aug-23	Dec-23	2	5	2	
Coroners Service			●		Oct-23	Dec-23	Mar-24	0	6	0	
Subject Access Requests*			●		Dec-23						
Library Improvement Fund (Grant Certification) *			●		Dec-23	Feb-23	Feb-23	0	0	0	Certified
Sec 106 Agreements			●		Deferred to 2024/25 due to service request						
Data Security/Information Governance			●		Deferred to 2024/2025						
New Finance System migration			●		Delayed – ongoing adjustments						
Accounts Payable			●		Deferred to 2024/2025 due to delay in implementing e5						
Digital Technology and Change - Project Management			●		Deferred - service staffing pressure						
Caseload management (inc ASC Front Door)			●		Aug-23	Deferred to 2024/25 and change in scope due to external review now taking place					
Learning & Devt, Physical Dev and Mental Health Placements			●		Deferred to 2024/2025						
Community Infrastructure Levy				●	Nov-23	Feb-24	Mar-24	0	5	1	
Homelessness				●	Jan-24						
Accounts Receivable				●	Deferred to 2024/2025 - Due to delay in e5 implementation						
Deputyship and Appointeeship (Follow up Review)				●	Deferred to 2024/25 due to new IT system						
Scheme of Delegation				●	Dec-23	Deferred to 2024/25, as not approved or implemented					

\* added to the plan mid-year

Key: No Assurance: ■ Limited Assurance: ■ Reasonable Assurance: ■ Substantial Assurance: ■

## 3.0 INVESTIGATIONS (APRIL 2023 – MARCH 2024)

3.1 The Council has an establishment of 3.5 officers, who are trained to Police and Criminal Evidence Act 1984 (PACE) codes of practice. These officers predominately carry out planned and reactive investigations into areas including, but not limited to:

- Tenancy – Fraudulent applications for housing or successions of tenancy and subletting of the property.
- Council Tax – Discounts and exemptions, council tax support.
- Blue Badge – Use of counterfeit/altered badges, use when a disabled person is not in the vehicle, use of a deceased person's Blue Badge, badges issued to institutions being misused by employees.
- Internal fraud – Diverting council monies to a personal account; accepting bribes; stealing cash; working elsewhere while claiming to be off sick; wrongfully claiming benefits while working.
- Right to buy – Fraudulent applications under the right to buy/acquire.
- Personal budgets – Overstatement of needs through false declaration, multiple claims across authorities, third party abuse, posthumous continuation of claim.
- Single Person Data Matching and investigation

3.2 In total for the period April 2023 to March 2024, the Corporate Investigations Team has investigated a total of 186 referrals, broken down as follows:

CTRS (Inc SPD)	77 referrals
Housing	55 referrals
Blue Badge	45 referrals
Social Care	01 referral
Election Fraud	01 referral
Internal	07 referrals

Currently: 26 ongoing investigations, including three internal investigations.

### 3.3 Council Tax Support Investigations

3.3.1 Seventy-seven Council Tax Support investigations have commenced to date, with the discount removed in Sixteen cases resulting in estimated savings of **£21,514**.

### 3.4 Housing Tenancy Investigations

3.4.1 Since 1st April 2023, officers have completed investigations into fifty-five referrals of alleged tenancy fraud. A total of six properties have been returned to stock to date. All these cases were tenancy-related investigations. There are another eleven ongoing investigations.

3.4.2 The notional saving achieved on the properties returned to RBC stock is **£651,000** adopting the notional savings multiplier used by the Cabinet Office in its National Fraud Initiative report. CIT has also assisted in the return to stock of one property let through a Registered social landlord (RSL)

3.4.3 The team has also looked at and verified twenty-one Right to Buy applications of which ten have been referred to the applicant for further information to be supplied. Six Right to Buy applications have been refused resulting in a rental savings figure of **£38,903** And a notional saving of **£576,000** in discounts.

### 3.5 Disabled Persons Parking (Blue) Badges

3.5.1 Since April 2023 the team has received a total of forty-five Blue Badge referrals of blue badge misuse. To date two badges have been seized, seven warning letters issued, three cases required no further action, and five cases are ongoing.

3.5.2 Three cases were successfully prosecuted. All the defendants pleaded Guilty to the Blue Badge frauds and were fined a total of **£12,762** including costs.

### 3.6 National Fraud Initiative

3.6.1 In December 2022 Central Government uplifted specific datasets from Reading as part of the National fraud initiative. Since February 2023, when the matches were released for review, a total of 668 cases have been investigated which have resulted in an estimated saving of **£41,211.68**.

### 3.7 Internal Investigations

3.7.1 The team, supported by internal auditors has been involved in several internal investigations. Three of which are still ongoing. One of these is a joint agency complex investigation that has been underway since July. Four cases have been concluded. Information from all these investigations has been used as part of ongoing internal issues.