

A4 Appendix 3

Royal Borough of Kensington and
Chelsea

Draft Internal Audit Report

Future Service Consultation

Grenfell

November 2021





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1. Executive Summary

Background

The Dedicated Service consultation ran between July and November 2021 and was conducted in two stages. The first stage, lasting nine weeks between July and September 2021, requested the Bereaved and Survivors (B&S) to provide their views and opinions of the service via an online survey, as a hardcopy return or verbally via a phone line hosted by a 3rd party or their Dedicated Services Workers (DSWs). The second stage, lasting four weeks between October and November 2021, enabled B&S to provide feedback on the survey findings and the future plans for the service.

The preparation for the survey included extensive staff consultation on the type of question to be raised in the survey. An independent review of the survey questions by the Council's Gateway team was followed by preview and feedback from members of the Dedicated Service Steering Group (DSSG) before final publication. This ensured that the final set of questions were subject to rigorous scrutiny both from experienced Council officers and representatives of the B&S.

The survey was designed as a Likert Survey. This type of survey is considered the most reliable way to measure opinions, perceptions, and behaviours. By asking participants the extent in which they agree or disagree with particular statements about the service, an overall perception can be obtained about the service.

The B&S were given sufficient notification prior to the survey being published. This was facilitated through the DSSG, the DSW directly with their clients and via the Dedicated Service website.

The level of accessibility to the survey was very good. This was facilitated through publication in the nine languages most spoken by B&S. For those B&S who were unable to complete the full survey, a shortened version was made available. The shortened survey enabled B&S to provide verbal responses to the survey questions via the hosted phone line, at the Drop-in Sessions or directly with their DSW.

Substantial support was available to assist B&S with completing the surveys and providing feedback. This included but not limited to in-person support via the DSWs to their clients and at the Drop-in sessions held during at each stage of the consultation. A translation service was also available as needed.

Monitoring the number of surveys/feedback forms returned during each of the nine weeks of Phase 1 ensured participation levels were constantly reviewed. The weekly monitoring figures were shared with senior officers and Team Leaders, allowing the latter, to pass on to their respective DSWs to remind clients of the need to complete the surveys.

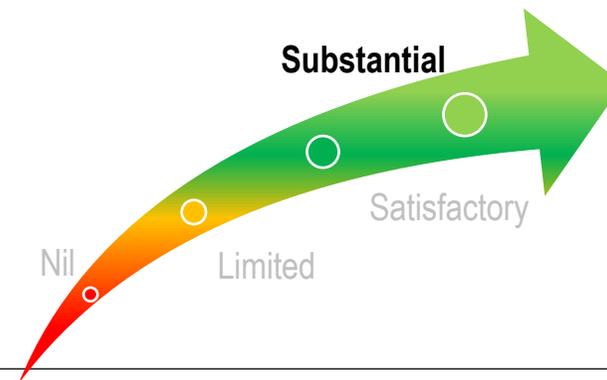
Feedback from DSWs interviewed during the review, confirmed that as well as their reminders the weekly e-mail reminders sent to each household to complete the survey during Phase 1 greatly assisted in improving participation from their clients.

The team of officers that compiled the survey findings following stage one and then interpreting the feedback after the second stage have the requisite experience to complete this work. The results of the survey were published on 6th October 2021. This comprised a full 60 page report and a "You-Said, We Plan" summary stating how the findings will be used to shape the future of the Dedicated Service (DS).

We had an opportunity to interview a member of the DSSG as part of the review. During the interview it was confirmed that the level of interaction with the Group via the Director and the Head of Partnerships Liaison and Development enabled the Group to fully engage throughout the process. Of particular note, the DSSG member stated that all the Group was given an opportunity to discuss all decisions about the consultation enabling the Group and the DS to have ownership of the consultation process. Finally, the DSSG member commented that the high number of completed surveys returned in Phase 1 is testament to how well the consultation process was managed by the DS Team.

Overall Conclusion

In Internal Audit's opinion, **Substantial Assurance** can be given to Members, the Chief Executive and other officers that the controls relied upon at the time of the audit were suitably designed, consistently applied and effective in their application. Controls in most areas were in place and operating effectively and ensured an extensive and thorough consultation process. However, a Lessons Learnt review and implementation of any findings would be beneficial should a similar review of the service be required in the future.



1. Executive Summary

Area	Rating	Number of Recommendations		
		High	Medium	Low
Structure of the Survey	Satisfactory	-	1	-
Notification of the Consultation and deadlines	Substantial	-	-	-
Accessibility and Support	Substantial	-	-	-
Monitoring participation	Substantial	-	-	-
Interpreting results, publication & implementation	Satisfactory	-	-	-
Total		Nil	1	Nil

Issues identified

This review identified did not identify any **High** priority matter[s]. However, we have raised a single **Medium** priority recommendation concerning a Lessons Learnt review of the process. Details can be found in Section 2 of this report. We provided a “Satisfactory” rating for the final area “Interpreting results, publication and implementation” because we are unable to full test the implementation of the plan as it is due to commence in April 2022.

Examples of good practice

During our review we identified the following areas of good practice:

- High degree of staff involvement in preparation for the survey
- The Dedicated Service Steering Group (DSSG) made up of bereaved and survivors were fully consulted before and during the consultation. This was achieved through formal monthly meetings, informally via WhatsApp and via regular e-mails communication from the Director and Head of Partnership Liaison and Development.
- The Likert survey enabled participants to provide their opinions on the service;

- Extensive support available to enable B&S to complete the surveys and then to provide feedback. This included,
 - drop-in sessions where B&S were able to speak with Dedicated Service staff about the survey and complete a shortened survey if required,
 - via their Dedicated Service Workers who were able to explain the reasons for the survey and also complete the shortened version with the family.
 - verbally via a phone line hosted by a 3rd party where B&S could verbally complete the survey via verbally via a phone line hosted by a 3rd party Staff.
 - Translation Service available as required, arranged via the DSW. A translator was used during one of the independently facilitated session.
 - The surveys forms and flyers were available in nine languages commonly spoken by the bereaved and survivors.
- Following an appeal from Dedicated Service Steering Group that recognised that summer vacations might reduce participation, the original deadline was extended by two weeks thereby allowing sufficient time to complete the survey within the overall consultation timeframe.
- Weekly e-mail reminders sent to each household setting out information about specific events that week and the deadline for responses.
- Interpretation of survey returns completed by experienced staff.
- Both full report and summary published in a timely manner following survey deadline.
- Final strategy for taking the service forward based on an extensive and thorough consultation with B&S.

Appendices

A1. Audit Scope

A2. Definition of Assurance and Recommendations



A1. Audit Scope

	Area	Coverage
01	Structure of the survey	<p>Those involved in constructing the survey questions have the experience for the task.</p> <p>The questions are designed to enable the requisite information to be obtained.</p> <p>The style of the survey and method of providing answers is clear and uncomplicated and the survey is concise.</p> <p>Questions and background information are reviewed to ensure they are unbiased and are clear about what is and is not possible through the review.</p>
02	Notification of the consultation and deadlines	<p>Timeframe established for the completion of the survey including publishing final report.</p> <p>Sufficient notification provided that the survey will take place that captures all relevant groups and individuals.</p> <p>Deadline for the completion of the survey and submission set and communicated.</p>
03	Accessibility and Support	<p>Survey questions available in a range of languages other than English.</p> <p>Options for completing the surveys designed to maximise participation.</p> <p>Support for completing the survey available and participants are aware of how to access the support.</p>
04	Monitoring participation	<p>Process for monitoring participation numbers during survey period established.</p> <p>System for reminding target groups and individuals established and followed and effective.</p> <p>Final scope of participation analysed and made available and any lack of participation and action taken to increase participation identified.</p>
05	Interpreting results, publication and implementation	<p>Results of surveys analysed by officers with appropriate knowledge and experience.</p> <p>Target groups and individuals are given an opportunity to provide feedback on the results before publication of final results.</p> <p>Options for publication of final report designed to maximise its accessibility.</p> <p>A timetable is established to enable the timely implementation of the results.</p>

Limitations to Scope

- The work has been undertaken using a risk based approach and testing will be on a sample basis to verify compliance;
- The records maintained by third parties to the Council were not reviewed and are outside of the scope of this audit; and
- The audit review does not provide absolute assurance that material error, loss or fraud does not exist.

A2. Definition Of Assurance And Recommendations

As part of the review we use the following definitions for the level of assurance and priority of recommendations included in Section 2

Assurance Level	Description
Substantial Assurance:	There is a sound system of internal control designed to achieve your objectives. The control processes tested are being consistently applied.
Satisfactory Assurance:	While there is generally a sound system of internal control, there are weaknesses which put some of your objectives at risk. There is evidence that the level of non-compliance with some of the control processes may put some of your objectives at risk.
Limited Assurance:	Weaknesses in your system of internal control are such as to put your objectives at risk. The level of non-compliance puts your objectives at risk.
Nil Assurance:	Control processes are generally weak, leaving the processes/systems open to significant error or abuse. Significant non-compliance with basic control processes/systems open to error or abuse.

Definitions of Recommendations	
Priority	Description
High (Fundamental)	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.
Medium (Significant)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.
Low (Housekeeping)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.

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For more information on the Internal Audit Service visit our SharePoint site:

<https://officesharedservice.sharepoint.com/sites/InternalAuditFraudandRiskManagement>

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Any recommendations for improvements should be assessed by management for their full impact before they are implemented.

The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity.

Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.