

DATA QUALITY – SIX MONTH UPDATE**Report By: Interim Deputy Chief Executive****Wards Affected**

County Wide

Purpose

To update the Committee on progress against the data quality action plan as required by the Council's data quality policy.

Financial Implications

There are no financial implications

RECOMMENDATION

THAT (a) progress against the data quality action plan be noted
(b) that the plan be fully completed by the time of the annual review.

Reasons

Demonstrable progress has been made with the action plan. These improvements in the Council's approach to data quality are expected to be reflected in the results of the 2008 audit that are due soon. However, as Appendix 1 indicates there are a number of tasks behind the original timescale or where there is no / limited progress currently. These should be completed by next April when the plan is reviewed and rolled forward.

Considerations

1. The Council's policy requires six monthly reports on progress against the data quality action plan to the lead Cabinet members, JMT, Cabinet and the Audit & Corporate Governance Committee. This is the first of these reports. It includes progress against the recommendations of the Audit Commission in its 2007/08 audit of the Council's data quality arrangements and statutory performance indicators.
2. There are 52 actions to be completed in the current action plan. There are currently 22 green (completed), 20 Amber (behind the original timescale) and 10 red (no / limited progress currently). More detail is given in paragraphs six to twelve that follow.
3. The Committee is reminded that the data quality action plan only addresses those parts of the Audit Commission's key lines of enquiry (KLOE's) where the Council was thought to be at its weakest in the 2007/08 audit. When it is rolled forward next spring, the action plan will need to address the remaining KLOE's together

with any recommendations from the 2008/09 audit which was conducted in July and on which a report is awaited.

4. There have been a number of successes. In particular:
 - a. The Council's data quality policy was agreed by Cabinet and communicated to staff in a variety of ways. There have been a number of follow up questions generated by team talk etc. Key documents are now available on the intranet in the info-library.
 - b. Key plans; corporate, directorate and service now refer to data quality and the actions being taken to improve this.
 - c. Standard data quality clauses have been agreed with the Assistant Chief Executive (legal and democratic services) for use in relevant contracts and SLA's.
 - d. Standard data quality requirements have been agreed with the Assistant Chief Executive (HR) for inclusion in job descriptions.
 - e. Business cases for new or upgraded ICT must now include consideration of data quality issues.
 - f. Data quality has been included as part of the staff training for the new social care system.
 - g. A Herefordshire Public Services information management group has been established. Although the group did not exist when the action plan was created, the activities of the group - data sharing protocols, data flow mapping and training – have all contributed to the action plans achievements.

- 5 However, the original timescales were over-optimistic. More attention needs to be given to the following in order to complete the action plan within 12 months.
 - a. Finalising the library of data sharing protocols and a definitive list of data sharing partners (paragraph 6 refers)
 - b. Consolidating corporate policies and procedures that relate to data quality (paragraph 7 refers)
 - c. Consolidating directorate and service policies and procedures that relate to data quality (paragraph 8 refers)
 - d. Developing the contracts register so that it provides information on data quality (paragraph 9 refers)
 - e. The final identification of posts with data quality responsibilities (paragraph 10 refers)
 - f. The development and delivery of data quality training where most needed (paragraph 11 refers)
 - g. The development and delivery of a rolling programme of data quality assessments to supplement internal audit work (paragraph 12 refers)

- 6 The existing list of protocols needs confirming by directorates and all significant routine and periodic sharing of data should be identified. Partner organisations could then consider the Council's policy and confirm that their policies ensure at least the same attention is paid to data quality. The one-year data-flow mapping project with the PCT began to establish these links but has now ended. The HPS information management group, referred to in paragraph 4 above, will be considering the next steps in the near future.
- 7 More time needs to be given over the next six months to identifying those corporate policies and procedures that are of relevance to data quality and then reviewing these as part of their established cycle. The Deputy Chief Executive's Office will begin this but the review stage will require the involvement of more directorates.
- 8 Equally more time is required to produce consolidated lists of directorate or service specific procedures, guidelines and operational practices that demonstrate how we ensure data quality on the ground and to which employees can turn for guidance. This is a task for all sections of the Council that handle data.
- 9 The information currently held centrally on contracts does not make it easy to identify those that involve the transfer of data and thus might require additional clauses relating to data quality in future. The available information on contracts needs supplementing for data quality purposes, it should be updated routinely and appropriate clauses inserted when contracts are re-tendered. Managers responsible for these contracts to need to be able to demonstrate that they are monitoring the quality of any data supplied under such contracts in an appropriate fashion.
- 10 Identifying posts with responsibility for data quality will enable job descriptions to be amended where necessary and appropriate training to be provided to current employees. The six-month interim staff review and development (SRD) meetings underway at present are being used to complete the process of identifying all relevant employees. All supervisors are expected to complete reviews and return the necessary data.
- 11 Once there is a clearer picture of the numbers of employees involved, appropriate training and awareness sessions can be delivered. Material for these sessions has already been developed for the Frameworki roll out and central induction. A more co-ordinated approach to employee responsibilities in relation to all information matters, including data quality, will be developed by HPS information management group referred to in paragraph 4 above.
- 12 Data quality assessments depend, in part on progress with some of the previous points. The more that responsibility for data quality is accepted as being part of the job of all employees, the fewer specific assessments will be required by internal audit or other performance staff. One of the aims of the training referred to in paragraph 11 above is to equip a wider range of staff with the skills to complete assessments for themselves.
- 13 There has still not been any formal notification of the results or recommendation from this July's data quality audit. The Audit Commission's deadline to complete the work was October, so feedback is expected imminently. However all the individual performance indicators that were

checked during the latter stages of the audit are understood to have been correct. If this is confirmed it indicates that the Council's increased focus on data quality is beginning to have a positive impact. This will need to continue in future.

Legal considerations

14. To ensure that there is a consistent approach in procurement process there should be outlined in the Tender measures and scoring for future contracts the requirements of Data Quality in all future contracts

Risk Management

Failure to take adequate action to ensure high quality data can result in a damaged reputation, adversely affect longer term CAA success and result in poor audit reports. On this basis the risk of poor quality data continuing in the long term has been entered into the corporate risk register. The Audit Commission regard this as appropriate. The most effective mitigating actions are contained in the data quality action plan attached at Appendix 1

BACKGROUND PAPERS

None

DATA QUALITY ACTION PLAN – 2008 – UPDATE 5 NOVEMBER 2008

References in [brackets] relate to Audit Commission recommendations in their data quality audit report February 2008

KLOE Ref	Action	Detail	Plan Date	Reasons
2.1	2.1.1 Data quality (DQ) policy agreed, signed off, available on intranet so it can be accessed and used by staff at all levels [R4 – The Council should put in place a data quality policy which can be accessed and used by staff at all levels]	1 Draft policy agreed by Information Policy Group [R2]	End of April 2008	All Completed
		2 Draft policy agreed by CMB[R2]		
		3 Draft policy agreed by Cabinet		
		4 Enter risk relating to poor quality data on corporate risk register and monitor [R4]		
2.1	2.1.2 Directorate Management Teams (DMT) to determine where corporate DQ policy needs extra directorate and / or service specific additions and communicate to relevant managers [R9 Guidance for staff should be readily accessible for all involved in the compilation process and R10 Roles and responsibilities of all staff included within the DQ process need to be clearly defined]	5 Draft policy considered by DMT's with suggestions for where additions would be appropriate	End of April 2008	All Completed
		6 Communicate policy to all managers	End of May 2008	
		7 Leadership forum item, News &Views (N&V) item	May 2008	
2.1	2.1.3 Communicate policy to all external data sharing partners and partnerships and get them to sign up to the policy or provide	8 Create a library of all data sharing protocols (Head of Policy & Performance)	End of April 2008	Delays in identifying all existing protocols.

KLOE Ref	Action	Detail	Plan Date	Reasons
	higher standards [R7 Formal protocols with Council Partners need to be developed to ensure accuracy of data]	9 Identify all data sharing partners x directorate and create a register (Improvement managers) 10 Establish common partners and how to approach them (Improvement managers / Head of Policy and Performance) 11 Dispatch policy with explanatory letter from Director and include an appropriate data sharing protocol / confirmation of existing one (Improvement managers) 12 Replies returned by (Improvement managers) 13 Identify and meet with partners who are unable to sign etc. (Relevant managers & improvement managers)	Follows on from the above End of May June 14 th End of June	They will be added to the intranet during November. A register of partners will follow. All remaining tasks will follow on from completing task 9 above
2.1	2.1.4 Establish and consolidate what corporate procedures, guidelines and operational practices exist that relate / refer to DQ [R2 Data quality needs to be embedded into the culture of the Council at strategic levels]	Task 41 (Head of policy and performance)	End of May 2008	A larger exercise than originally anticipated.

KLOE Ref	Action	Detail	Plan Date	Reasons
2.1	2.1.5 The four improvement managers to consolidate any existing and extra directorate and service specific procedures, guidelines and operational practices into one set of data quality guidelines and standards. [R9 Guidance for staff should be readily accessible for all involved in the compilation process & R10 Roles and responsibilities for all staff included within the DQ process need to be clearly defined]	Task 42	End of April 2008	Has been combined with other exercises e.g. quality assessments but also a larger task than was originally anticipated.
2.1	2.1.6 The corporate plan, directorate and service plans as well as the performance improvement framework all outline the Council's commitment to data quality [R2 Data quality needs to be embedded into the culture of the Council at strategic levels and R3 Ensure that data quality links between key documents such as the Corporate Plan and the Medium term financial strategy are clear]	14 Corporate plan and Performance Improvement Framework	End of March	Completed
		15 Consider need for standard text	April	
		16 Insert required paragraph into Directorate and Service plans and explain as required	End of April	
2.1	2.1.7 Identify all staff with responsibilities for DQ [as a first step to amending job	17 Get support of Human Resources and advice on process and practicalities	March	

KLOE Ref	Action	Detail	Plan Date	Reasons
	for DQ [as a first step to amending job descriptions and person specifications] [R10 Roles and responsibilities of all staff included within the DQ process need to be clearly defined]	18 Produce and quality assure staff list from each directorate (Relevant managers)	End of April	Underway – poor SRD completion rate in the spring of 2008. Proposing to use the interim SRD's currently underway to collect the missing information.
2.1	2.1.8 Include DQ requirements in all contracts, Service level agreements and similar documents where this is relevant and not currently explicit set up monitoring systems starting with the highest risks [R7 Formal protocols with Council partners need to be developed to ensure accuracy of data]	19 Consult contracts register; identify relevant entries, renegotiation dates / variation potential and risk levels (Head of policy and performance)	By April 30 th	A larger task than was originally anticipated. The available information did not identify data quality easily
		20 Take legal advice on current standard for contracts [explicit / implicit] and correct approach to making changes	End of March	Completed
		21 Contact all high risk organisations & those renewing during Financial Year2008/09 (Relevant managers)	End of May	Depends on completing task 19 above
		22 Create specimen text for DQ requirements	By End of April	Completed

KLOE Ref	Action	Detail	Plan Date	Reasons
		23 Insert appropriate DQ text where it is currently not explicit in new and renewing contracts (DCX legal and democratic services & relevant managers)	From March 31 st	In part depends on completing task 19 above
		24 Consider appropriate monitoring systems (Relevant managers and improvement managers)	May	Depend on task 19 above
		25 Consult and advise contractors (as task 24)	May	
		26 Implement monitoring systems (as task 24)	From June	
2.2	2.2.1 Existing corporate and directorate policies, procedures and guidelines [and amendments in future] to be promulgated in a variety of ways such as 121's, Staff Review & Development sessions (SRD's), service planning, emails, news and views, notice boards, performance clinics, team meetings, computer based training (CBT), leaflets and wider training etc [R9 Guidance for staff should be readily accessible for all involved in the compilation process and R10 Roles and responsibilities of all staff included within the DQ process need to be clearly defined]	27 Notify all e-mail users, cascade via key managers (Head of policy and performance)	June	Only corporate documents identified so far. Related to tasks 41 and 42
		28 Devise and include appropriate requirements in SRDs for staff identified in action 18 and get signatures for receipt of documentation (Head of policy and performance & relevant managers)	April onwards	Depends in part on task 18
		29 Set up CBT links / tests for all documents sent to action 18 staff (Head of policy and performance)	By end of June	Will follow task 28 and 37
		30 Poster campaign and N&V cascade (as task 29)	June onwards	Should be co-ordinated with the identification and training of staff

KLOE Ref	Action	Detail	Plan Date	Reasons
		31 Include in performance clinics, team meetings and training – the improvement managers to identify and log opportunities (Relevant managers & improvement managers)		A continuing process
		32 Include in SRD training and 'all in a days work' [R8] service planning training if held	January onwards	Completed
		33 Tour of DMT's	April onwards	
2.2	2.2.2 Improvement managers to identify if / where additional data champions are required within the directorate and recommend to DMT's for approval;	Task 43:	End of April	A continuing process
2.2	2.2.3 Improvement Managers to log examples of actions that improved DQ as they occur centrally and publicise these locally through N&V. Authority wide publicity periodically	34 Set up central log and monitor at each Improvement Network meeting	From April 2008	A continuing process
3.4	3.4.1 Improvement managers and the Herefordshire Partnership support team to co-ordinate the identification and listing of all instances of internal and external data sharing [e.g. PCT, police and voluntary bodies to support the LAA, JAR etc.] [R7 Formal protocols with Council partners need to be developed to ensure the accuracy of data]	Only requires Actions 9 – 13 described earlier	April to the end of June	

KLOE Ref	Action	Detail	Plan Date	Reasons
3.4	3.4.2 Agree a form of words in relation to DQ for SLA's, contracts and information sharing protocols based on the DQ policy [particularly important in respect of the LAA and national indicator set]	Action 22 does this	By end of April	
4.1	4.1.1 All Directors, Heads of service, their direct reports and improvement managers have DQ added to their job descriptions beginning in April 2008. [R2 Data quality needs to be embedded into the culture of the Council at strategic levels and R10 Roles and responsibilities of all staff included within the DQ process need to be clearly defined]	39 Agree words for job descriptions and person specifications Only requires Actions 17, 18 and 28 described earlier	From April 08 March, end of April, April onwards	Completed
	4.1.2 One CMB member to be given lead responsibility for DQ [R2 Data quality needs to be embedded into the culture of the Council at strategic levels]	Action 50		Completed
4.2	4.2.1 Herefordshire Connects [HC] to ensure that the impacts on data quality staff skills and capacity are identified and training delivered as part of the roll out of new systems	35 Discuss with HC programme manager [HCPM] and incorporate into implementation programmes	February 2008 onwards	Completed

KLOE Ref	Action	Detail	Plan Date	Reasons
	4.2.2 Impacts of National Indicator set (NIS) on data quality staff skills and capacity are identified and training delivered as appropriate	Action 44 (Improvement managers)	From February 2008	No specific additional requirements identified yet but the NIS is not yet finalised
	4.2.3 Wherever new / amended systems are introduced the data quality aspects should be identified and appropriate / revised training should be given to staff [R8 Training for all staff involved in compiling performance indicators should take place at the earliest opportunity]	40 Amend business case process for IPG to cover data quality requirements	From May 2008	Completed
	4.2.4 Ultimately identify impacts of all residual systems on DQ staff skills and capacity and ensure training is provided where needed	36 Identify residual systems – Use the Hereford Connects audit as a starting place supplemented by paper systems which are out of the Connects scope (Hereford Connects Project manager & improvement managers)	From April 2008	An continuing process as the scope of Connects becomes clearer
4.2	4.2.5 DQ training is given as part of the corporate drive to improve performance [R8 Training for all staff involved in compiling performance indicators should take place at the earliest opportunity]	37 Develop appropriate material and decide on delivery methods for senior managers, managers, specialist staff and staff generally. Include in induction and mandatory for staff identified in task 18 (Head of policy and performance)	End of July 2008	Linked to the delays in identifying all relevant staff

KLOE Ref	Action	Detail	Plan Date	Reasons
4.2	4.2.6 Establish and deliver training programme on a service, directorate and corporate basis evaluating regularly via improvement managers. See 4.2.5 above	Task 51 (Head of policy and performance & improvement managers)	From August	See task 37
4.2	4.2.7 Ensure DQ weaknesses identified by external or internal reviews are addressed by training or appropriate de-briefing sessions	Task 52 (Relevant managers, improvement managers and internal audit)	Ongoing	A continuing process. No reviews have identified weaknesses to date
N/a	5.1 Identify key areas for a rolling programme of data quality audits [advice from internal audit] and include in Directorate / service risk registers. [R1 Data quality must be included within the corporate risk management arrangements and R5 Internal audit should carry out a review of a greater amount of performance indicators in 2007 / 08]	38 Secure support of Director of Resources	By May 31 st	Completed
	5.2 Train appropriate staff [with internal audit] to undertake audits	Task 45	June onwards	Completed

KLOE Ref	Action	Detail	Plan Date	Reasons
	5.3 Undertaken audits internally resourced by improvement managers and policy /performance teams – where available and possible [R5 Internal audit should carry out a review of a greater amount of performance indicators in 2007 / 08, R6 The systems in place for the collection of data will need to be reviewed to ensure that they are fit for purpose and R11 the audit trail needs to be improved upon. PI's made available for audits should have an audit trail that has been reviewed by management prior to internal audit review]	Task 46 (Improvement managers & policy and research manager)	From July 1st	Depended on task 45. A programme will be developed by December 31 st
N/a	5.4 Ensure that all the 198+15 indicators in the NIS are supported by metadata pro-formas and appropriate systems including trained staff in the Council and Partners [R11 the audit trail needs to be improved upon. PI's made available for audits should have an audit trail that has been reviewed by management prior to internal audit review]	Task 47	By May 31 st	

Last presented to Audit and corporate governance committee – 4 April 2008

KLOE Ref	Action	Detail	Plan Date	Reasons
N/a	5.5 Ensure that the Council's local indicators re supported by metadata proformas and appropriate systems including trained staff [R11 the audit trail needs to be improved upon. PI's made available for audit s should have an audit trail that has been reviewed by management prior to internal audit review]	Task 48 (Relevant managers)	By May 31st	Have taken a lower priority to the NIS
N/a	5.6 Establish governance arrangements with JMT [R2 Data quality needs to be embedded into the culture of the Council at strategic levels]	Task 49 (Head of Policy and performance)	31 st May 2008	JMT have confirmed that the HPS Information Management Group is the officer forum for discussing data quality issues.

Last presented to Audit and corporate governance committee – 4 April 2008

KEY

ACX(L&D)	Assistant Chief Executive (legal & democratic services)	IM	Improvement managers
CBT	Computer based training	Improvement Network	Meetings convened by the Head of Policy and Performance
CMB	Corporate management board – now JMT	IPG	Information policy group
DMT	Directorate Management Team	JAR	Joint area review
DQ	Data Quality	JMT	Joint management team
FY	Financial year	KLOE	Key lines of enquiry
HC	Herefordshire Connects	LAA	Local area agreement
HCPM	Herefordshire connects project manager	NIS	National indicator set
HoP&P	Head of Policy and performance	N&V	News and Views (Now team talk staff bulletin)
HOS	Head of service	PCT	Primary care trust
HP	Herefordshire partnership	PIF	Performance information framework
HPS	Herefordshire Public services	QA	Quality assurance
HR	Human resources	SLA	Service level agreement
ICT	Information and computer technology	SRD	Staff review and development sessions / staff appraisal
		121	Regular staff supervision sessions