

DATA QUALITY ANNUAL REPORT

PORTFOLIO RESPONSIBILITY: CORPORATE AND CUSTOMER SERVICES AND HUMAN RESOURCES

CABINET

4 JUNE 2009

Wards Affected

County-wide

Purpose

To approve the data quality action plan for 2009/10

Key Decision

This is not a Key Decision.

Recommendations

THAT:

- (a) **progress against the 2008 / 09 data quality action plan be noted, and;**
- (b) **that Appendix 1 be approved as the 2009 / 10 action plan.**

Reasons

- 1 The Council's data quality policy and action plan are now a year old. The policy requires an annual progress report to Cabinet. The current plan has not been completed to the original timetable and these actions have been rolled forward into the 2009 / 10 plan along with some additional actions.

Considerations

- 2 Cabinet agreed the Council's data quality policy and action plan last April. These recognised the need to improve the systems for securing data quality, anticipated the need to demonstrate the quality of local data under CAA and responded to the Audit Commission's latest audit. The 52 actions planned, were designed to strengthen what were then the weakest areas of performance (as measured by the CPA key lines of enquiry) and address those audit recommendations which the Cabinet supported.
- 3 The plan was ambitious and; as reported in November to JMT, Cabinet and the Audit & Corporate Governance Committee, progress was slower than anticipated after six months. This remains the position after twelve months and the plan has still not been completed despite revisions to the original timescales. At the end of March, 33 of the

tasks were complete, 11 were underway (but either incomplete or by their very nature ongoing) and 8 remain to be started largely because they depended on those underway.

4 The 19 incomplete tasks fall into five areas:

- Data sharing partners: - although the main partners have been identified and contacted, not all of them have responded so it remains unclear if they are willing to follow the Council's data quality policy or have something better to offer. Responses are being sought and, if necessary, meetings will be held to clarify the requirements. (2 actions)
- Identification of directorate / service specific policies and procedures and communicating these to staff: - The identification work has not been completed so the various communications initiatives have not yet started (6 actions)
- Having a definitive list of staff who require training: - The 2009 appraisal process should complete the picture begun in 2008 (1 action)
- Contracts where data quality is a potential issue: - it has not proved possible to identify any high-risk contracts, contact those responsible, insert data quality clauses, consult upon, establish or implement a monitoring system. The existing contracts register is being revised which will allow this work to begin in 2009/10 (6 actions)
- A group of four unrelated actions that are essentially continuing processes: - identifying data quality champions, logging examples of data quality improvements, identifying residual (non Connects) processes where data quality assurance is a potential issue and continuing to rectify any data quality weaknesses identified by audits or inspections.

5 Based on the above, two areas in particular required attention if the current gaps are to be rectified speedily. These are identifying directorate / service specific policies and procedures as well as concluding the work to improve the current contract register. JMT considered the annual report on 29th April and agreed appropriate management action to deal with the issues set out above. Additional audit time will also be given to data quality issues

6 The move from CPA to CAA places increased importance on locally generated data of a high quality. Work to improve the systems and processes necessary to secure improvements in data quality is referred to in the annual audit and inspection letter. The current action plan should be completed and rolled forward to address other areas where the approach to data quality could be improved. Appendix 1 indicates the priorities for 2009 / 10.

7 It does not appear that the Council's data quality policy itself needs to be amended at present. Instead the list of corporate policies and procedures that are considered to have data quality aspects will be appended to the existing policy. When these are routinely revised any relevant data quality references will be added. It is suggested that the data quality policy itself is reviewed in 12 months time i.e. two years after Cabinet approved it.

Legal Implications

8 There are no legal implications arising directly from this report

Financial Implications

- 9 There are no financial implications. However, data quality is a key requirement underpinning grant claims and other financial returns to central government.

Risk Management

- 10 Insufficient attention to data quality is currently listed on the corporate risk register (CR35). One of the key elements in the mitigation strategy is the completion and roll forward of the current action plan. Although the February 2009 Annual Audit and Inspection letter concludes that the authority has proper arrangements in place to ensure the accuracy of key performance data, this position will only be maintained, and potentially improved, if the identified actions are completed and the Council continues to develop its data quality arrangements.

Alternative Options

- 11 There are no alternative options. The Council is committed to a far-reaching action plan that demonstrated its commitment to continually securing improvements to the quality of the data it uses and generates.

Consultees

- 12 Director of Resources
Assistant Chief Executive (Legal and Democratic Services)
Improvement Managers in all Directorates

Appendices

- 13 Appendix 1 – Draft data quality action plan 2009 / 10

Background Papers

- None identified.

APPENDIX 1 DATA QUALITY ACTION PLAN – MARCH 2009 UPDATE AND ROLL FORWARD TO 2009/10

REFERENCES IN [BRACKETS] RELATE TO AUDIT COMMISSION RECOMMENDATIONS IN THEIR DATA QUALITY AUDIT REPORT FEBRUARY 2008

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
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 higher standards [R7 Formal protocols with Council Partners need to be developed to ensure accuracy of data]	12 Replies returned by (Head of Policy and Performance)	June 14 th 2008	February 2009 (May 2009)	Underway (Amber)	Not all replies have been received and are being chased
		13 Identify and meet with partners who are unable to sign etc. (Relevant managers and improvement managers)	End of June 2008	March 2009 (June 2009)	Not yet started (Red)	Depends on the results of task 12 above
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	TASK 42	End of April 2008	February 2009 (June 2009)	Underway (Amber)	A sizeable task being combined with other exercises e.g. quality assessments

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
	clearly defined]					
2.1	<p>2.1.7 identify all staff with responsibilities for DQ [as a first step to amending job descriptions and person specifications]</p> <p>[R10 Roles and responsibilities of all staff included within the DQ process need to e clearly defined]</p>	<p>18 Produce and quality assure staff list from each directorate (relevant managers / improvement managers)</p>	End of April 2008	January 2009 (July 2009)	Underway (Amber)	SRD's in 2008 did not produce a complete list. SRD's in 2009 should rectify this
2.1	<p>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</p> <p>[R7 Formal protocols with Council partners need to be developed to ensure accuracy of data]</p>	<p>19 Consult contracts register; identify relevant entries, renegotiation dates / variation potential and risk levels (Head of Policy and Performance)</p>	End of April 2008	March 2009 (June 2009)	Underway (Amber)	The contracts register is being updated to include re-tendering dates and identify data quality in contracts
		<p>21 Contact all high risk organisations & those renewing during Financial Year 2008/09 (relevant managers)</p>	End of May 2008	March 2009 (July 2009)	Not yet started (Red)	Depends on completing task 19 above
		<p>23 Insert appropriate DQ text where it is currently not explicit in new and renewing contracts (DCX legal and democratic services & relevant managers)</p>	From March 31 2008	March 2009	Underway (Amber)	In part depends on completing task 19 above and 24-26 below

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
		24 Consider appropriate monitoring systems (relevant managers and improvement managers)	May 2008	March 2009 (July 2009)	Not yet started (Red)	Depends in part on task 19 above
		25 Consult and advise all contractors (as task 24)	May 2008	March 2009 (August 2009)	Not yet started (Red)	
		26 Implement monitoring systems (as task 24)	From June 2008	March 2009 (August 2009)	Not yet started (Red)	
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 2008	March 2009 (July 2009)	Underway (Amber)	Only corporate documents identified so far. Related to tasks 41
		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, DCX - HR)	April 2008 onwards	March 2009 (September 2009)	Underway (Amber)	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)	End of June 2008	March 2009 (October 2009)	Not yet started (Red)	Will follow task 28

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
		30 Poster campaign and N&V cascade (as task 29)	June 2008 onwards	March 2009 (July 2009)	Underway (Amber)	Should be coordinated with tasks 18 and 42
		31 Include in performance clinics, team meetings and training – the improvement managers to identify and log opportunities (relevant managers and improvement managers)	Ongoing	Ongoing	Underway (Amber)	A continuing process
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 2008	March 2009 (June 2009)	Underway (Amber)	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 (Head of Policy and Performance)	From April 2008 onwards	Ongoing	Underway (Amber)	A continuing process
4.2	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 &	From April 2008?	From April 2008 (July 2009)	Underway (Amber)	A continuing process as the scope of Connects becomes clear

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
		Improvement managers)				
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	Ongoing	Underway (Amber)	A continuing process. No reviews have identified weaknesses to date

PROPOSED NEW TASKS FOR 2009/10 IN ADDITION TO COMPLETING THOSE ABOVE

KLOE Ref	Action	Detailed task (those responsible)	Original date	Revised date	Date completed	Reasons
53		Training programme for at least 150 key staff (Head of Policy and Performance / Information management group)	March 2010			
54		Data quality assessments of at least 24 performance indicators on a risk basis (Improvement managers / internal audit)	December 2009			
55		Consider a common format for directorate and service data quality procedures (Improvement managers)	October 2009			
56		Consider a rolling programme of systems audits potentially involving the mapping of data flows and controls (Internal audit)	December 2009			
57		Implement PMR application as part of the Connects programme according to corporate priorities with appropriate data quality processes (Head of Policy and Performance)	March 2010			
58		Review of information sharing protocols (Records manager)	January 2010			
59		Revise data quality policy (Head of Policy and Performance)	April 2010			