DATA QUALITY REPORT

Report By: Director of Corporate and Customer Services

Wards Affected

County-wide

Purpose

To approve the response to the data quality report from the Audit Commission

Financial Implications

There are no financial implications

RECOMMENDATION

THAT:- The response at Appendix 3 be approved

Reasons

The high quality of the data the Council receives, creates, uses and reports to others is too often taken for granted. It is a matter of public and regulatory concern nationally that procedures exist to demonstrate and improve data quality. The Audit Commission assesses each Authority annually and, like all regulators, increasingly emphasise appropriate systems and processes rather than individual indicators or returns. The Council's audit during 2007/08 highlighted the lack of a formal policy and other weaknesses that the action plan at **Appendix 4** addresses. The response to the Audit Commissions' recommendations is at **Appendix 3**. The Commission's full report is at **Appendix 2**

Considerations

1.   Nationally, all the regulatory bodies, including the Audit Commission, are paying an increased amount of attention to data quality. It will be a fundamental part of the CAA from 2009, with a major influence on the Use of Resources assessments of the Council, the PCT and other partners. CAA will not be a 'lighter touch' unless external regulators share a considerable confidence in locally generated and assured data. If, collectively, they view data quality as a risk it could lead to further, more detailed inspections in future.

2.   As part of the preparations for CAA, a set of voluntary data quality standards has been issued by the Commission in conjunction with other national audit bodies, CIPFA and with the full support of the national audit office. They are, in fact, virtually identical to the key lines of enquiry already used by the Commission for their audits.

3.   It is important to recognise that the emphasis of the national regulatory regime has fundamentally changed. The new approach is more systemic. Regulators will examine the existence and use of policies, procedures and practices as well as the responsibilities of individuals. Their approach mirrors that being taken to the wider risk and the use of resources assessments proposed for the CAA. Individual performance indicators will still be examined but this will be primarily to confirm that the overall governance arrangements of organisations like the Council, the PCT and their partners are in place and working effectively.

4.   The results of last years data quality audit are now known and, although the Audit Commission do not formally 'score' these, it is clear that the Council is at level 2 out of a possible 4 as anticipated. However, under the rules based approach that governs this kind of work, it is very clear that the Council's overall level 2 is an aggregation of scores ranging from 1 to 3 across the entire audit. Any score of 1 is 'below the required standard'.

5.   A draft data quality policy has been produced, considered by the Information Policy Group and the Joint Management Board. This is attached at **Appendix 1.** It is a short, focussed document that conforms to the voluntary standards referred to earlier. The policy is underpinned by a more detailed action plan that includes the standardisation or creation of supporting practices, procedures and processes. This action plan is based on the key lines of enquiry used in last years audit and the feedback that followed.

6.   The performance improvement network [PIN] prepared the detailed action plan - Appendix 4. There is a formidable amount of work to do and the next audit will commence shortly. It is important to note that the action plan only covers those areas where the Council is judged to be weakest and, as a number of actions will take time to produce results, improvement in the Council's overall level will not be immediate. These key points are summarised in paragraph 7

7.   The action plan includes the need for:

❖ a data quality policy to be embedded in the Council and shared with partners

❖ staff with specific data quality responsibilities to be identified, trained and for their job descriptions etc to be appropriate

❖ contracts and other formal arrangements to cover data quality

❖ data sharing protocols to be in place

❖ a rolling programme of data quality audits

❖ formal responsibility for data quality to be assigned to IPG and a specified Director.

8.   Since the action plan was first drafted, the Council has received the final recommendations from last summers audit. These are included in Appendix 1. Cross-references have been added to Appendix 2 to reflect these.

9.   Progress against the elements in the action plan will be monitored regularly. Discussions are planned with HR, Legal Services, Internal Audit and Procurement on how the new arrangements can be developed and implemented most effectively. There may be opportunities to share best practice with the PCT as part of the continued improvement of the Councils approach to data quality. There are already a number of joint projects that are of direct relevance. The policy itself will be reviewed on a regular basis and amended, if necessary, as the detailed work dictates.

10.   Finally; while the driving force for good quality data is currently performance management, both the policy and action plan clearly apply much more widely to data used for planning, commissioning and the operational management of services.

Risk Management

The risks of not adopting pursuing the type of actions in Appendix 2 vigorously are increased inspection and intervention and a decline in the Authority's reputation amongst the public and partners.

BACKGROUND PAPERS

Improving information to support decision-making: standards for better quality data. Audit Commission. March 2007

APPENDIX 1

Herefordshire Council Data Quality Policy

Purpose

1.1   This policy sets out the Council's intentions as regards assuring data quality, so as to secure reliable and timely information and intelligence to account for its performance and to drive continuous improvements in services and outcomes for citizens and customers.

1.2   This is one of the underpinning elements of the Council's Performance Improvement Framework.

1.3   This policy is given effect through the Council's *Data Quality Action Plan* and associated procedures and protocols.

Introduction

2.1   The Council, its Cabinet and Corporate Management Board recognise the importance of ensuring data quality of the highest standard to maintain effective corporate governance and raise performance.

2.2   Across the Council, data are collected, analysed and used to monitor service delivery and outcomes, report performance, and aid decision-making, including the allocation of resources.

2.3   Good quality data are essential for sound planning, commissioning, routine service and performance management. Data must therefore be accurate, valid, reliable, timely, relevant and complete as well as well presented. Above all data must be fit for purpose and the Council recognises the need to balance the importance of the information requirement and the cost of collecting the supporting data.

2.4   The Council has a statutory duty to publish information about its performance and to assure that the data are accurate. The Council is judged on the adequacy of its arrangements to do this. This requires that robust arrangements are in place across the organisation for the collection, recording, collation, analysis and reporting of performance data.

Responsibility and accountability

3.1   Overall responsibility and accountability for data quality rests, on behalf of the Council and Cabinet, with the Leader; and, on behalf of the Corporate Management Board, the Chief Executive.

3.2   Strategic responsibility and accountability is vested in the lead member for Corporate and Customer Services and Human Resources, and the Director of Corporate and Customer Services.

3.3   Operational responsibility and accountability is vested corporately in the Head of Policy and Performance and, for their respective services, the heads of services. They are supported in the discharge of these duties by the individual designated performance improvement managers. Each

performance improvement manager has a personal responsibility, in respect of which they account to the Head of Policy and Performance, for ensuring in their respective areas that data quality protocols, procedures and systems are in place and operating efficiently and effectively.

3.4   All managers and staff have a personal responsibility and accountability for the accuracy and sound presentation of data, and for observing associated protocols, procedures and systems that apply to their designated areas of work.

3.5   As such every member of staff has a responsibility for ensuring that the highest possible standards relating to data quality are adhered to.

Principles governing data quality

4.1   Data quality is an integral part of all Council business and performance management

4.2   Data used to inform plans and decision-making, including resource allocation, must be right first time and fit for purpose

4.3   Data quality is the responsibility of all who contribute to it, directly or indirectly, whether they are producers of data or users of it

Key requirements for assuring data quality

5.1   All staff must be aware of the importance of data quality and take responsibility for securing it.

5.2   Up-to-date arrangements and control procedures must be documented and in operation for the ownership, security, collection, recording, collation, analysis and reporting of data

5.3   Staff must be equipped with the knowledge, understanding, skills and tools necessary to maximise the quality of data and their effective use

5.4   Clear performance management arrangements must be in place across the organisation to ensure that data are used appropriately to inform decision-making, including resource allocation

5.5   Data quality must be assured through routine reporting of errors and performance reviews

5.6   All out-turn data and collection processes must be subject to periodic audit and review

5.7   Business continuity and security arrangements must be in place for all data and information systems

5.8   In furtherance of the Council's commitment to working with partners to deliver the Herefordshire Sustainable Community Strategy, protocols agreed with partners and any relevant third parties must be in place to ensure that fit-for purpose data can be shared in compliance with legal and confidentiality standards

5.9   A documented validation process must be in operation for all data provided by partners or third parties

Securing a data quality culture

6.1   The Council is determined to embed a culture of data quality across the organisation. Elected members, managers and staff alike must act at all times with an awareness of the importance of data quality and of accuracy and integrity in the use of data.

6.2   It is therefore imperative that all receive the training or development appropriate for their particular roles, responsibilities and accountabilities; and that this is reviewed and refreshed over time to meet changing requirements, needs and circumstances.

6.3   As a basis for this training and development the Council will develop a set of data quality standards and guidelines to establish a common understanding of what good quality data entails.

Monitoring and review

7.1   Progress in giving effect to this policy, through the associated operational arrangements and the Data Quality Action Plan, will be monitored continuously. The Head of Policy and Performance will report on it quarterly to the lead Cabinet member and Corporate Management Board, and six-monthly to Cabinet and the Audit and Governance Committee.

7.2   The Chief Internal Auditor will present an annual data quality audit report to the lead Cabinet member and director. This will also be reported to the Audit and Governance Committee and the Corporate Management Board. It will form the basis for continuous improvements in data quality.

7.3   This policy and its associated operational arrangements and Action Plan will therefore be reviewed and reported alongside the annual data quality audit report.

DRAFT FOR APPROVAL MARCH 2008

APPENDIX 2

DATA QUALITY REPORT – Audit 2006 / 07

DATA QUALITY REPORT –RECOMMENDATIONS   APPENDIX 3

Recommendation		Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
R1	**Data Quality must be included within the Corporate risk management arrangements.**	2	David Powell / Andrew Rewell	Y	To be included in corporate risk document	April 2008
R2	**Data Quality needs to be embedded into the Culture of the Council at Strategic levels.**	2	Joint Management Team	Y	See the attached action plan – Appendix 4	From February 2008
R3	**Ensure Data Quality links between key documents such as the Corporate Plan and Medium Term Financial Strategy are clear.**	2	Tony Geeson / David Powell	Y	The MTFMS refresh will include comments where data has a clear link between these areas. The draft Corporate Plan already covers this point.	October 2008
R4	**The Council should put in place a Data Quality Policy which can be accessed and used by staff at all levels.**	3	Tony Geeson / Robert Blower	Y	Attached. See also Appendix 4	From February 2008
R5	**Internal Audit should carry out a review of a greater amount of performance indicators in 2007/08.**	3	Tony Ford	Y	Resources will be put in the 2008 / 09 Audit Plan	June 2008
R6	**The systems in place for the collection of data will need to be reviewed to ensure that they are fit for purpose.**	3	Heads of service / improvement managers	Y	See Appendix 4	From February 2008

R7	**Formal protocols with Council partners need to be developed to ensure accuracy of data.**	2	Heads of service / improvement managers	Y	See Appendix 4	From February 2008
R8	**Training of all staff involved in compiling performance indicators should take place at the earliest opportunity.**	2	Tony Geeson / improvement managers	Y	See Appendix 4	From January 2008
R9	**Guidance for staff should be readily accessible for all involved in the compilation process.**	2	Heads of service / improvement managers	Y	See Appendix 4	From February 2008
R10	**Roles and responsibilities of all staff included within the DQ process need to be clearly defined.**	2	Tony Geeson / Heads of service	Y	See Appendix 4	From January 2008
R11	**The Audit trail needs to be improved upon. PI's made available for audit should have an audit trail which has been reviewed by management prior to Internal Audit review.**	2	Heads of service / improvement managers	Y	See Appendix 4	From February 2008
R12	**The IPR, as the key performance management document should be widely used across directorates rather than directorates using their own reports.**	2	Tony Geeson / Heads of service	N	The IPFR draws on more detailed, operational reporting in directorates and provides a strategic picture. This could be publicised even more widely than at present but the IPFR is not currently suitable for many directorate purposes	

Further information on the subject of this report is available from Tony Geeson, Head of Policy and Performance, on 01432 261855, tgeeson@herefordshire.gov.uk

DATA QUALITY ACTION PLAN – 2008

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

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
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]	1 Draft policy agreed by IPG [R2]	TG	End of February 2008	PST data quality documentation
		2 Draft policy agreed by CMB/ Joint Management Board? [R2]			
		3 Draft policy agreed by Cabinet if required			
		4 Enter risk relating to poor quality data on corporate risk register and monitor [R4]			
2.1	2.1.2 DMT's to determine where corporate DQ policy needs extra directorate and / or service specific additions and communicate to relevant managers [R9 and R10]	5 Draft policy considered by DMT's with suggestions for where additions would be appropriate	PIM's / audit advice & ICT' Connects	February 2008	2.1.5 Connects listing of systems
		6 Communicate policy to all managers	DMT's	End of February 2008	
		7 Leadership forum item, N&V item	TG	February 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	PG / TG	End of February 2008	3.4.1 PCT project

Further information on the subject of this report is available from Tony Geeson, Head of Policy and Performance, on 01432 261855, tgeeson@herefordshire.gov.uk

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
	higher standards [R7]	9 Identify all data sharing partners x directorate and create a register [R2]	PIM's / PG, AS, HP team, audit advice & ICT		on shared data . Connects
		10 Establish common partners and how to approach them			
		11 Dispatch policy with explanatory letter from Director and include an appropriate data sharing protocol / confirmation of existing one	PIM'S / PG	End of February	
		12 Replies returned by		March 14th	
		13 Identify and meet with partners who are unable to sign etc.	PIM'S / PG	End of March	
2.1	2.1.4 Establish and consolidate what corporate procedures, guidelines and operational practices exist that relate / refer to DQ [R2]		TG / PG / AS	End of February 2008	
2.1	2.1.5 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&R10]		PIM's	End of March 2008	2.1.2
2.1	2.1.6 The corporate plan, directorate and service plans as well as the performance	14 Corporate plan and PIF	SM	As above	KLOE 1.1

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
	service plans as well as the performance improvement framework all outline the Council's commitment to data quality [R2 and R3]	15 Consider need for standard text	PIN meeting / AS	February	1.1
		16 Insert required paragraph into Directorate and Service plans and explain as required	PIM's	March	
2.1	2.1.7 Identify all staff with responsibilities for DQ [as a first step to amending JD's and person specs] [R10]	17 Get support of HR and advice on process and practicalities	TG / RBP / AS	January	4.1.1
		18 Produce and QA staff list x directorates	HRO / PIM / AS	End of February	
2.1	2.1.8 Include DQ requirements in all contracts, SLA's and similar documents where this is relevant and not currently explicit set up monitoring systems starting with the highest risks [R7]	19 Consult contracts register; identify relevant entries, renegotiation dates / variation potential and risk levels	PG / ICT / HL&DS / DH	By March 31st	See also 3.4.2 and 2.1.3
		20 Take legal advice on current standard for contracts [explicit / implicit] and correct approach to making changes	TG		
		21 Contact all high risk organisations & those renewing during FY2008/09	Relevant HoS / service or contract manager	March 31st	
		22 Create specimen text for DQ requirements	HL&DS / DH	By March 31st	
		23 Insert appropriate DQ text where it is currently not explicit	HL&DS / DH	From March 31st	

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
		24 Consider appropriate monitoring systems	PIM's / service manager	April	
		25 Consult and advise contractors	HoS / PIM's	May	
		26 Implement monitoring systems	Service manager	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, SRD's, service planning, emails, news and views, notice boards, performance clinics, team meetings, cbt and wider training etc [R9]	27 Notify all e-mail users, cascade via key managers	HoC	April	6, 7 16, 18 4.1.1 PCT work on training – skills audit & dissemination
		28 Devise and include appropriate requirements in SRDs for staff identified in action 18 and get signatures for receipt of documentation [R10]	Relevant HoS	March onwards	
		29 Set up CBT links / tests for all documents sent to action 18 staff	PG	By April	
		30 Poster campaign and N&V cascade	Hoc	April onwards	
		31 Include in performance clinics, team meetings and training – PIM's to identify and log opportunities	Hos / PIM's		
		32 Include in SRD training and all in a days work [R8]	TG / HH	January onwards	
		33 Tour of DMT's	TG / PIM's	April onwards	
2.2	2.2.2 PIMS to identify if / where additional data champions are required within the directorateand recommend to DMT's for approval;		PIM's	End of February	KLOE 4.1, 2.1.2, 2.1.7

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
2.2	2.2.3 PIM's 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 PIN meeting	PIM's / SM	From January 2008	KLOE 4.1
3.4	3.4.1 PIM's and 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.] ref KLOE 3.4.1 [R7]	Only requires Actions 9 – 13 described earlier			2.1.3
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			See also 2.1.8
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 AND R10]	39 Agree words for job descriptions and person specifications Actions 17, 18 and 28			
	4.1.2 One CMB member to be given lead responsibility for DQ [R2]	Action 39			

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
4.2	4.2.1Herefordshire 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	PG / JOG	February 2008	Connects PCT work – skills audit & training proposals
	4.2.2 Impacts of NIS on data quality staff skills and capacity are identified and training delivered as appropriate		PIN / PIM's	From February 2008	
	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]	40 Amend business case process for IPG to cover data quality requirements	DMT /PIM, PG, HCPM / service manager	From February 2008	
	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 systems – HC audit starting place supplemented by paper systems which are out of the Connects scope	PG / PIM's	From April 2008	
4.2	4.2.5 DQ training is given as part of the corporate drive to improve performance [R8]	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 18	PIN / TG, R'search & ICT	End of July 2008	2.1.7

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
4.2	4.2.6 Establish and deliver training programme on a service, directorate and corporate basis evaluating regularly via PIMS.	See 4.2.5 above	TG / HR / PIM's	From August	
4.2	4.2.7 Ensure DQ weaknesses identified by external or internal reviews are addressed by training or appropriate de-briefing sessions		HoS / internal audit / PIM's		
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 and R5]	38 Secure support of Director of Resources	TG / PIMS / internal audit	By March 31st	
	5.2 Train appropriate staff [with internal audit] to undertake audits		PIM's / internal audit / ICT	April onwards	
	5.3 Undertaken audits internally resourced by PIMs and their teams – where available and possible [R5, R6 and R11]		PIM's / P&P	From June 1st	
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]		PIM's / P&P / HP team	By April 30th	

KLOE Ref	Action	Detail	Who leads / with	Date	Links to
N/a	5.5 Ensure that the Council's local indicators re supported by metadata proformas and appropriate systems including trained staff [R11]		PIM's / P&P	By April 30th	
N/a	5.6 Establish governance arrangements with IPG and CMB [R2]		TG	31st March 2008	

AS	Anthony Sawyer		ICT	Information and computer technology department
CBT	Computer based training		IPG	Information policy group
CMB	Corporate management board		JAR	Joint area review
DH	Dean Hogan		KLOE	Key lines of enquiry
DMT	Directorate Management Team		LAA	Local area agreement
DQ	Data Quality		NIS	National indicator set
FY	Financial year		N&V	News and Views
HC	Herefordshire Connects		PG	Paul Griffiths
HCPM	Herefordshire connects project manager		PIF	Performance information framework
HH	Hilary Hall		PIM	Performance improvement manager
HL&DS	Head of legal and democratic services		QA	Quality assurance
HOC	Head of communications		RBP	Richard Beavan-Pearson
HOS	Head of service		SLA	Service level agreement
HP	Herefordshire partnership		SM	Steve Martin
HR	Human resources		TG	Tony Geeson
HRO	Human resource officer			