

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

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	<b>Completed</b>
		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	17 Get support of Human Resources and advice on process and practicalities	March	

KLOE Ref	Action	Detail	Plan Date	Reasons
	amending job descriptions and person specifications] [R10 Roles and responsibilities of all staff included within the DQ process need to be clearly defined]	<b>18 Produce and quality assure staff list from each directorate</b> (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]	<b>19 Consult contracts register; identify relevant entries, renegotiation dates / variation potential and risk levels</b> (Head of policy and performance)	By April 30 <sup>th</sup>	A larger task than was originally anticipated. The available information did not allow data quality issues to be easily identified.
		<b>20 Take legal advice on current standard for contracts [explicit / implicit] and correct approach to making changes</b>	End of March	<b>Completed</b>
		<b>21 Contact all high risk organisations &amp; those renewing during Financial Year2008/09</b> (Relevant managers)	End of May	Depends on completing task 19 above
		<b>22 Create specimen text for DQ requirements</b>	By End of April	<b>Completed</b>

KLOE Ref	Action	Detail	Plan Date	Reasons
		<b>23 Insert appropriate DQ text where it is currently not explicit in new and renewing contracts</b> (DCX legal and democratic services & relevant managers)	From March 31 <sup>st</sup>	In part depends on completing task 19 above
		<b>24 Consider appropriate monitoring systems</b> (Relevant managers and improvement managers)	May	Depend on task 19 above
		<b>25 Consult and advise contractors</b> (as task 24)	May	
		<b>26 Implement monitoring systems</b> (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]	<b>27 Notify all e-mail users, cascade via key managers</b> (Head of policy and performance)	June	Only corporate documents identified so far. Related to tasks 41 and 42
		<b>28 Devise and include appropriate requirements in SRDs for staff identified in action 18 and get signatures for receipt of documentation</b> (Head of policy and performance & relevant managers)	April onwards	Depends in part on task 18
		<b>29 Set up CBT links / tests for all documents sent to action 18 staff</b> (Head of policy and performance)	By end of June	Will follow task 28 and 37
		<b>30 Poster campaign and N&amp;V cascade</b> (as task 29)	June onwards	Should be co-ordinated with the identification and training of staff

KLOE Ref	Action	Detail	Plan Date	Reasons
		<b>31 Include in performance clinics, team meetings and training – the improvement managers to identify and log opportunities</b> (Relevant managers & improvement managers)		A continuing process
		<b>32 Include in SRD training and ‘all in a days work’ [R8] service planning training if held</b>	January onwards	<b>Completed</b>
		<b>33 Tour of DMT’s</b>	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;	<b>Task 43:</b>	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	<b>34 Set up central log and monitor at each Improvement Network meeting</b>	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]	<p style="background-color: #00FF00; display: inline-block; padding: 2px;">39 Agree words for job descriptions and person specifications</p> Only requires Actions 17, 18 and 28 described earlier	From April 08  March, end of April, April onwards	<b>Completed</b>
	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]	<p style="background-color: #00FF00; display: inline-block; padding: 2px;">Action 50</p>		
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	Feb 2008 onwards	

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 Feb 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	<b>Completed</b>
	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 debriefing 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 <sup>st</sup>	Completed
	5.2 Train appropriate staff [with internal audit] to undertake audits	Task 45	June onwards	Completed

KLOE Ref	Action	Detail	Plan Date	Reasons
	<p><b>5.3 Undertaken audits internally resourced by improvement managers and policy /performance teams – where available and possible</b>  <b>[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 audit s should have an audit trail that has been reviewed by management prior to internal audit review]</b></p>	<p><b>Task 46</b> (Improvement managers &amp; policy and research manager)</p>	<p>From July 1st</p>	<p>Depended on task 45. A programme will be developed by December 31<sup>st</sup></p>
<p>N/a</p>	<p><b>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 audit s should have an audit trail that has been reviewed by management prior to internal audit review]</b></p>	<p><b>Task 47</b></p>	<p>By May 31<sup>st</sup></p>	

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 audits 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 <sup>st</sup> May 2008	JMT have confirmed that the HPS Information Management Group is the officer forum for discussing data quality issues.

## 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