

DATA QUALITY – ANNUAL REPORT

Report By: Interim Deputy Chief Executive

Wards Affected

County wide

Purpose

1. To report progress against the data quality action plan 2008 / 09 and the plan for the next 12 months

Financial Implications

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

Background

The move from CPA to CAA places increased importance on locally generated data of a high quality. As a result, all Inspectorates have placed increased emphasis on examining local arrangements for securing data quality in recent years. For instance, the annual examination of the selected 'high risk' best value indicators reported by the Council has evolved into a significant audit based on key lines of enquiry and interviews with key staff and members.

RECOMMENDATION

THAT:

- (a) **Progress against the 2008 / 09 data quality action plan is noted and the 2009 / 10 plan at Appendix 1 be supported.**

Reasons

3. The Council's data quality policy requires an annual report to Cabinet and this Committee. The current action plan has not been completed according to timetable and is being rolled forward and extended for 2009 / 10.

Considerations

4. Cabinet agreed the Council's action plan last April in recognition of the need to demonstrate the quality of local data, the forthcoming requirements of CAA and

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in response to the Audit Commission's latest audit. The 52 actions it contains were designed to address what were then the weakest areas of Council performance (as measured by the CPA key lines of enquiry) and the agreed recommendations of the audit.

5. The plan was ambitious and; as reported in November to JMT, Cabinet and this Committee, progress was slower than anticipated after six months. This remains the position after twelve months and the plan has still not been completed. At the end of March, 33 of the tasks were completed, 11 were underway (but either incomplete or by their very nature ongoing) and 8 remained to be started.
6. The 19 incomplete tasks fall into five areas:
 - a. 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)
 - b. 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)
 - c. Having a definitive list of staff who require training: - The 2009 appraisal process should complete the picture begun in 2008 (1 action)
 - d. 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)
 - e. 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.
7. Based on the above, two areas in particular require action; these are identifying directorate / service specific policies and procedures as well as concluding the work to improve the current contracts register.
8. JMT considered the annual report on 29 April and in response the previous points resolved that directorate management teams should fully engage with the data quality action plan and that directors should confirm their nominated contract management officers to the Director of Resources by 8th May. Additional audit time will also be provided

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Risk Management

9. Insufficient attention to data quality is currently a corporate risk (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 improved, if the identified actions are completed and further attention is paid to data quality.

Background Papers

None

Appendices

Appendix 1 – Draft data quality action plan 2009 / 10

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 clearly defined] | Task 42 | End of April 2008 | February 2009 (June 2009) | Underway (Amber) | A sizeable task being combined with other exercises e.g. quality assessments |

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| KLOE Ref | Action | Detailed tasks (Those responsible) | Original date | Revised Plan Date (proposed new date) | Date completed (RAG rated) | Reasons |
|----------|--|---|---|---|---|---|
| 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> | 18 Produce and quality assure staff list from each directorate (relevant managers / improvement managers) | 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> <p>21 Contact all high risk organisations & those renewing during Financial Year 2008/09 (relevant managers)</p> <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> | <p>End of April 2008</p> <p>End of May 2008</p> <p>From March 31 2008</p> | <p>March 2009 (June 2009)</p> <p>March 2009 (July 2009)</p> <p>March 2009</p> | <p>Underway (Amber)</p> <p>Not yet started (Red)</p> <p>Underway (Amber)</p> | <p>The contracts register is being updated to include re-tendering dates and identify data quality in contracts</p> <p>Depends on completing task 19 above</p> <p>In part depends on completing task 19 above and 24-26 below</p> |

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| 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 | 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 fro receipt of documentation (Head of Policy and Performance, relevant mangers, DCX - HR) | April 2008 onwards | March 2009 (September 2009) | Underway (Amber) | Depends in part on task 18 |

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|----------|--|--|-------------------------|---------------------------------------|------------------------------|--|
| | all staff included within the DQ process need to be clearly defined] | 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 |
| | | 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 |

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|----------|--|---|------------------|--|-------------------------------|---|
| 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 & Improvement managers) | From April 2008? | From April 2008 (July 2009) | Underway (Amber) | A continuing process as the scope of Connects becomes clear |
| 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 |

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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 | | | |

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