

MEETING:	CABINET
DATE:	29 OCTOBER 2009
TITLE OF REPORT:	DATA QUALITY – 6 MONTH PROGRESS REPORT
PORTFOLIO AREA:	ICT, EDUCATION AND ACHIEVEMENT

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To note progress against the 2009-2010 data quality action plan.

Key Decision

This is not a Key Decision.

Recommendation(s)

THAT : the progress now being made against the data quality action plan be noted.

Key Points Summary

- This is the six month progress report on the data quality action plan as required by the Council's policy
- The rate of progress is improving and since the last report four significant tasks have been completed which are central to completing the overall plan.
- These tasks include identifying staff requiring training, local policies and procedures and data quality champions
- The current position is that eight tasks from the 2008-2009 action plan remain red rated (not yet started) and seven amber (underway) while all the tasks added for 2010 are on track for completion.

Alternative Options

- 1 Cabinet could approve a different data quality action plan to be implemented at a different pace. A more challenging plan and/or a shorter timescale would require additional resources. A lower level of activity would be potentially damaging to the Council's status with its regulators. For these reasons, this option is rejected. The adequacy of existing plan and rate

Further information on the subject of this report is available from
Dr Tony Geeson, Head of Policy and Performance on (01432) 261855

of progress was not challenged by the Audit Commission during the recent Use of Resources assessment and, given the expectation of continuing improvement; it would be unwise to reduce the effort in this area.

Reasons for Recommendations

- 2 Progress is being made against the backlog of tasks from 2008-2009 action plan and the 2009-2010 tasks are going as planned.

Introduction and Background

- 3 The Council has been explicitly pursuing improvements to data quality for the last 18 months through its data quality policy and the associated action plan. The policy requires progress reports every six months to Cabinet. Data quality is now part of the annual Use of Resources assessments which, along with managing performance makes up the Council's organisational assessment under CAA. Under the Use of Resources assessment the Council is required to demonstrate that it produces relevant and reliable data and information to support decision making and manage performance.
- 4 When Cabinet last considered data quality in June it approved a roll forward of the tasks remaining from the previous year and a number of additional tasks. The remaining tasks are contained in Appendix 1.
- 5 During the past six months four major tasks have been completed. These are
 - identifying staff who require training through the appraisal process
 - identifying policies and procedures that support the corporate policy
 - identifying local data quality champions and
 - identifying contracts with a high data content.

Each of these tasks held the key to further work and their completion should allow more rapid progress to be made against the plan over the next six months.

Key Considerations

- 6 The current position is that all the 2010 additional tasks remain on track for completion on schedule with the information management training being particularly well received. Over one hundred staff have been trained in the last six months, faster than planned. Of the 15 tasks remaining from last year 8 are still to start and 7 are underway.
- 7 Of the 8 tasks judged red (still to start); three relate to contracts work now being picked up by the contract monitoring officers in each individual directorate. A further four relate to communicating the, now identified, policies and procedures to staff in a variety of ways. As noted above, these should all begin shortly. The remaining 'red' task is the lack of a meeting with data sharing partners who are unable to sign up to the Council's policy or provide even higher standards. Despite reminders over the past six months some 13 organisations have still not replied to the Council's initial enquiry. None of those who have replied so far have objected to the Council's drive to improve data quality, so a meeting may not be required ultimately. However, it is impossible to complete this task without the remaining replies. This matter has come to the attention of the Audit and Corporate Governance Committee who have required a letter to be sent to all 13 organisations.
- 8 Of the amber tasks; one relates to the partners issue, two to contracts work already underway, one to communicating policies and procedures and the remaining three (e.g.

logging examples of actions that have improved data quality) will, arguably never be completed. They are ongoing managerial tasks.

- 9 Work to secure improvements in data quality contribute to the corporate plan theme of organisational improvement and greater efficiency and is referred to in the Audit Commission's annual letter. Their recent Use of Resources work did not indicate any particular problems. With the Commission's move to quality assurance, internal audit now undertake the bulk of the detailed examinations of individual performance indicators. While the number of unsatisfactory reports is now very low, data quality weaknesses do occur indicating the need for managers and staff to remain vigilant. The performance champions work is currently assisting in the independent scrutiny of data quality and they, along with the increasing number of trained staff, will drive further improvements.

Community Impact

- 10 The communities of Herefordshire have a legitimate expectation that the data used and created by the Council and its partners are of the necessary quality. It is important that there are systems that can demonstrate that the potential for error is low and the risk is reducing. The necessary actions are largely internal without a direct impact on the community but the Council's reputation would suffer if it did not continue to improve the standards to which it, and its partners, work.

Financial Implications

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

Legal Implications

- 12 There are no legal implications arising directly from this report.

Risk Management

- 13 Insufficient attention to data quality is currently corporate risk CR35. One of the key elements in the mitigation strategy is the completion and roll forward of the current action plan. The Audit Commission's most recent annual letter concluded that the authority has proper arrangements in place to ensure the accuracy of key performance data. However, this opinion will only remain if the identified actions are completed.

Consultees

- 14 Improvement managers in each Directorate and partners where relevant.

Appendices

- 15 Appendix 1 Data quality action plan

Background Papers

None identified.

APPENDIX 1 DATA QUALITY ACTION PLAN – SEPTEMBER 2009 UPDATE

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 14th 2008	February 2009 (May 2009)	Underway (Amber)	Only 13/25 replies have been received. The others are being chased for the third time
		13 Identify and meet with partners who are unable to sign up etc. (Relevant managers and improvement managers)	End of June 2008	March 2009 (June 2009)	Not yet possible (Red)	Ultimately depends on the results of task 12 above. There has been no adverse reaction to date

Further information on the subject of this report is available from
 Dr Tony Geeson, Head of Policy and Performance on (01432) 261855

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
2.1	<p>2.1.8 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>21 Contact all high risk organisations & those renewing during the Financial Year (originally 2008/09) (relevant managers)</p>	<p>End of May 2008</p>	<p>March 2009 (July 2009)</p>	<p>Underway (Amber)</p>	<p>Directorate contract monitoring officers are risk assessing the contract registers currently</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>From March 31 2008</p>	<p>March 2009</p>	<p>Underway (Amber)</p>	<p>Text agreed with legal services. Ultimately linked to tasks and 24-26 below</p>
		<p>24 Consider appropriate monitoring systems (relevant managers and improvement managers)</p>	<p>May 2008</p>	<p>March 2009 (July 2009)</p>	<p>Not yet started (Red)</p>	<p>Will follow on from the completion of task 21 above</p>
		<p>25 Consult and advise all contractors (as task 24)</p>	<p>May 2008</p>	<p>March 2009 (August 2009)</p>	<p>Not yet started (Red)</p>	
		<p>26 Implement monitoring systems (as task 24)</p>	<p>From June 2008</p>	<p>March 2009 (August 2009)</p>	<p>Not yet started (Red)</p>	

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
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)	Not yet started (Red)	Now the documents have been identified this can begin
		28 Devise and include appropriate requirements in SRDs for employees identified in through appraisals (now completed – ex 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)	Not yet started (Red)	Now the employees have been identified work can begin with HR.
		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)	Not yet started (Red)	Should be coordinated with task 27
		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

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date	Revised Plan Date (proposed new date)	Date completed (RAG rated)	Reasons
2.2	<p>2.2.3 Improvement managers to log examples of actions that improved DQ as they occur centrally and publicise these locally through N&V.</p> <p>Authority wide publicity periodically</p>	<p>34 Set up central log and monitor at each Improvement Network meeting (Head of Policy and Performance)</p>	<p>From April 2008 onwards</p>	<p>Ongoing</p>	<p>Underway (Amber)</p>	<p>A continuing process</p>
4.2	<p>4.2.4 Ultimately identify impacts of all residual systems on DQ staff skills and capacity and ensure training is provided where needed</p>	<p>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)</p>	<p>From April 2008?</p>	<p>From April 2008 (July 2009)</p>	<p>Underway (Amber)</p>	<p>A continuing process as the scope of Connects becomes clear</p>
4.2	<p>4.2.7 Ensure DQ weaknesses identified by external or internal reviews are addressed by training or appropriate de-briefing sessions</p>	<p>Task 52 (relevant managers, improvement managers and internal audit)</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Underway (Amber)</p>	<p>A continuing process.</p>

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	March 2010			
58		Review of information sharing protocols (Records manager)	January 2010			
59		Revise data quality policy (Head of Policy and Performance)	April 2010			