Herefordshire Council

MEETING:	CABINET
DATE:	22 JULY 2010
TITLE OF REPORT:	DATA QUALITY – ANNUAL REPORT AND REVISED POLICY
PORTFOLIO AREA:	ICT, EDUCATION AND ACHIEVEMENT

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To provide Cabinet with the annual report on progress against the data quality action plan.

Key Decision

This is not a Key Decision.

Recommendation(s)

> **THAT Cabinet:**

> **(a)** **Endorse the annual report, and**

> **(b)** **Note the revised policy.**

Key Points Summary

- The essential elements of the 2009/10 data quality action plan have now been completed although 7 tasks remain amber rated and, as previously reported, the original timetable for completing some tasks has not been met.
- The rate of progress has improved compared with the forecast at nine months. Of the remaining amber rated tasks; three are ongoing, two depend on the approval of the attached policy for completion and the final two require responses from other organisations
- One of the tasks in the action plan was to revise the existing data quality policy which has stood for two years. The opportunity has been taken to develop this from a Council policy to a joint one for use with NHS Herefordshire (NHSH) across the partnership.
- Data quality was part of the Use of Resources assessment for both the Council and NHSH under the comprehensive area assessment. This national auditing and reporting requirement is being replaced. However, the need to maintain and improve data quality remains. The action necessary should be a visible, integral part of the local performance improvement framework.

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

Alternative Options

1   To cease work on maintaining and improving data quality which would increase the level of risk in relation to reliability of data.

Reasons for Recommendations

2   The recommendations are made so that the 2009/10 data quality action plan can be formally signed off.

Introduction and Background

3   The Council's existing data quality policy requires six monthly and annual reports to Cabinet. The last report was on 29 October 2009. The revised data quality policy attached at Appendix 2 sets out future reporting arrangements.

Key Considerations

Annual report

4.   The data quality action plan spans the period from May 2008 to April 2010. When Joint Management Team considered progress to December 2010 thirteen amber and six red rated tasks remained to be completed. Since then, the rate of progress has improved and there are now only seven amber rated tasks. This rating hides the point that all essential elements of the plan have now been completed.

5.   The detailed plan is attached at Appendix 1. This shows the seven 'amber tasks' of which two still depend for completion on responses from data sharing partners. This has been an issue for the last 18 months and, although there have been repeated requests, a small minority have not yet responded. Two more tasks require approval of the revised policy at Appendix 2 before completion and the remaining three are ongoing, repeatable processes that can never be considered truly completed.

6.   Now that CAA is to be replaced there is no external audit requirement for a data quality action plan. However, the fundamental imperatives to maintain, and where necessary, improve data quality remain. These imperatives are accountability and as the basis of sound decision making. It is therefore proposed that future actions to improve data quality (along with other relevant aspects of the former use of resources framework) be incorporated into the local performance improvement framework. This is based on the joint corporate plan and will be reported, as appropriate, through P+.

7.   The risks assessment of the issues that would prevent the new data quality policy succeeding indicates that three areas in particular require continued attention over the next 12 months. They are; communications - including raising awareness of the policy, availability of support - including training and local management action - continuing to develop of local policies & procedures, complete data quality audits etc. These issues should be the basis of future action plans.

Joint data quality policy

8.   One of the tasks completed during the final three months of the 2009/10 action plan was a review of the existing Council data quality policy. The revised policy is attached for information, and has been developed as a joint policy with NHSH.

9.   Major areas of change /addition to the policy are as follows
    - Identifying consequences of non compliance
    - Impact on key priorities, values and behaviours
    - Cross references to other policies and the
    - Monitoring arrangements.

Separate three, six, nine month reports have been dropped in favour of one annual report and incorporating data quality into the regular corporate performance reporting processes.

Community Impact

10.   No direct impact. However, local communities quite rightly expect public bodies to operate with the highest levels of data quality and any failure has reputational consequences.

Financial Implications

11.   There are no direct financial implications. However data quality is a key requirement underpinning grant claims and other financial returns

Legal Implications

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

Risk Management

13.   The risks are reputational and the inefficient use of resources at a time of significant constraint. Insufficient attention to data quality is currently corporate risk CR35. The risk assessment carried out for the new policy as required by the policy for adoption of policies and procedures is referred to in paragraph 7 above.

Consultees

14   Relevant staff in all directorates and partner organisations have been consulted. In particular the draft policy has been consulted upon widely across both HNSH and the Council in line with the relevant procedures. Those consulted are listed in the policy itself.

Appendices

15   Appendix 1 Data Quality action plan 2009/10

Appendix 2 Revised data quality policy

Background Papers

None identified.

Herefordshire Council

APPENDIX 1 DATA QUALITY ACTION PLAN – JULY 2010 (ANNUAL REPORT)

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)	Year end position	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**	**12 Replies returned by** (Head of Policy and Performance)	**June 2008** (Nov 09)	Underway (Amber) completion depends on others	3 of 25 replies are still awaited despite a number of reminders
	[R7 Formal protocols with Council Partners need to be developed to ensure accuracy of data]	**13 Identify and meet with partners who are unable to sign up etc.** (Relevant managers and improvement managers)	**June 2008** (June 09)	Will remain Amber until all the responses are received completion depends on others	Ultimately depends on the results of task 12 above. There has been no adverse reaction from 22 responses to date
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**	**21 Contact all high risk organisations & those renewing during the Financial Year** (relevant managers)	**May 2008** (July 09)	Green / completed	All directorate contract monitoring officers have risk assessed their contracts

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KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date (revised)	Year end position	Reasons
	up monitoring systems starting with the highest risks [R7 Formal protocols with Council partners need to be developed to ensure accuracy of data]	23 Insert appropriate DQ text where it is currently not explicit in new and renewing contracts (DCX legal and democratic services & relevant managers)	From March 2008 (March 2009)	Green / completed	Text agreed with legal services.
		24 Consider appropriate monitoring systems (relevant managers and improvement managers)	May 2008 (July 2009)	Green / completed	Directorate contract monitoring officers confirmed these were complete in February
		25 Consult and advise all contractors (as task 24)	May 2008 (August 2009)	Green / completed	
		26 Implement monitoring systems (as task 24)	From June 2008 (August 09)	Green / completed	
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	27 Notify all e-mail users, cascade via key managers (Head of Policy and Performance)	June 2008 (July 2009)	Amber / underway	Will be completed once Cabinet and PCT Board approve the revised HPS policy

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date (revised)	Year end position	Reasons
	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]	28 Devise and include appropriate requirements in SRDs for employees for whom data quality has been identified as a key element of their job and get signatures for receipt of documentation (Head of Policy and Performance, relevant mangers, DCX - HR)	April 2008 (September 2009)	Amber / underway	Training course material will be circulated with policy (task 27 above) to relevant employees and used as required in September 2010 appraisals
		29 Set up CBT links / tests for all documents sent to staff covered by task 28 (Head of Policy and Performance)	June 2008 (October 2009)	Green / completed	Material created and will be made available
		30 Poster campaign and N&V cascade (as task 29)	June 2008 (July 2009)	Green / Ongoing	Will be repeated periodically
		31 Include in performance clinics, team meetings and training – the improvement managers to identify and log opportunities (relevant managers and improvement managers)	Ongoing	Amber / Ongoing	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)	Ongoing from April 2008 onwards	Amber / Ongoing	A continuing process

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date (revised)	Year end position	Reasons
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 (July 2009)**	Green	List identified
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**	Amber / Ongoing	A continuing process

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

KLOE Ref	Action	Detailed task (those responsible)	Original date	Year end position	Reasons
	53	Training programme for at least 150 key staff (Head of Policy and Performance / Information management group)	March 2010	Green	Over 200 staff have now been trained
	54	Data quality assessments of at least 24 performance indicators on a risk basis (Improvement managers / internal audit)	December 2009	Green	Number confirmed
	55	Consider a common format for directorate and service data quality procedures (Improvement managers)	October 2009	Green	The variety of these means that it is not possible to implement a common format in one step

KLOE Ref	Action	Detailed task (those responsible)	Original date	Year end position	Reasons
	56	Consider a rolling programme of systems audits potentially involving the mapping of data flows and controls (Internal audit)	December 2009	Green	Confirmed by Chief Internal Auditor
	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	Green	All PMR Board requirements completed. The implementation is an ongoing process
	58	Review of information sharing protocols (Records manager)	January 2010	Green	Review completed - agreement of all parties is now required
	59	Revise data quality policy (Head of Policy and Performance)	April 2010	Green	Scope extended to joint (HPS) policy which will be agreed by Cabinet on 22 July then recommended to the Board of NHSH

Reference number	**IMDQ001**
Approved by	**Cabinet & Information Governance Management Forum**
Date approved	**May 2008**
Version	**2.03**
Last revised	**July 2010**
Review date	**May 2013**
Category	**Information management (HC)/General - Information Governance (NHSH)**
Owner	**Deputy Chief Executive**
Target audience	**All employees, suppliers and data sharing partners of Herefordshire Council and NHS Herefordshire**

DATA QUALITY POLICY

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

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If you would like help to understand this document, or would like it in another format or language, please contact the document owner.

Document Classification

Author Name and Role	Tony Geeson - Head of Policy and Performance
Date Created	22 March 2010
Date Issued	May 2010
Description	Policy to secure the continuous improvement of data quality across the whole of Herefordshire Council (HC) and NHS Herefordshire (NHSH)
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Title	Data Quality Policy
Type	Policy

Consultation Log

Date sent for consultation	
Consultees	<u>Herefordshire Council</u> Isobel Gibson – interim head of research Tony Ford – chief internal auditor Trish Marsh – sustainability manager Carol Trachonitis – equality and diversity manager Charlie Adan – interim head of legal and democratic services Geoff Hardy – special projects lawyer Zack Pandor – joint director of ICT Ellen Pawley – knowledge manager John Pritchard – information security and data centre manager Lesley Bees – support services manager, ICT David Powell – director of resources Anthony Featherstone – strategic asset manager Anthony Sawyer – senior archivist, records management Richard Beavan–Pearson, head of customer services John Eades – improvement manager, environment & culture Chris Jones – performance and improvement officer, regeneration Hilary Hall – head of performance, children & young people Melanie White – contracts officer, children & young people Mike Emery - head of business support, integrated commissioning Paul Ryan – integrated commissioning Andrew Rewell – corporate risk manager James O'Grady – Herefordshire connects data manager Julie Gethin – head of partnership support Gordon Howells - HR Adrian Chard –HR manager Robert Blower – Head of Communications Alex Fitzpatrick – Third sector liaison officer

	Herefordshire Primary Care Trust
	Simon Collings – information governance manager
	Wendy Huxley Marko – Head of Corporate Risk and Local Security Management Expert
	Sue Doheny – Director of Quality and Clinical Effectiveness (Caldicott Guardian)
	Karen Wells- Information Governance Team Leader
	Sarah Roach – Information Governance Officer
	Helen Compton – Information Governance Officer
	Richard Carroll – Managing Director Provider Services
	Graham Taylor- Deputy Managing Director
	Margy Fowler – Directorate Manager – Adult and Older People's Services
	Jane Terry – Directorate Manager – Children's Services
	Mark Hemming – Directorate Manager – Mental Health Services
	Lynda Steele – Associate Director – Clinical Governance (Provider)
	Sarah Aitken – Public health consultant
	Jan Reynolds - Head of Community hospitals and intermediate care facilities
	Nicky Willett – Associate Director nursing quality & clinical leadership
	Marcia Pert – Director of Resources
	Trade Union
	Elaine Lloyd- UNISON
	Bill Bloxsome - UNISON

Approval Log

		Date
Impact assessment completed by	Tony Geeson – Head of Policy and Performance	23/2/10
To be agreed by	Deputy Chief Executive	
To be approved by	Joint Management Team (JMT) (HC/NHSH) / Audit & Assurance Committee (NHSH)	
Finally to be ratified by	Cabinet (HC) / Board (NHSH)	
To be reviewed by:	Head of Policy and Performance (HoP&P)	23/2/13.

Version Log

Version	*Status*	*Date*	*Description of Change*	*Reason For Change*	Pages affected
1.01	Draft	23/2/10	Update of a two year old policy by HoP&P	Required by previous version of the policy	All
1.02	Draft	8/4/10	Inclusion of comments from consultees	Improves the policy	All
2.02	Draft	20/05/10	Inclusion of Comments from IG Team	To incorporate patient data quality issues within the policy	All
2.03	Draft	29/6/10	JMT comments added	Governance	

Contents

1. Introduction and statement of purpose

1.1 This policy sets out the intentions of Herefordshire Council & NHS Herefordshire to assure data quality as accountable public bodies and as the basis for sound decision making, complying with legal & professional obligations & responsibilities.

1.2 The Council & its Cabinet, the NHS Herefordshire Board & its sub-committees and the Joint Management Team all recognise the importance of ensuring data quality is of the highest standard in order to maintain effective corporate & clinical governance. Governance includes ensuring that patient, client & service user safety is not compromised and accounting for performance to the public, partners & government. Across both organisations data are used to aid decision making, including providing & improving patient, client and service user care, the allocation of resources, in transactions and to comply with legal rights of access to information

1.3 Maintaining high quality data where it exists and continuing to improve data quality where needed are two of the underpinning elements of the joint performance improvement framework. Data are essential for sound planning, commissioning, routine service and performance management. Across both organisations, data are collected, analysed and used to monitor service delivery and outcomes, report performance and to drive continuous improvements in services and outcomes for customers and the public.

1.4 This policy is given effect through the joint performance improvement framework and associated clinical and information governance policies & procedures.

1.5 Good quality data has the following attributes: accuracy, validity, reliability, timeliness, relevance and completeness. These need to be balanced to ensure data are fit for the intended purpose. In reaching the correct balance in each case consideration should be given to the importance of the information requirement, including legal obligations, and the cost of collecting the supporting data.

2. Application of this policy

2.1 This policy applies to:

- all employees of the Council or NHS Herefordshire including agency workers, contractors and interim appointments, in particular those involved in creating, using or sharing data and / or information.
- suppliers of goods and / or services to the Council and / or NHS Herefordshire where these include the provision of data and / or information who need to demonstrate its quality through an equivalent approach.
- those with whom the Council and / or NHS Herefordshire share data who need to demonstrate an equivalent approach to quality.

2.2 A deliberately wide definition of data has been adopted including what can be considered information. Data covered by this policy takes many forms, including numerical, alphabetical, audio, visual etc. It includes that which is stored electronically, transmitted across networks, printed out or written on paper, sent by fax, stored on tapes, discs or C/DVD.

3. Policy statement

3.1 Data quality is an integral part of all the Council and NHS Herefordshire's business; their accountability, service provision and decision making processes including resource allocation.

3.2 Data used to inform plans, provide services, manage or report performance, effect transactions, secure resources including grants or make decisions should be right first time and adequately evidenced. Where draft data has to be used any limitations should be explained

3.3 Maintaining and improving data quality is the responsibility of all who contribute to it, directly or indirectly, whether they are producers of data, purchasers or users of it.

3.4 All employees must be aware of the importance of maintaining and improving data quality and take responsibility for securing this including judgements about its fitness for purpose and the risks involved in its use.

3.5 Clear performance management arrangements must be in place across both organisations to ensure that data are used appropriately.

3.6 A variety of approaches will be taken to assuring data quality including the routine reporting and correction of errors, internal & external audit, performance reviews, external assurance (e.g. CBSA), internal assurance (e.g. via the Caldicott guardians) and by training employees. Up-to-date arrangements and control procedures must be documented, available and in operation for the ownership, collection, recording, collation, analysis and reporting of data.

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

3.8 Business continuity and security arrangements must be in place for all data and information systems. All new systems should incorporate processes for maintaining and ensuring data quality from the outset

3.9 In furtherance of the commitment to working with partners to deliver the *Herefordshire Sustainable Community Strategy* and in accordance with the *Herefordshire Compact*, 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. Such protocols will reflect the amount, frequency, sensitivity and purpose for which the data is intended. Any quality issues should be indicated before data are shared between partners.

3.10 A documented validation process must be in operation for all data provided by partners or third parties. Any assumptions they make should be clear and any equipment they use should be correctly calibrated. Appropriate clauses will be inserted into the relevant contracts to ensure records are kept and are accessible.

3.11 The Council and NHS Herefordshire are determined to embed a culture of data quality across both organisations. Elected members, executive and non executive directors, managers and employees must act at all times with an awareness of the importance of maintaining and improving data quality and of accuracy, integrity and presentation in the use of data.

3.12 Employees must be equipped with the knowledge, understanding, skills and tools necessary to maximise the quality of data and its effective presentation and use. It is therefore imperative that all employees are informed about the data quality requirements and receive the formal training or local development appropriate for their particular roles, responsibilities and accountabilities. This should be reviewed and refreshed over time to meet changing requirements, needs and circumstances.

4. Responsibilities

4.1 Overall responsibility and accountability for data quality rests with the Chief Executive on behalf of the Joint Management Team. It is the role of the Leader and Cabinet in the Council and the Audit and Assurance Committee in NHS Herefordshire to ensure that this system is properly held to account.

4.2 Strategic responsibility and accountability is vested in the Deputy Chief Executive. Data quality is included in the formal Council Cabinet portfolio for ICT, Education and Achievement. For NHS Herefordshire, information governance is within the brief of a specific non-executive director in addition to the executive responsibilities covered in 4.4. Both organisations have active Caldicott guardians.

4.3 Operational responsibility and accountability for the Council is vested corporately in the Head of Policy and Performance and, for their respective services, the Heads of Services. They are currently supported in the discharge of these duties by designated employees responsible for ensuring that data quality protocols, procedures and systems are in place and operating efficiently and effectively in their Directorates. In this respect the employees account to the Head of Policy and Performance.

4.4 In the PCT operational responsibility and accountability is vested corporately in the Director of Clinical Leadership and Quality, Director of Resources & Joint Director of ICT and, for their respective services the relevant managers.

4.5 All managers and employees have a personal responsibility and accountability for the accuracy and sound presentation of data freedom from duplication and confusion. Protocols, procedures and systems that apply to their designated areas of work including the provision of audit trails and supporting evidence should be observing. Data should be recorded by the person performing the activity at the time it is completed or as soon after completion as possible. Reasonable efforts should be made to ensure that data is accurate and complete at the point of collection, or as soon after collection as possible and every reasonable effort should be made to ensure data quality is maintained and where necessary improved.

4.6 As such every employee has a responsibility for ensuring that the highest possible standards relating to data quality are adhered to.

5. Training and awareness requirements

5.1 Managers, employees, non-executive directors, elected members, partners and suppliers will be informed about this policy via the usual communications channels and regular publicity posters and leaflets. Where appropriate induction, performance clinics, the appraisal system and team meetings will be used. This policy is available from the Council's document library and the PCT's Intranet and Departmental Policy folders and reflected in local policies and procedures. Information management training is available and can be developed to suit the needs of individual teams or services. Advice is available from the Research or Information Governance teams.

6. Consequences of non compliance

6.1 Both the Council and NHS Herefordshire have a statutory duty to provide and publish certain information about their performance and to assure that the data are accurate. There are a variety of statutory returns. Both organisations are judged by regulatory bodies, auditors, government and the public on the adequacy of their arrangements to do this. This requires robust systems

and processes to be in place across both organisation for the collection, recording, collation, analysis and reporting of performance data.

6.2 There is no law or statutory guidance that sets definitive data quality standards applicable for all purposes although the requirements may be specified in individual cases. However accuracy, timeliness and relevance are data protection principles and as such are governed by the Data Protection Act 1998, enforceable by the Information Commissioner.

6.3 Advisory documents from the Audit Commission and other regulators are available in the document library and on the intranet to establish a common understanding of what good quality data entails.

6 4 Failure to act in accordance with this policy may:
- impact on the lives of individual customers, patients, service users, clients and the public at large
- damage the organisations' reputations and public confidence
- adversely affect various inspection results
- have financial consequences including the potential loss of grants, penalties for data protection breaches and claims for damages or negligence
- result in the misuse of resources
- produce poor quality decisions
- break the law
- result in patient safety being affected
- result in poor quality service provision including waiting list management

6.5 As such, failure to manage data quality in accordance with this policy may be investigated and this may lead to formal action under the Council's Managing Performance or Disciplinary Policy and Procedure or the NHSH Disciplinary Procedure.

7. Impact on key priorities, values and behaviours

7.1 This policy provides clear statements about responsibilities for ensuring that data quality standards are maintained at a high level and, where necessary, improved. Data quality underpins service user, patient and client care, service provision, public confidence & reputation and enables both organisations to effectively meet their key priorities. High quality data supports *Herefordshire's Sustainable Community Strategy, the Herefordshire Compact* and the *Joint Corporate Plan* as well as the joint values of people, excellence, openness, partnership, listening and the environment. Maintaining and improving high quality data furthers the vision for Herefordshire through more accountable governance and better decision making.

8. Cross references

8.1 This policy should be cross referenced to:
- HC corporate information security policy and procedures
- HPS Information sharing overarching protocol,
- HC records management policy
- NHSH policy on the Data Protection Act
- HC Data Protection procedures
- NHSH Confidentiality Code of Conduct
- NHSH Health Records Policy
- NHSH Corporate Records Policy

- NHSH Information Lifecycle Policy
- NHS Number Tracing and Verification Procedures
- NHSH Procedures for Standards for Keeping Health Records
- G094 Information Quality Assurance policy
- Joint performance improvement framework
- NHSH Freedom of Information Policy
- HC Freedom of Information procedures

9. Monitoring, evaluation and audit

9.1 Progress in giving effect to this policy and its effectiveness will be monitored regularly through the policies, processes, protocols, procedures and systems appropriate to each service. The Head of Policy and Performance will report corporately to the Joint Management Team, Cabinet and the Overview & Scrutiny Committee through the corporate performance report. The Information Governance Management Forum is responsible for monitoring the implementation of this policy for NHSH.

9.2 Local performance management arrangements based on the J*oint Corporate Plan* and other appropriate local indicators are being developed to replace the national CAA process. They will continue to cover data quality. The Annual Audit plan includes the Performance Improvement Framework, Data Quality Assurance (compliance with policy) and audits of the quality of agreed performance indicators. Any issues identified will be reported to the Audit and Governance Committee.

10. Review

10.1 This document will be reviewed after three years unless circumstances demand a review before then.