

<b>MEETING:</b>	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
<b>DATE:</b>	<b>17 SEPTEMBER 2010</b>
<b>TITLE OF REPORT:</b>	<b>DATA QUALITY – FINAL REPORT</b>
<b>DEPUTY CHIEF EXECUTIVE</b>	<b>DEAN TAYLOR</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To provide the Committee with a final report against the 2009 – 2010 data quality action plan.

### **Key Decision**

This is not a Key Decision.

### **Recommendation**

**THAT: the final position against the data quality action plan be noted.**

### **Key Points Summary**

- The essential elements of the 2009/10 data quality action plan have now been completed. The Cabinet 'signed off' the plan on 22 July 2010 accepting that 7 tasks remain amber rated. As this committee has previously noted, the original timetable for completing some tasks had not been met.
- Data quality was part of the Use of Resources assessment for both the Council and NHS Herefordshire under the comprehensive area assessment. This national auditing and reporting requirement is being replaced at least for the Council so there will be no more audits or external expectations for an action plan.
- However the need to maintain and improve data quality remains. The immediate actions deemed necessary have been identified, These will continue to be monitored but through the integrated corporate performance report to Cabinet & the Overview and Scrutiny Committee rather than by separate reports.

### **Alternative Options**

- 1 Rather than continue to take action it would be possible to cease work on maintaining and

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improving data quality. This would call into question the quality of decisions that are being made and the Council's basic accountability. This option is not recommended

- 2 Rather than continue as planned, it would be possible to lower the level of activity. This would be potentially damaging to the Council's status with its remaining regulators such as CQC and OFSTED and, crucially, the public of Herefordshire. For this reason alone, this option is not recommended either.

## **Reasons for Recommendations**

- 3 All the essential elements of the 2009 – 2010 data quality action plan have been completed.

## **Introduction and Background**

4. The data quality action plan included actions from the period May 2008 to April 2010. There are now, no external audit expectations for a separate data quality action plan. However the corporate performance improvement arrangements will continue to include the actions deemed necessary locally.

## **Key Considerations**

5. The detailed plan is attached at Appendix1. When reported to Cabinet in July this showed seven 'amber' tasks of which two still depend on responses from data sharing partners for completion. This has been an issue for the last 18 months and, although there have been repeated requests, a small minority of partners have not yet responded and show no signs of doing so. Two more tasks required the approval of a revised data quality policy before they could be completed. This approval has now been given. The remaining three tasks are ongoing, repeatable processes that can never be considered truly completed.
6. Now that CAA is to be replaced there is no external expectation of 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. As such, future actions to improve data quality are being incorporated into the corporate performance improvement arrangements locally rather than produce separate reports every three months. These future reports to the Cabinet and Overview & Scrutiny Committee are based on the joint corporate plan and will be reported through P+. The Annual Audit plan will continue to include work relevant to data quality and any issues identified will be reported to this Committee.
7. The Committee will note that one of the final tasks (no. 59) in the action plan was to revise the Council's data quality policy. The opportunity was taken to make this a joint policy across Herefordshire Public Services. An assessment of the risks to the success of the joint policy indicated that there are three areas that require particular attention over the next period. They are; communications - including raising awareness of the new data quality policy, availability of support - including training and finally local management action - continuing to develop local policies & procedures, complete data quality audits etc. Future action will focus on these areas.

## **Community Impact**

8. 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 to 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**

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

## **Legal Implications**

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

## **Risk Management**

- 11 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 CR55.

## **Consultees**

- 12 Relevant staff in all directorates and partner organisations have been consulted.

## **Appendices**

- 13 Appendix 1 Data quality action plan

## **Background Papers**

None identified.

**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	<b>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</b>  <b>[R7 Formal protocols with Council Partners need to be developed to ensure accuracy of data]</b>	<b>12 Replies returned by</b> (Head of Policy and Performance)	<b>June 2008</b> (Nov 09)	Underway (Amber) completion depends on others	3 of 25 replies are still awaited despite a number of reminders
		<b>13 Identify and meet with partners who are unable to sign up etc.</b> (Relevant managers and improvement managers)	<b>June 2008</b> (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	<b>2.1.8 Include DQ requirements in all contracts, service level agreements and similar documents where this is relevant and not currently explicit set</b>	<b>21 Contact all high risk organisations &amp; those renewing during the Financial Year</b> (relevant managers)	<b>May 2008</b> (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
	<p><b>up monitoring systems starting with the highest risks</b></p> <p><b>[R7 Formal protocols with Council partners need to be developed to ensure accuracy of data]</b></p>	<p><b>23 Insert appropriate DQ text where it is currently not explicit in new and renewing contracts</b> (DCX legal and democratic services &amp; relevant managers)</p>	<p><b>From March 2008 (March 2009)</b></p>	<p>Green / completed</p>	<p>Text agreed with legal services.</p>
		<p><b>24 Consider appropriate monitoring systems</b> (relevant managers and improvement managers)</p>	<p><b>May 2008 (July 2009)</b></p>	<p>Green / completed</p>	<p>Directorate contract monitoring officers confirmed these were complete in February. Assurance will be sought every six months and through the statement of internal control</p>
		<p><b>25 Consult and advise all contractors</b> (as task 24)</p>	<p><b>May 2008 (August 2009)</b></p>	<p>Green / completed</p>	
		<p><b>26 Implement monitoring systems</b> (as task 24)</p>	<p><b>From June 2008 (August 09)</b></p>	<p>Green / completed</p>	
<p><b>2.2</b></p>	<p><b>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 &amp; Development sessions (SRD's), service planning,</b></p>	<p><b>27 Notify all e-mail users, cascade via key managers</b> (Head of Policy and Performance)</p>	<p><b>June 2008 (July 2009)</b></p>	<p>Amber / underway</p>	<p>Now Cabinet have considered the policy this will be completed once the Board of NHS Herefordshire approve the revised policy.</p>

KLOE Ref	Action	Detailed tasks (Those responsible)	Original Date (revised)	Year end position	Reasons
	<p>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]</p>	<p><b>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</b> (Head of Policy and Performance, relevant managers, DCX - HR)</p>	<p><b>April 2008 (September 2009)</b></p>	<p>Amber / underway</p>	<p>Training course material will be circulated with policy (task 27 above) to relevant employees and used as required in future appraisals</p>
<p><b>29 Set up CBT links / tests for all documents sent to staff covered by task 28</b> (Head of Policy and Performance)</p>		<p><b>June 2008 (October 2009)</b></p>	<p>Green / completed</p>	<p>The material has been created and will be made available to staff</p>	
<p><b>30 Poster campaign and N&amp;V cascade</b> (as task 29)</p>		<p><b>June 2008 (July 2009)</b></p>	<p>Green / Ongoing</p>	<p>Will be repeated periodically</p>	
<p><b>31 Include in performance clinics, team meetings and training – the improvement managers to identify and log opportunities</b> (relevant managers and improvement managers)</p>		<p><b>Ongoing</b></p>	<p>Amber / Ongoing</p>	<p>A continuing process</p>	
<p><b>2.2</b></p>	<p><b>2.2.3 Improvement managers to log examples of actions that improved DQ as they occur centrally and publicise these locally through N&amp;V.</b></p> <p><b>Authority wide publicity periodically</b></p>	<p><b>34 Set up central log and monitor at each Improvement Network meeting</b> (Head of Policy and Performance)</p>	<p><b>Ongoing from April 2008 onwards</b></p>	<p>Amber / Ongoing</p>	<p>A continuing process</p>

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

<b>KLOE Ref</b>	<b>Action</b>	<b>Detailed task (those responsible)</b>	<b>Original date</b>	<b>Year end position</b>	<b>Reasons</b>
	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 was considered by the Cabinet on 22 July and is in the process of being recommended to the Board of NHS Herefordshire.