

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

DATA QUALITY UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 Inform the committee of North Lincolnshire Council's current position with regards to Data Quality Audits carried out by the Performance Team
- 1.2 Inform the committee of North Lincolnshire Council's current position with regards to the Data Quality Action Plan (Attached at appendix 4)

2. BACKGROUND INFORMATION

- 2.1 The key to better information to support decision making and accountability lies with actions the council takes to foster a culture that values the quality of the data that underpins the information. It is vital for any organisation that aspires to perform well.
- 2.2 Historically, The Council was subject to an audit of its data quality procedures by the Audit Commission as part of the Use of Resources assessment, which informed the Comprehensive Performance Assessment.
- 2.3 The council was assessed as performing well in 2006/2007. The council maintained the performing well assessment following the 2007/08 audit
- 2.4 Under the revised Code of Audit Practice and the introduction of CAA and revised Use of Resources assessment, data quality is no longer looked at as a separate study. It remains a key area specifically part of the assessment of 2.2 UOR (data and use of information).
- 2.5 In reviewing the indicators and arrangements in this area during the 2009/10 CAA Assessment, the Audit Commission reported they were able to find evidence to support the view that data quality of the indicators reviewed was good. The auditors made some recommendations in their report which have we have incorporated into our revised Data Quality Action Plan (Nov 2009)

2.6 A statement from the Organisational Assessment however, does cast some doubt on the reliability of some data. Extract from the report:

“Not all the data which the Council relies on to make its decisions are completely reliable. The Council will need to take more care in the future to ensure its data is accurate, particularly where it relies on data from other organisations with which it works to provide local services. For example, it cannot be certain which individuals are helped by the organisations it funds to provide social care to adults.”

The relevant indicators will be prioritised for investigation by internal Audit. The Audits are scheduled to begin in January 2010.

2.7 The Audit Commission reviewed 12 files of internal audits carried out on national indicators by the Performance team. They stated the checklist provides good information on the overall scope of the work carried out, but there were some concerns over evidence of sample sizes checked. This is to be addressed through the data quality action plan.

2.8 To build upon the good work already done and to ensure arrangements for data quality are developed and strengthened, the Data Quality Action Plan has been refreshed. The plan encompasses recommendations from External Audits and elements of the 2009/10 revised UOR 2.2 KLOE which focuses on the organisation producing relevant, reliable data and information to support decision making and manage performance.

2.9 The revised plan includes, but is not limited to, developing data quality training and communication across the authority and our partners, developing the use of the data quality functionality of the performance management system, improving the system controls and working more closely with internal audit for guidance and mutual support.

2.10 Data quality action plan – See **Appendix 3** for detailed action plan:

Number of actions due up to end Q2	Number complete
6	6
<p>Outcomes:</p> <p>Training / Communication: Positive discussion has been held with HR to agree methods of including the data quality message in as many formats as possible. This will contribute to improved performance</p> <p>DQ to be included in:</p> <ul style="list-style-type: none"> • The re-launch of the Employee Handbook Employee handbook • The re-launch of the Inclusion in the generic staff competencies. • The corporate induction. 	

- New Manager Induction Session.
- Re-design of EDR forms to include assessment of generic competencies

Member involvement has been improved through their involvement in the PIP process and attendance at Service QPR reviews. Audit reports will be provided to update the audit committee on current progress.

A Data Quality Workshop has been arranged for mid February. This will include sessions on the strategy and Protocol and training on how to carry out internal audits on indicators.

Internal Audit:

Productive meetings held with internal Audit. They have agreed to assist with supporting the Data Quality Workshop and closer links have been forged to ensure better communication in terms of audits carried out by the Corporate Performance Team and Internal Audit.

- 2.11 A key element of the Action Plan and an activity which is vital to ensure the quality of the data is the audit of the data quality arrangements for National Indicators. The Corporate Performance Team carries out audits on National Indicators based on a risk spreadsheet of priority measures. These audits are carried out on an ongoing basis. A summary of the findings of the 2009/10 audits carried out so far is outlined below.

Number of audits completed Q1 to Q3 2009/10	Number completed where significant issues in data quality were found
24	<p>5</p> <p>NI 40 Drug users in effective treatment. Issue found in information provided by third party service providers. Original baseline overstated. Quality checks with providers ongoing. Negotiations with government office to amend overstated baseline.</p> <p>NI 131 Delayed Transfers of care The service is currently investigating the source of the incorrect figures stated. Currently no checklist available.</p> <p>NI120, NI 121, NI 122 – Mortality rates. Service was using financial year data to calculate result. DCLG guidance states that calendar year data should be used.</p>

- 2.12 A summary list of the indicators audited can be found at appendix 1. The Performance Team report all recommendations and issues to the

Service following an audit. These recommendations are followed up to ensure services have put corrective action in place.

2.13 Forward plan – Audits planned for Q4 2009-10

Internal Audit has 15 days of time allocated to audit LAA indicators and 15 days to audit a selection of non LAA indicators. A meeting has been held with a representative from internal audit and a schedule of work on LAA indicators has been agreed based on the risk spreadsheet, and known data quality concerns. Work will start shortly on non LAA indicators. This will be planned between the Performance Team and Internal Audit. See **Appendix 2** for summary of audits planned for Q4

3. **OPTIONS FOR CONSIDERATION**

3.1 The Audit Committee should consider whether the Data Quality progress provides sufficient assurance of the adequacy of the Council's Data Quality Arrangements

4. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

(Include in here paragraphs relating to the resource implications of the preferred option as appropriate)

4.1 Enhanced Data Quality requirements have resulted in increased staff time.

5. **OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)**

(Include in here paragraphs relating to other implications of the preferred option as appropriate)

5.1 Failure to produce robust data would affect our CAA assessment.

5.2 The risk in not identifying and addressing weaknesses in data quality, or the arrangements that underpin data collection and reporting activities, is that information may be misleading, decision making may be flawed, resources may be wasted, poor services may not be improved, and policy may be ill-founded. There is also a danger that good performance may not be recognised and rewarded.

6. **OUTCOMES OF CONSULTATION**

6.1 N/A

7. **RECOMMENDATIONS**

- 7.1 The Audit Committee should consider whether the report provides sufficient assurance of the adequacy of the council's data quality arrangements.

CHIEF EXECUTIVE

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Background Papers used in the preparation of this report

NONE

Appendix 1 – Summary list of national indicators audited during Q1 to Q3

N.I.	Brief Description	Organisation / Service
NI 14	Reducing avoidable contact; minimising the proportion of customer contact that is of low or no value to the customer	Executive Management Team
NI 39	Rate of hospital admission per 100,000 for alcohol related harm	PCT
NI 40	Number of Drug Users Recorded As Being In Effective treatment.	Community Planning & Resourcing (Safer Communities)
NI 53a/b	Percentage of infants being breastfed at 6-8 wks from birth (Breastfeeding Prevalence) Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (Breastfeeding Coverage)	PCT
NI 70	Hospital admissions caused by unintentional and deliberate injuries to children and young people	PCT
NI 112	Under 18 conception rate	PCT
NI 113	Number of positive diagnosis for Chlamydia in the resident population aged 15-24	PCT
NI 126	Early access for women to maternity services	PCT
NI 136	People supported to live independently through social services (all adults)	Adult Social Services
NI 177	Local bus and light rail passenger journeys originating in the authority area	Highways & Planning
NI 179	Value for money – total net value of on-going cash-releasing value for money gains that have impacted since the start of the 2008-9 financial year	Finance
NI 123	Stopping Smoking	PCT
NI 75	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	Childrens Services
NI 84	Achievement of 2 or more A* - C grades in Science GCSEs or equivalent	Childrens Services
NI 93	Progression by 2 levels in English between Key Stage 1 and Key Stage 2	Childrens Services
NI 94	Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2	Childrens Services
NI 104	The Special Educational Needs (SEN)/non -SEN gap-achieving Key Stage 2 English and Maths thresholds	Childrens Services
NI 108	Key Stage 4 attainment for Black and minority ethnic groups	Childrens Services
NI 120	All-age all cause mortality rate	PCT
NI 121	Mortality rate from all circulatory diseases at ages under 75	PCT
NI 122	Mortality from all cancers at ages under 75	PCT
NI 124	People with a long-term condition supported to be independent and in control of their condition	PCT
NI 100	Looked after children reaching level 4 in Maths at Key Stage 2	Childrens Services
NI 101	Looked after children achieving 5 A* - C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)	Childrens Services

Appendix 2 – list of national indicators planned for audit Q4 2009/10

N.I.	Brief Description	Service or Partner	Audit team
NI 73	Achievement at level 4 or above in both English and Maths at Key Stage 2	Childrens Services	Corporate Performance
NI 72	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy	Childrens Services	Corporate Performance
NI 7	Thriving Third Sector	Community Planning and Resourcing	Corporate Performance
NI 130	Social Care clients receiving Self Directed Support per 100,000 population	Adult Social Care	Internal Audit
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Adult Social Care	Internal Audit
NI 32	Repeat incidents of domestic violence	Police	Internal Audit

Appendix 3 - Data Quality Action Plan

November 2009 Refresh

Last updated: 6th January 2010

ACTION	WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed	
1.	Training & Communication				
1.1	Inclusion of DQ in general staff & Manager competency framework (KLoE 2.2.2)	Jo Busby	31/12/2009	Meeting with Christine Wilkinson 03/12/2009. We have agreed the following: <ul style="list-style-type: none"> Employee handbook – DQ will be included in section 1, performance management and section 2, A-Z of information linking to the Data Quality Policy. To be re-launched January 2010 Inclusion in the “Managing your Performance” element of the generic staff competencies. To be re-launched January 2010. DQ to be included in the corporate induction. To be included as part of the new Manager Induction Session. 	03/12/2009
1.2	Once the competency framework is in place, data quality targets should be set for all relevant staff as part of the EDR process and training needs reviewed. (AC ref. R8)	Jo Busby	TBC	EDR forms are in the process of being re-designed. They will include a section for managers and staff to review the generic staff competencies and confirm that criteria are met. If not, the forms allow for training and development needs to be agreed where necessary. DQ will automatically be assessed as part of the “Managing your Performance” competency.	03/12/2009
1.3	PMS officer training to be developed to include a section on DQ (AC ref. R9)	Nigel Manders	31/12/2009	A Data Quality Workshop will take place on 24 th February 2010 to train services to carry out their own internal audits and to refresh the group on the contents of the policy and the protocols. A scoping session for the day has taken place with NM JB and internal Audit CM, and a basic plan has been agreed. Early stages of preparation.	
1.4	DQ to be included in the Corporate induction process and new starter pack (AC ref. R9)	Jo Busby	31/03/2010	See 1.1	03/12/2009
1.5	Develop a DQ / performance page on the intralinc. DQ information to be put onto Internet. (KLoE 2.2.2)	Nigel Manders & Antony Rowland	TBC	JB to prepare text to include on intranet and internet page once developed.	
1.6	Develop memorandums of understanding with Services to set out roles and responsibilities in relation to the data requirements and data quality.	Caroline Barkley		This will form part of the transformation programme work. A consultation workshop was carried out with the CPWG on 24 th Nov 09 to get services thoughts on roles and responsibilities. This information is included in minutes of the meeting and will be fed back to CB.	
1.7	Enhance member involvement by	Antony	31.01.2010	COMPLETE	30/11/2009

ACTION		WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
	providing regular reports that evaluate the controls in place give assurance of data quality elements of information governance	Rowland & Jo Busby		Members are involved in the PIP process and in Service QPR reviews. An update on the data quality action plan and a summary of the outcomes from Internal audits carried out on national indicators will be provided to the audit committee on a quarterly basis as from Q2 2009/10	
2.	Partners				
2.1	Develop memorandums of understanding with Partners to set out roles and responsibilities in relation to the data requirements and data quality.	Nigel Manders & Jo Busby	31/12/2009	A consultation workshop will be carried out with partners at the PPWG on 17 th December 2009. Will collate thoughts on roles and responsibilities and use this as a basis for an MAU. Jan 2010 update – December meeting cancelled and re-arranged for Late January 2010	
2.2	Data Quality champions (i.e. members of the corporate Performance working Group) to seek assurance that data quality can be assured in all instances of data sharing from third party organisations within their service	All	31/03/2010	This can be picked up as part of the individual 1-2-1 meetings the performance team will hold with the individual service areas. The process for auditing indicators is under review (See 3.3). This element can be included and evidenced as part of the new/updated audit process.	
3.	Audits				
3.1	Continue with internal audits from risk list of National Indicators (AC ref. R4) (KLoE 2.2.2)	AR	In progress	Risk spreadsheet has been updated to include: <ul style="list-style-type: none"> Assurance that LAA indicators are the priority. Inclusion of a level of priority for Sustainable Community Strategy Indicators Waiting confirmation of a meeting with Internal Audit (Elaine Portess) to discuss programme of audits for LAA indicators – see 3.4. (15 days available for). Following this there is provision for a further 20 days to audit other indicator.	
3.2	Review the current indicator risk list and re-priorities as appropriate	JB	31/11/2009	COMPLETE Risk spreadsheet has been updated to include indicators which link to the Sustainable Community Strategy. All other risk categories have been updated with relevant information.	09/11/2009
3.3	Review current method of auditing, develop the process and documents used to include (but not limited to): <ul style="list-style-type: none"> Improve methods of communicating and monitoring recommendations and concerns identified Review the Audit / Data quality checklist used Methods to communicate the importance of providing working 	JB	31/03/2009	Jo Busby to review performance team process with Antony Rowland and shadow Internal Audit to feed into review of the process. Following meeting with internal Audit they have agreed to work with us to develop our process and work on a training programme to skill up relevant officers to carry out audits on indicators in a consistent way and robust way. 26.11.09 – Scoping session arranged with Caroline Wilson on 18 th December 2009 to start looking at development of a training programme 23.12.09 – Following scoping session a data quality workshop will take place to skill up services to carry out audits. See 1.3. Internal Audit has agreed to help in a redesign of the documents we use to carry out audits and have suggested some improvements around evidence gathering.	

ACTION		WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
	papers, verification forms and process maps. <ul style="list-style-type: none"> Ensure detail on sample checked is included 				
3.4	Better integration / communication with internal audit. To include: <ul style="list-style-type: none"> Provide guidance on carrying out internal audits. Better communications between the teams to reduce duplication of effort. 	Jo Busby	31/03/2010	Meeting arranged with Internal Audit to discuss further 25 Nov – Internal Audit agreed to provide advice and guidance to improve the process currently used by the Performance Team (links to 3.3) Agreed that better communication methods between the teams are needed. This will be addressed in further meetings. Following request from CPWG guidance will be sought on the format of a data sharing agreement.	
3.5	Internal Audit of PMS (KLoE 2.2.2)	Stuart Anderson	31/12/2009	Internal Audit expected to be complete by the end of December.	
4.	PMS				
4.1	Develop the use of the PMS DQ checklist (AC ref. R3)	Jo Busby	31/03/2010	Investigate the test system for potential. Already used in other authorities. Discussion need as to issues they have faced and how they have overcome this. Was raised at the CPWG and some concern over extra time required to complete the checklist.	
4.2	Set base data for all NI's in PMS (KLoE 2.2.2)	Jo Busby	31/03/2010	Further investigation	
4.3	Set decimal precision for all NI's, as specified on the National Indicator definitions (KLoE 2.2.2)	Antony Rowland	31/01/2010	Some decimal precision has been set in PMS on an ad hoc basis. This needs formalising and a short term plan of work agreed to complete this action.	
4.4	Link all NI's to the ESD toolkit (KLoE 2.2.2)	Jo Busby	30/11/2010	COMPLETE All NI's now link to the ESD toolkit definition tree via PMS	
4.5	Process maps (including controls), working papers and verification forms are attached to the PI in PMS (AC ref. R3 / KLoE 2.2.2)	Antony Rowland	31/03/2010	Various requests and reminders have been issued to services. Exceptions will be reported to the Corporate Q.P.R. Updates will also be provided to Audit Committee on a quarterly basis. Issue could be raised at the individual 1-2-1 meetings with services and be included as part of the development work on the NI audit process so the request and responses are clearly evidenced.	
4.6	Develop DQ FAQ's and add to PMS (KLoE 2.2.2 / AC ref. R9)	Jo Busby	31/03/2010	DQ FAQ's are available in various forms. Internal FAQ's have been developed and various guidance can be found on the internet. This information will be pulled together into a comprehensive document that will be attached to PMS.	
5.	PERFORMANCE				
5.1	Ensure robust, evidence based, SMART targets for all PI's	Nigel Manders	31/01/2009	Nigel Manders to develop a template for service to evidence the rationale for targets they have set.	
5.2	Monitor compliance & effectiveness of the Q.P.R process.	All	31/12/2009	Each service lead in the performance team has been tasked to review their services Q.P.R to ensure they are being carried out. Can be discussed at service 1-2-1 meetings to assess their view on the	

ACTION	WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
			effectiveness of the meetings. These meetings have been arranged throughout January, therefore there will be a slight delay on delivery to due date.	
5.3	Include DQ as a standard agenda item at Q.P.R's and performance related meetings within services.		As above. Already standard item at CPWG and CPWG.	
5.4	Review the Performance Management Framework Document (KLoE 2.2.2)	31/12/2009	Nigel Manders has completed the review of the document. Waiting final approval.	