

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
- 1.2 Inform the committee of North Lincolnshire Council's current position with regards to the Data Quality Action Plan (Attached at appendix 3)

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 In reviewing data quality arrangements 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)
- 2.3 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 were prioritised for review by internal audit.

- 2.4 The Audit Commission reviewed 12 files of internal audits carried out on national indicators by the Corporate Performance team. They stated the checklist provides good information on the overall scope of the work carried out, but there were recommendations for further improvement over evidence of sample sizes checked.

- 2.5 A review on LAA carried out by Internal Audit also highlighted for further improvement over the quality of the audits carried out by the Corporate Performance Team:

“Upon examination of the Performance Team national indicator (NI) audit checklist it has been noted that there is a lack of evidence to support findings. There is no explanation of the actual control in place and answers to the checklist are minimal.”

- 2.6 Further to these findings the Corporate Performance team have completely re-designed the process used to audit Indicators. The new process and supporting documents were designed based on guidance from Internal Audit, recommendations from the Audit Commission and researching best practice. The new process ensures a more robust, evidence based evaluation of the controls service have in place in terms of data quality arrangements.
- 2.7 The Data Quality Action plan is continually monitored and updated. See Appendix 3 for further details. Successes achieved in 2009/10 are summarised below.

Number of actions due 2009/10	14
Number of actions completed 2009/10	13

2.8 **Successes:**

Training / Communication:

- Data quality workshop/training was held in February 2010, with performance representatives from all services. Positive feedback received and a further workshop is planned for April 2010. Five shorter sessions have also been arranged for July 2010 aimed at managers. The aim is to improve the knowledge and skills of staff in terms of the quality of data and information and their responsibilities.
- Positive discussion has been held with HR to agree methods of including the data quality message in as many formats as possible. DQ to be included in: Employee Handbook, generic staff competencies, Corporate Induction, New Manager Induction Session

Audits:

- Re-design of audit process (see 2.6)
- Productive meetings held with internal Audit. They have been supportive with regards the data quality workshop and with assistance and guidance in redesigning the Performance Teams audit process.

Performance Management System (PMS)

- Utilisation of the inbuilt functions which contribute to improved data quality, in particular verification of results has now been automated through the PMS.

- 2.9 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 is outlined below.

Completed by Corporate Performance Team		31
Completed by internal Audit		4
Significant issues were found with the following indicators		
NI 40 Drug users in effective treatment.	Problem Drug Users recorded as being in effective treatment received Quarterly from the NTA. Data assurance exercises have highlighted that the agreed baseline was artificially inflated, due to incorrect data supplied by service providers. Data assurance checks are being carried out by the service with the service providers. This is recognised by the NTA but there will not be an opportunity to refresh the baseline.	
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.	
NI 32 Repeat instances of domestic violence	Incorrect calculation of results. Since the New Domestic Violence strategy Manager has been in post this issue has been rectified and data quality arrangements in general have improved significantly.	

2.10 Minor recommendations were identified in most of the indicators audited, however in the majority of cases these have been addressed.

2.11 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.

2.12 Forward plan – Audits planned for 2010/11
Audits for 2010/11 have been scheduled based on risk. Following training at the Data Quality Workshop some services have volunteered to carry out audits on their own indicators during 2010/11. See Appendix 2 for the 2010/11 forward plan. This schedule is subject to change.

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)**

4.1 Enhanced Data Quality requirements have resulted in some increase staff time.

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

5.1 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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Date: 11 June 2009

Background Papers used in the preparation of this report - Nil

Appendix 1 – Summary list of national indicators audited during 2009/10

NI	Description	Audit Date	Organisation / Service	Auditors
NI 136	People supported to live independently through social services (all adults)	08/04/2009	Adult Social Care	Performance Team
NI 112	Under 18 conception rate	07/04/2009	PCT	Performance Team
NI 113	a) Percentage of resident population aged 15-24 accepting a test/screen for Chlamydia	07/04/2009	PCT	Performance Team
	b) Number of positive diagnosis for Chlamydia in the resident population aged 15-24		PCT	Performance Team
NI 53a	a) Percentage of infants being breastfed at 6-8 wks from birth (Breastfeeding Prevalence)	20/07/2009	PCT	Performance Team & Internal Audit
NI 53b	b) Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (Breastfeeding Coverage)	01/01/2010	PCT	
NI 177	Local bus and light rail passenger journeys originating in the authority area	29/04/2009	Highways & Planning	Performance Team
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	06/04/2009	Finance	Performance Team
NI 126	Early access for women to maternity services	20/07/2009	PCT	Performance Team
NI 39	Rate of hospital admission per 100,000 for alcohol related harm	08/09/2009	PCT	Performance Team
NI 70	Hospital admissions caused by unintentional and deliberate injuries to children and young people	08/09/2009	PCT	Performance Team
NI 40	Number of drug users recorded as being in effective treatment	14/09/2009	Community Planning and Resourcing	Performance Team & Internal Audit
NI 123	Stopping smoking	14/10/2009	PCT	Performance Team
NI 75	NI 75 Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	19/10/2009	Children and Young People	Performance Team
NI 84	NI 84 Achievement of 2 or more A* - C grades in Science GCSEs or equivalent	19/10/2009	Children and Young People	Performance Team
NI 93	NI 93 Progression by 2 levels in English between Key Stage 1 and Key Stage 2	19/10/2009	Children and Young People	Performance Team
NI 94	NI 94 Progression by 2 levels in Maths between Key Stage 1 and Key Stage 2	19/10/2009	Children and Young People	Performance Team
NI 104	NI 104 The Special Educational Needs (SEN)/non -SEN gap-achieving Key Stage 2 English and Maths thresholds	19/10/2009	Children and Young People	Performance Team

NI	Description	Audit Date	Organisation / Service	Auditors
NI 108	NI 108 Key Stage 4 attainment for Black and minority ethnic groups	19/10/2009	Children and Young People	Performance Team
NI 120	a) All-age all cause mortality rate	27/10/2009	PCT	Performance Team
NI 121	b) Mortality rate from all circulatory diseases at ages under 75	27/10/2009	PCT	Performance Team
NI 122	c) Mortality from all cancers at ages under 75	27/10/2009	PCT	Performance Team
NI 124	People with a long-term condition supported to be independent and in control of their condition	27/10/2009	PCT	Performance Team
NI 129	End of life care - access to appropriate care enabling people to be able to choose to die at home	27/10/2009	PCT	Performance Team
NI 100	NI 100 Looked after children reaching level 4 in Maths at Key Stage 2	03/12/2009	Children and Young People	Performance Team
NI 101	NI 101 Looked after children achieving 5 A* - C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)	03/12/2009	Children and Young People	Performance Team
NI 99	Looked after children reaching level 4 in English at Key Stage 2	Sep-09	Children and Young People	Performance Team
NI 131	Delayed transfers of care	10/12/2009	PCT	Performance Team
NI 137	Healthy life expectancy at age 65	10/12/2009	PCT	Performance Team
NI 134	The number of emergency bed days per head of weighted population	10/12/2009	PCT	Performance Team
NI 32	Repeat incidents of domestic violence	Jan-10	Community Planning and Resourcing	Internal Audit
NI 7	Environment for a thriving third sector	12/01/2010	Community Planning and Resourcing	Performance Team
NI 73	Achievement at level 4 or above in both English and Maths at Key Stage 2	11/01/2010	Learning, Schools and Communities	Performance Team
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	11/01/2010	Children and Young People	Performance Team
NI 130	Social Care clients receiving Self Directed Support per 100,000 population	Jan-10	Adult Social Care	Internal Audit
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Jan-10	Adult Social Care	Internal Audit

Appendix 2 – 2010/11 Audit Forward Plan

NI	Description	Organisation / Service	Comments
NI 189	Flood and coastal erosion risk management	Highways & Planning	Audit to be carried out by the service during 2010/11
NI 172	Percentage of small businesses in the area showing employment growth	Strategic Regeneration	Audit to be carried out by the service during 2010/11
NI 169	Non-principal classified roads where maintenance should be considered	Highways & Planning	Audit to be carried out by the service during 2010/11
NI 171	New business registration rate	Strategic Regeneration	Audit to be carried out by the service during 2010/11
NI 188	Planning to adapt to climate change	Highways & Planning	Audit to be carried out by the service during 2010/11
NI 154	Net additional homes provided	Strategic Regeneration	Audit to be carried out by the service during 2010/11
NI 193	Percentage of municipal waste landfilled	Neighbourhood & Environment	Audit to be carried out by the service during 2010/11
NI 190	Achievement in meeting standards for the control system for animal health	Neighbourhood & Environment	Audit to be carried out by the service during 2010/11
NI 167	Congestion – average journey time per mile during the morning peak	Highways & Planning	Audit to be carried out by the service during 2010/11
NI 168	Principal roads where maintenance should be considered	Highways & Planning	Audit to be carried out by the service during 2010/11
NI 166	Median earnings of employees in the area	Strategic Regeneration	Planned for May 2010
NI 164	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 3 or higher	Strategic Regeneration	Planned for May 2010
NI 163	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 2 or higher	Children and Young people	Planned for May 2010
NI 050	Emotional health of children	Children and Young people	Planned for May 2010
NI 069	Children who have experienced bullying	Children and Young people	Planned for May 2010
NI 165	Proportion of population aged 19-64 for males and 19-59 for females qualified to at least Level 4 or higher	Strategic Regeneration	Planned for May 2010
NI 008	Adult participation in sport and active recreation	Asset Management & Culture	Planned for June 2010
NI 115	Substance misuse by young people	Children and Young people	Planned for June 2010

NI	Description	Organisation / Service	Comments
NI 110	Young people's participation in positive activities	Children and Young people	Planned for June 2010
NI 048	Children killed or seriously injured in road traffic accidents	Highways & Planning	Planned for June 2010
NI 145	Adults with learning disabilities in settled accommodation	Adult Social Care	Planned for June 2010
NI 199	Children and young people's satisfaction with parks and play areas	Children and Young people	Planned for June 2010
NI 043	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	Children and Young people	Planned for July 2010
NI 082	Inequality gap in the achievement of a Level 2 qualification by the age of 19	Children and Young people	Planned for July 2010
NI 107	Key Stage 2 attainment for Black and minority ethnic groups	Children and Young people	Planned for August 2010
NI 088	Percentage of schools providing access to extended services	Children and Young people	Planned for August 2010
NI 091	Participation of 17 year-olds in education or training	Children and Young people	Planned for September 2010
NI 089	Number of schools in special measures	Children and Young people	Planned for October 2010
NI 086	Secondary schools judged as having good or outstanding standards of behaviour	Children and Young people	Planned for October 2010
NI 111	Number of first time entrants to the Youth Justice System aged 10-17	Children and Young people	Planned for November 2010
NI 068	Percentage of referrals to children's social care going on to initial assessment	Children and Young people	Planned for November 2010
NI 066	Looked after children cases which were reviewed within required timescales	Children and Young people	Planned for December 2010
NI 058	Emotional and behavioural health of looked after children	Children and Young people	Planned for December 2010
NI 057	Children and young people's participation in high-quality PE and sport	Children and Young people	Planned for December 2010
NI 151	Overall employment rate (working age)	Strategic Regeneration	Planned for January 2010
NI 152	Working age people on out of work benefits	Strategic Regeneration	Planned for January 2010
NI 015	Number of most serious violent crimes per 1000 population	Community Planning and Resourcing	Planned for February 2010
NI 118	Take up of formal childcare by low-income working families	Children and Young people	Planned for February 2010

Appendix 3 - Data Quality Action Plan

November 2009 Refresh

Last updated: 10th June 2010

Updated By: Jo Busby

24 actions

13 complete (54%)

11 in progress (46%)

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	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	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	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	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	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	24/02/2010
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 providing regular reports that	Antony Rowland & Jo	31.01.2010	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	30/11/2009

ACTION		WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
	evaluate the controls in place give assurance of data quality elements of information governance	Busby			
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	31/06/2010	Nov 09 update - 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 Mar 2010 update – January meeting cancelled and re-arranged for June. MOU already in place with PCT. Further discussion required. CB responsibility?	
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	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. April 2010 update – New audit report template has been completed and is in use. Question 3.3 of the report covers this element.	
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 Have agreed a schedule of LAA indicators for Elaine Portess to work through, based on the risk spreadsheet and known issues. (15 days available). Following this there is provision for a further 20 days to audit other indicator. Need further discussion with internal audit to priorities the schedule. Mar 2010 – Risk spreadsheet updated to include those where a discrepancy has been found between the HUB and PMS. April 2010 – Elaine Portess has completed audit of LAA indicators. Report and recommendations now available.	
3.2	Review the current indicator risk list and re-priorities as appropriate	JB	31/11/2009	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	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 	JB	31/03/2010	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	31/03/2010

ACTION		WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
	importance of providing working 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	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	31/03/2010
3.5	Internal Audit of PMS (KLoE 2.2.2)	Stuart Anderson	31/12/2009	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	22/03/2010
4.	PMS				
4.1	Develop the use of the PMS DQ checklist (AC ref. R3)	Jo Busby	31/03/2010	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	29/03/2010
4.2	Set base data for all NI's in PMS (KLoE 2.2.2)	Jo Busby	31/12/2010	Have carried out some work on this in the test system and have managed to get this working. However to set this up for all indicators will be a time consuming process. Further discussion required.	
4.3	Set decimal precision for all NI's, as specified on the National Indicator definitions (KLoE 2.2.2)	Antony Rowland	31/06/2010	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	29/04/2010
4.4	Link all NI's to the ESD toolkit (KLoE 2.2.2)	Jo Busby	30/11/2010	COMPLETE – see NOV 09 ACTION PLAN ARCHIVE\Data quality action plan Nov09 refresh.doc for further details	November 2011
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	ONGOING	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. March 2010 – work continues to encourage services to include all the missing information. This is monitored regularly; however it is unlikely that we will achieve 100% inclusion of all necessary documents. Ongoing piece of work.	
4.6	Develop DQ FAQ's and add to PMS (KLoE 2.2.2 / AC ref. R9)	Jo Busby	31/06/2010	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,	Nigel Manders	07/05/2010	Nigel Manders to develop a template for service to evidence the rationale for targets they have set.	

ACTION	WHO	DUE DATE	COMMENTS / PROGRESS	Date Completed
	SMART targets for all PI's		March 2010 – Templates have been created and issued to services. Completed forms are being returned to the performance team and attached to the relevant indicator in PMS. Still some outstanding which is being addressed by NI owners.	
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 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.		31/12/2009 COMPLETE March 2010 – data quality is a standard agenda item at both CPWG and PPWG, and within the service 1-2-1 meetings. As above. Already standard item at CPWG and CPWG. Need further discussion with services to include within the QPR process.	December 2009
5.4	Review the Performance Management Framework Document (KLoE 2.2.2)	Nigel Manders	30/06/2010 Nigel Manders has completed the review of the document. Waiting final approval.	