

BABERGH DISTRICT COUNCIL

FROM: Director of Corporate Services

REPORT NUMBER: **H213**

TO: **OVERVIEW & SCRUTINY
(STEWARDSHIP) COMMITTEE**

DATE OF MEETING: 24 March 2009

DATA QUALITY

1. **PURPOSE OF REPORT**

1.1 This report provides an overview of the current expectations for managing data quality and sets out an approach for addressing the issues identified by the recent PKF Data Quality Audit.

2. **RECOMMENDATIONS**

2.1 That the conclusions of the PKF Data Quality Audit and Babergh's management response to the recommendations as set out in Appendix A be noted.

2.2 That the proposed approach for addressing the Data Quality Audit recommendations set out in the action plan attached as Appendix B be approved.

The Committee is able to resolve these matters.

3. **FINANCIAL IMPLICATIONS**

3.1 There are no financial implications associated with this report.

4. **RISK MANAGEMENT**

4.1 This report links to Corporate Business Risk No.7 – Finance, Performance & Risk Management. Key risks are seen as:

Risk Description	Likelihood	Seriousness or Impact	Mitigation Measures
Data produced is not relevant or reliable	Low	Marginal	An action plan has been developed to ensure appropriate arrangements are in place to secure data quality

5. **KEY INFORMATION**

Overall Context

- 5.1 The Audit Commission recognises that public services need reliable, accurate and timely information to manage services and account for performance. Following the publication of “Improving information to support decision making: standards for better data quality” in March 2007, the Audit Commission introduced a Key Lines of Enquiry (KLOE) document called “Management arrangements for data quality”. Babergh has been assessed against this framework by external auditors (the Audit Commission in 2007 and PKF in 2008).
- 5.2 Data Quality will continue to be a key theme under the new inspection framework for local authority and partnerships – Comprehensive Area Assessment (CAA) – which comes into effect on 1 April 2009. CAA has two main elements: an area assessment and an organisational assessment. The organisational assessment will focus on individual public bodies (e.g. councils) and assess how well they use resources and manage performance.
- 5.3 The Use of Resources 2009 assessment introduces a new KLOE under the theme ‘Governing the business’ called Use of Information. This KLOE will assess how effective the Council is at producing relevant and reliable data and information to support decision making and manage performance. Auditors will make their judgement by:
- using evidence collected from their work across all the Use of Resources themes. These are Managing Finances, Governing the Business and Managing Resources;
 - considering any processes that are in place for ensuring data quality; and
 - carrying out spot checks to explore how data quality processes are working in practice. The selection of spot checks will be based on the auditor’s risk assessment of the most significant areas relevant to the council’s objectives. It is likely that the assessment will extend beyond the traditional focus on statutory performance indicators.

6. **CURRENT POSITION**

- 6.1 In April 2008 the council received the external audit summary report for the Data Quality assessment carried out by the Audit Commission in September 2007. This report made several recommendations and assessed one indicator as “unfairly stated”.
- 6.2 In June 2008 Babergh’s Internal Audit Team were asked to review progress on implementing the recommendations in the Audit Commission’s Data Quality Report and to undertake a verification check of a sample of performance indicators. Their findings and recommendations were included in a report produced in September 2008, and these have been discussed with the Director of Corporate Services, the Policy and Performance Team, the relevant Heads of Service and the officers responsible for the performance indicators sampled.

- 6.3 In September 2008 PKF carried out Babergh's second external data quality audit. The findings were published in January 2009 and these include similar recommendations to the earlier audits. The full report is attached as Appendix A. This incorporates Babergh's response to the recommendations – please refer to pages 7-9.
- 6.4 Appendix B outlines the proposed approach for tackling the generic issues identified by the data quality audits. These actions will link into the overall Corporate Improvement Plan and will be managed and monitored through that. In addition, issues that relate to specific PIs will be addressed through discussion with the relevant Heads of Service and officers.
- 6.5 It should be noted that the PKF recommendations cover the period up to 31 March 2009. On 1 April 2009, the new Use of Resources framework will be introduced. This new framework represents a harder test than in previous years and will require additional data quality arrangements to be put in place. In preparation for this the following actions are currently being undertaken by officers and will be completed before the end of March 2009:
- Produce a Data Quality Policy
 - Draft a generic Data Sharing Protocol
 - Develop a corporate Data Quality training programme
 - Embed Data Quality into service and operational risk registers (these are currently under review)

These actions link into the overall Corporate Improvement Plan and will be managed and monitored through that. Work on the remaining actions will commence in the 2009/10 financial year.

7. **APPENDICES**

Appendix A – “Data Quality Report 2008 Indicators” – Key findings of the PKF Data Quality Audit. This includes Babergh's DC Management Response to the PKF Recommendations (see pages 7-9)

Appendix B – Data Quality Action Plan 2009-10

8. **BACKGROUND PAPERS REFERRED TO**

None.

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APPENDIX A



Accountants &
business advisers

Babergh District Council

Data Quality Report - 2008

Indicators

January 2009

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The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission contains an explanation of the respective responsibilities of auditors and of the audited body. Reports and letters prepared by appointed auditors are addressed to members or officers. They are prepared for the sole use of the audited body and no responsibility is taken by auditors to any Member or officer in their individual capacity or to any third party.

1 Executive summary

Conclusions

- 1.1 The assessments are based on the Council’s position as at 31 March 2008 and therefore do not reflect improvements made since that date. Such improvements will be taken account of in our next assessment under the new Use of Resources assessment regime. The conclusions from each of the three Stages are set out in the table below:

Stage	Conclusion
Stage 1: Management Arrangements	Overall the Council’s arrangements are considered to be “adequate” .
Stage 2: Performance validation	All significant performance changes were confirmed as “real” – i.e. due to genuine performance improvement, rather than changes to indicator collation or calculation method.
Stage 3: Spot checks	Of the three sampled indicators tested, none were found to be “fairly stated” . The total value of errors could not be quantified with sufficient accuracy in compliance with the mandated methodology to enable the indicators to be amended.

Key findings

- 1.2 Key findings are summarised in Section 2. Areas that the Council needs to focus on include:
- formally identifying data received from third parties and validating the data received;
 - formalise a data quality policy, which covers arrangements for data collection, recording, analysis, reporting and requirements in relation to partnership working;
 - risks relating to data quality need to become embedded in the corporate risk management arrangements;
 - formalising training programme to fit the needs of all relevant staff; and
 - ensuring accuracy of performance information through effective validation.
- 1.3 Given the findings from Stage 3, the Council should consider reviewing quality control testing arrangements to ensure that performance indicators comply with the specified definitions and arrangements are robust.

Action plans

- 1.4 Action plans to secure improvements to data quality management arrangements (Stage 1) and to the compilation of sampled indicators (Stage 3) are set out in Appendices 1 and 2 respectively.

Acknowledgement

- 1.5 We would like to thank the Council for the co-operation and assistance provided in advance of and during the course of this review.

2 Introduction and key conclusions

Introduction

- 2.1 The Audit Commission requires us to conclude on the Council's arrangements for "monitoring and reviewing performance, including arrangements to ensure data quality".
- 2.2 The approach is divided into three Stages, as follows:
- Stage 1: A "Key Lines of Enquiry" assessment of management arrangements for securing data quality
 - Stage 2: Validation (or otherwise) of significant variations in reported performance for a set of indicators selected by the Audit Commission
 - Stage 3: Detailed audits of a sample of indicators (including two mandatory indicators), selected from a list specified by the Audit Commission, with the sample size risk-based and dependent on the assessment at Stage 1.
- 2.3 Our explicit conclusion on whether the Council "made proper arrangements to secure economy, efficiency and effectiveness in its use of resources" was based on assessments against twelve criteria set by the Audit Commission, one of which was the Stage 1 data quality management arrangements assessment referred to above.
- 2.4 The results of the reviews will also be used to support the reported performance applied in the Audit Commission's Comprehensive Performance Assessments (CPA).

Period assessed

- 2.5 Our audit work and related **assessments were made in respect of the year ended 31 March 2008 and considered the arrangements in place for that year only.** Audit Commission guidance on scoring management arrangements prevents us from taking into account improvements made to arrangements after that date and this report reflects, therefore, a "snap shot" of the Council's position as at 31 March 2008.

Key conclusions

- 2.6 **Our overall conclusion is that the Council's arrangements for securing the quality of its data are adequate.**

Stage 1 findings

- 2.7 Due to the recommendations from the prior year assessment undertaken by the Audit Commission not being received by the Council until the end of 2007/08 financial year because of the timing of the assessment process, it would have been difficult to implement and embed any new arrangements in time for the current assessment being reported upon. Therefore, the findings in this report are similar to those reported by the previous Appointed Auditor.
- 2.8 The existing approach to identifying and delivering on staff training needs is ad-hoc, reactive rather than pro-active, and training programmes and attendance have not been documented. A formal, regular programme of training and updates should be provided for all staff involved in recording and reporting on performance information and data quality.
- 2.9 The Council has not formally identified all instances of internal and external data sharing or put in place formal protocols, data quality agreements or data validation checks where information is provided by third parties.

Stage 2 findings

- 2.10 The analytical review of performance indicator values highlighted three significant variances beyond plausible or permissible values. These were discussed with relevant Officers and a conclusion was drawn that the variances were the result of a 'real performance improvement' for two of the indicators, the third was a mandatory performance indicator to be tested at Stage 3 and therefore not required to be concluded upon at Stage 2.'

Stage 3 findings

- 2.11 We completed detailed audit work on the two indicators that the Audit Commission has, for the first time, mandated a review. These indicators are BVPI 78a and b, which relate to the time taken to process new benefit claims and changes in circumstances. Our work shows that BVPI 78a (time taken to process new benefit claims) and BVPI 78b (time taken to process changes of circumstances) were unfairly stated. The extent of the errors found during testing could not be attributed to quantifiable populations to enable the Council to amend these indicators.
- 2.12 Detailed audit work was also undertaken on the 'Percentage of total private sector homes vacant for more than six months' indicator included in the Housing Investment Programme Housing Strategy Statistical Appendix ("HIP HSSA"), which was also found to be unfairly stated. The start dates for some of the vacant homes tested could not be verified because insufficient evidence had been retained for some of the sample and, therefore, it could not be concluded that the indicator was fairly stated.
- 2.13 The Council needs to raise awareness of the importance of data quality across the organisation. The new Comprehensive Area Assessment regime, which is due to replace the existing Comprehensive Performance Assessment approach, is expected to be underpinned by a new dataset of performance information involving 198 national indicators. While not all of these indicators will need to be produced by Babergh, the Council will need to have robust arrangements in place to deal with the transition to the new regime. The new Use of Resources approach also includes data quality as a continuing theme throughout the assessment with the Key Line of Enquiry 2.2 "Does the organisation produce relevant and reliable data and information to support decision making and manage performance?" again reiterating the importance of data quality going forward.
- 2.14 Action plans to assist officers in improving the approach to data quality are included as Appendices 1 and 2.

3 Detailed findings

Management arrangements (Stage 1)

- 3.1 The audit approach to the Stage 1 management arrangements review used the same key lines of enquiry (KLoE) format previously utilised for the assessment of financial standing, financial management, financial reporting, internal control and value for money.
- 3.2 The overall data quality management arrangements score is derived from a number of key KLoE and areas of audit focus and evidence:
 - Governance and leadership
 - Policies
 - Systems and processes
 - People and skills
 - Data use.
- 3.3 The Audit Commission has not specified any “must have” criteria, emphasising instead the need for “rounded judgements” taking into account all necessary evidence and the conclusions on separable KLoE criteria.
- 3.4 The Council completed a self-assessment of its arrangements against each KLoE and prepared evidence to support its conclusions. We have used the self-assessment, supplementary evidence, our knowledge of the Council and enquiries we made of officers to score each KLoE, by considering the descriptors for different levels of performance to determine which most closely matches the Council’s.
- 3.5 Criteria for each theme and sub-theme fall within an ascending scale as set out in the table below:

Assessment
“Inadequate” performance - below minimum requirements
“Adequate” performance - only at minimum requirements
“Performing well” - consistently above minimum requirements, and embedded
“Performing strongly” - well above minimum requirements, and embedded

Key findings

- 3.6 The Council was assessed overall and in the majority of the sub-elements as being at the minimum standard or “adequate”, although one individual KLoE was considered to be “inadequate”, which was:
 - **Systems and Processes KLoE 3.4:** *“An effective management framework for data sharing is in place.”*
- 3.7 An Action Plan for reinforcing and improving arrangements is attached to this report as Appendix 1.

Changes since the previous assessment

- 3.8 The Council has regressed in theme 3.4 due to a change in the criteria. During the last assessment, the Council was not required to carry out any validation checks on third party data, but this is now a requirement to show that adequate arrangements are in place.

Improvement areas

- Develop and approve a formal data quality policy
- Develop and agree formal protocols, data quality agreements or data validation checks where information is provided by third parties
- Develop and implement a formal and regular training programme for all staff involved in recording and reporting on performance information and data quality.

Completeness check (Stage 2)

- 3.9 After conducting our review of the Council's management arrangements, we carried out an analytical review of performance indicator values in order to inform the risk assessment for the spot check stage.
- 3.10 There were three significant variances beyond plausible or permissible values arising that related to specified performance indicators. These variances related to the following BVPIs:
- BVPI 183b – Average length of stay in hostel accommodation
 - BVPI 78a – Speed of processing new claims to HB/CTB
 - BVPI 82a(i) – Household waste management (recycling) - percentage
- 3.11 A brief explanation was obtained from the Council on the variances queried by the Audit Commission, and a conclusion was drawn that the variances were the result of a 'real performance improvement'. BVPI 78a was not checked at Stage 2 because it was a mandatory performance indicator for spot checking at Stage 3.

Spot checks (Stage 3)

- 3.12 The objective of the spot check was to determine whether the indicators provided for audit were fairly stated, by assessing whether the:
- source data had been assessed against the six data quality dimensions (completeness, accuracy, reliability, validity, relevance and timeliness)
 - source data was correctly represented in the indicator
 - correct indicator definition had been used
 - correct calculation method had been used.
- 3.13 Based on the results of the Stage 1 management arrangements review and Stage 2 analytical review, we reviewed the two mandatory benefits performance indicators plus the HIP HSSA percentage of total private sector homes vacant for more than six months:
- BVPI 78a – Time taken to process new benefit claims
 - BVPI 78b – Time taken to process benefit changes in circumstances
 - HIP HSSA – Percentage of total private sector homes vacant for more than six months.

Key findings

- 3.14 The audited performance indicators were submitted to the Audit Commission on 15 October 2008 (HIP HSSA) and on 12 November 2008 (BVPI 78a and 78b), meeting the submission deadlines. The spot check results of the indicators tested are detailed in the table below:

Reference	Description	Results
BVPI 78a	Time taken to process new benefit claims	Unfairly stated
BVPI 78b	Time taken to process benefit changes in circumstances	Unfairly stated
HIP HSSA	Percentage of private sector homes vacant for more than six months	Unfairly stated

BVPI 78a – Time taken to process new benefit claims

- 3.15 This indicator was concluded as being unfairly stated. During our testing it was found that some of the benefit claim receipt dates could not be verified due to a lack of a date stamp on the form evidencing the date of receipt by the designated office, and there were some discrepancies between the receipt date on the benefits system (IBS) and the receipt date per the date stamp on the actual form.
- 3.16 Non-HRA rent rebate claims are dealt with manually and had not been included within the calculation. Records of receipt dates were not maintained and therefore the indicator could not be recalculated.
- 3.17 Given that different types of errors were identified during our testing, we were unable to quantify the impact or isolate affected populations to enable the indicator to be re-calculated.

BVPI 78b – Time taken to process benefit change in circumstances

- 3.18 This indicator was concluded as being unfairly stated. During our testing several change of circumstances included in the indicator did not meet the definition as set out in the guidance, for example notification of a change must be made in writing. The same issues identified in BVPI 78a above regarding the recording of the receipt date and the lack of date stamping were also identified in this indicator’s testing.
- 3.19 Recommendations arising as a result of the Stage 3 work have been set out in the action plan at Appendix 2.

HIP HSSA – Percentage of total private sector homes vacant for more than six months

- 3.20 This indicator was concluded as being unfairly stated. The reported figure had been calculated using the incorrect vacancy start date of 31 October 2007, and not 30 September 2007 as set out in the guidance.
- 3.21 During our testing a number of vacancy start dates could not be verified. Two start dates could not be verified due to the evidence being destroyed in line with the document retention policy. Another start date, within the retention period, could also not be supported with evidence and therefore insufficient assurance could be gained that the start dates were correctly recorded.

Appendix 1 – Management arrangements action plan

Recommendations	Priority	Management response	Responsibility	Timing
Governance and Leadership				
1. Further embed data quality in the corporate risk management arrangements and undertake regular assessments of the risks associated with unreliable and inaccurate information.	Medium	We acknowledge that there is a need to further embed data quality into our Risk Management arrangements. At present data quality is covered under our Strategic Business Risk no. 7. In addition we will ensure that data quality is better embedded in our service/operational risk registers – these are currently under review.	Audit & Risk Manager	March/April 2009
Policies				
2. Develop, and approve at senior management level, an operational data quality policy that has been designed to support data quality objectives.	High	An operational data quality policy and action plan for 2009/10 has been developed. This is scheduled to be approved at Management Team on 25 March 2009	Policy & Communications Manager	March 2009
3. Once a data quality policy has been developed and approved: <ul style="list-style-type: none"> ensure that all staff have access to it and its supporting procedures and guidance; ensure mechanisms are in place to monitor compliance with the data quality policy and procedures; and take corrective action where there are instances of failure to comply with the data quality policies and procedures, or there is poor performance against data quality targets. 	Medium	Our Data Quality Action Plan 2009-10 sets out how we intend to communicate the policy with staff and how we will measure and ensure compliance. The Director of Corporate Services has already approved the draft action plan.	Policy & Communications Manager	March 2009 onwards
Systems and processes				

Recommendations	Priority	Management response	Responsibility	Timing
4. Develop and implement a data sharing protocol, contract or service level agreement for all data that is received from, or provided to third parties, to ensure that there is a set of quality requirements.	High	<p>We will develop a generic data sharing protocol and implement this with effect from 1st April 2009. This will cover all data provided to and from our partners through the Suffolk Local Area Agreement 2.</p> <p>Data sharing protocols are already in place for some of our key delivery partnerships. Where this is the case we will review the robustness of the quality requirements already in place and make any necessary improvements.</p>	Policy & Communications Manager	March/April 2009
5. Performance information systems controls should be recorded and a programme of work to ensure that they are effective should be developed. Ensure that the results of these reviews are reported to the management team.	Medium	<p>The Council does not use a corporate performance information system such as Performance Plus or Covalent.</p> <p>However, controls are in place for some systems. Maps will be developed and tested for new statutory National Indicators.</p>	Policy & Communications Manager with support from Internal Audit	From April 2009
People and Skills				
6. Develop and implement a formal, regular programme of training and updates for all staff involved in recording and reporting on performance information and data quality. This should include any weaknesses identified through internal or external reviews.	High	<p>A tailored training programme for 2009-10 will be developed and agreed before 31st March 2009. Some sessions may be delivered before the end of March, though this will depend on the availability of trainers.</p> <p>Updates for staff involved in recording and reporting performance information will be delivered through the Manager and Team Leader Forums and at the quarterly meetings of the Data Quality Champions group.</p> <p>We will also look to develop a 1-day training course on Information Management and Data Quality and incorporate this within the Council's induction programme for new staff.</p>	Policy & Communications Manager / HR Manager	March 2009 onwards
Data Use				

Recommendations	Priority	Management response	Responsibility	Timing
<p>7. Clear and complete audit trails should be provided to support data returns to government departments, their agencies and regulators. These returns should be subject to verification checks prior to reporting.</p>	<p>High</p>	<p>Agreed. All of our data returns should have a clear mechanism for calculation and verification and a full audit trail. We recognise that this is an area where there is scope for improvement.</p> <p>We will develop a programme to ensure improvements are made to our data verification processes. Any problem areas will be reported to and dealt with by Senior Management Group (SMG).</p>	<p>Policy & Communications Manager with support from Internal Audit</p>	<p>March 2009 onwards</p>

Appendix 2 – Spot check action plan

Recommendations	Priority	Management response	Responsibility	Timing
BVPI 78a and b – Time taken to process new benefit claims and changes in circumstances				
1. The Council should ensure that the correct receipt date is recorded on the benefits system so that the correct number of days is included in the calculation.	Medium	Staff are trained to process claims in line with regulations. 5% audit checks are carried out to ensure accuracy and identify any training requirements. Receipt date errors amount to 2 per 100 claims and are not considered critical in terms of benefit paid.	Senior Revenues Manager	Ongoing
2. Ensure that all documentation is date stamped to evidence date of receipt to provide a clear audit trail of receipt into the Council's designated office.	Medium	<p>Recommendation not agreed.</p> <p>The only way of achieving that outcome would be to photocopy all documents first, date stamp the copy and then feed it into the DIP/Workflow system for imaging, then subsequently destroying or filing the filing the copy. That is not an efficient or cost effective way of working.</p> <p>Audit trails within DIP/Workflow show what has been scanned and referenced each day. A procedure document outlines this process.</p>		
3. Circulate the most up to date definitions to all staff involved in the recording of information, to be used in the calculation of National and Local indicators.	High	<p>Complete</p> <p>A training session took place in October'08 to refresh staff of the definitions including the issuing of reference material. This is also incorporated when new staff join the organisation.</p>	Senior Revenues Manager	Completed

Recommendations	Priority	Management response	Responsibility	Timing
4. Consider undertaking a sample of spot checks on a quarterly basis to ensure the indicator definition is being complied with.	Medium	<p>Complete</p> <p>A minimum of 5% audit checks take place daily (the % of checks are greater for less experienced staff). These checks have a maximum of 27 different tests.</p>	Senior Revenues Manager	Completed
5. Ensure that all relevant data is included within the reporting of the performance indicator such as the manual non-HRA data for completeness	High	From April'09 new bed and breakfast cases will be put onto the IBS system.	Senior Revenues Manager	From April 2009
6. Ensure written notification is received for changes in circumstances to support amendments made.	High	<p>Recommendation not agreed.</p> <p>Guidance from the DWP states (A5/2008), A change notification can be received</p> <ul style="list-style-type: none"> • in writing • by Electronic Transfer of Data (ETD) from Jobcentre Plus or The Pension Service • via the Housing Benefit Matching Service • electronically • by telephone • during the course of a visit or interview, including video links • as part of a fraud investigation • following contact initiated by the LA, e.g. a diary date, intervention 		
HIP HSSA – Percentage of total private sector homes vacant for more than six months				

Recommendations	Priority	Management response	Responsibility	Timing
7. Retain adequate documentation to support the vacancy start dates.	High	<p>The recommendation and assigned priority is not agreed.</p> <p>The Council is not obliged to retain records for audit purposes. Documents are kept in line with the Council's document retention policy. This is 7 years after last action</p>		

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Data Quality Action Plan

APPENDIX B

Source of actions:

AC 0708 = External Audit Data Quality Report (1 April 2008)

IA = Internal Audit Data Quality Report (September 2008)

AC 0809 = External Audit Data Quality Report (January 2009)

Ref	Report Recommendation	Proposed action	Who	By
Governance and Leadership				
AC 0708 R1	For staff involved in data quality and the management of information, accountability should be further defined with targets set through performance review	<ul style="list-style-type: none"> No further action proposed. This action was identified in the 07/08 audit, but not in the 08/09 audit. Data quality cannot be forced in to targets. Targets are limited to 6 or 7 and are focused on particular issues and development needs relating to the individual – these may or may not include a target on data quality. 	N/A	N/A
Policies				
AC 0708 R2 PKF 0809 R1	Data quality should be embedded into corporate risk management arrangements, with regular assessments of the risks associated with unreliable and inaccurate information	<ul style="list-style-type: none"> Explore how Data Quality can be more fully embedded into the strategic business risks and service/operational risk registers. Ask PIC Group members to identify potential data quality risks for national indicators and statutory returns. 	Policy Team Internal Audit Service Managers PIC Group	July 09 April 09
IA 1.2	Consideration should be given to using the PIC group meetings as a forum for reviewing risks associated with BVPIs. Members of the PIC group should identify risks associated with the PIs they are responsible for. An action plan should be drawn up to deal with the risks. Each PIC should then feed back to the group on progress made on dealing with the risk			
AC 0708 R3 IA 2.1	Produce a Data Quality Policy. The Data Quality policy should be supported by a comprehensive and current set of operational procedures and guidance notes that meet user needs and are fit for purpose. Take corrective action where there are instances of failure to comply with the data quality policies and procedures.	<ul style="list-style-type: none"> Produce a Data Quality Policy, approved by Management Team, and publish it on the Council's website / link on BEN. Ensure that NI definitions are published on BEN. 	Policy Team Policy Team	31 March 09 31 March 09

Ref	Report Recommendation	Proposed action	Who	By
PKF 0809 R2		<ul style="list-style-type: none"> Remind all staff involved in the production of statutory returns, including NIs, that they should have local procedures and guidance in place. Encourage divisions to ensure they have definitions and procedures in place for Local PIs. Internal Audit to carry out a series of checks to ensure compliance with data quality policies and procedures. 	<p>PIC Group and relevant staff in each division</p> <p>Internal Audit Policy Team</p>	<p>April 09</p> <p>June 09 onwards</p>
Systems and processes				
AC 0708 R4 IA 3.1	Regularly review arrangements and plans in place to ensure systems and processes are embedded and operate to the principle of 'right first time'	<ul style="list-style-type: none"> At the next Performance Improvement Officers Group meeting (1 Apr 09) ask officers for feedback on how well their existing local systems and procedures meet the 'first right time' principle. Find out what verification checks are made prior to PI and statutory return data being submitted For any areas of concern, identify any issues that can be resolved during 2009/10. Significant areas of concern to be reported to SMG / MT 	<p>Policy Team PIC Group</p> <p>Policy Team PIC Group</p> <p>Policy Team SMG / MT</p>	<p>1 April 09</p> <p>Ongoing during 09/10</p> <p>Ongoing</p>
AC 0708 R5 PKF 0809 R5	Map and test controls across all performance indicators	<ul style="list-style-type: none"> Contact PKF for clarification of the mapping required Produce an example map Agree which processes need to be mapped Provide training to relevant staff on how to map systems and controls Internal audit to test controls 	Policy Team Internal Audit PIC Group PI Contacts	Ongoing
AC 0809 R4	Formally identify data received from third parties, establish data sharing protocols and validate the data received.	<ul style="list-style-type: none"> Draft a data sharing protocol Identify those PIs / returns that require third party data and ask PI contacts to start to establish local data sharing protocols with data providers 	<p>Policy Team</p> <p>PIC Group PI contacts</p>	<p>31 March 09</p> <p>April 09</p>

Ref	Report Recommendation	Proposed action	Who	By
		<ul style="list-style-type: none"> Establish what verification checks are already in place and explore how these can be developed. 	PIC Group	April 09
People and skills				
AC 0708 R6 IA 4.1	Extend assessment of roles and responsibilities for data quality to all staff involved in data quality and the management of information ensuring requirements are clearly written into job descriptions	<ul style="list-style-type: none"> No further action proposed. This action was identified in the 07/08 audit, but not in the 08/09 audit. Data quality cannot be forced in to existing job profiles, but it can be included in new job profiles where relevant. 	N/A	N/A
AC 0708 R7 IA 4.2 AC 0809 R3, R6	Consider implementation of a structured training programme on data quality	<ul style="list-style-type: none"> Decide what Data Quality information needs to be disseminated to staff. Agree the most appropriate method to do this e.g. via Managers and Team Leaders Forum, Performance Improvement Officers Group, PI Contacts and Induction Training. 	Policy Team Policy Team HR	31 March 09 April 09
Data use				
AC 0708 R8 IA 5.1 AC 0809 R7	Prepare audit trails for and review the output of all data reported to external bodies to ensure consistency of data. Ensure data is validated on an on-going basis through the use of internal data verification checks	<ul style="list-style-type: none"> Remind the Performance Improvement Co-ordinator Group and the PI contacts of the need to maintain audit trails for all national indicators and statutory returns. Where possible, the end of year audit trail information for National PIs should be saved in the shared PI directory. Find out the data validation arrangements for each national PI / statutory returns e.g. who calculates the figures, who checks them, is the raw data checked? Consider introducing a "sign-off" template for end of year PI returns / prior to statutory returns being submitted Review arrangements following feedback from Internal Audit checks 	Policy Team PIC Group Policy Team PIC Group Policy Team PIC Group PI Contacts Internal Audit PI Contacts	1 April 09 Ongoing April 09 Ongoing