

South Hams District Council

Data Quality Assurance Strategy

2009



**South Hams
District Council**

Contents

1. Aim of the Strategy
2. Understanding of data
3. Definitions
4. Regular input of data
5. Verification
6. Systems held by the Council
7. Output
8. Reports - when and where data are reported
9. Implementation
10. Data Sharing
11. Training and Support
Appendix A1 - South Hams Procedure for the collection and monitoring of Financial and Profile information and Performance Indicators and the use of Covalent
Appendix A2 - Data Quality Assurance Checklist
Appendix A3 - Data Quality Assurance Strategy Action Plan

Acknowledgement

This strategy has been prepared by the Joint Improvement Unit for South Hams District Council and West Devon Borough Council. In the spirit of shared services and cost effectiveness, both authorities have adopted the same principles and the action plan has been changed to reflect local circumstances.

1. Aim of the Strategy

We use data to inform, to measure the effectiveness of our services to the public, to benchmark cost and performance and to set targets to improve performance, reduce cost and improve customer care.

The Council produces a vast amount of data in the support and operation of its services and strives to produce quality data at all times. The purpose of this strategy is to outline an approach to improving and maintaining data quality across the Council.

South Hams District Council has two main corporate planning documents, the Sustainable Community Strategy, which outlines six priorities for the District of South Hams to improve quality of life in the local area and the Towards and Beyond Excellence Plan.

The Towards and Beyond Excellence Plan is the Council's Internal Improvement Plan and its vision is:

'As a valued resident, you will receive the most cost-effective, consistent and efficient service possible'.

In order for the Council to deliver cost effective services, it is vital that accurate performance data is produced which will enable the efficient management of services.

The main objective of the data quality strategy is 'Right First Time' which supports the Towards Excellence and Beyond Plan and the work on improving systems and processes. A 'Right First Time' approach ensures that data are accurate, reliable and timely in informing service provision and in supporting good decision-making.

Performance information is used locally, but also nationally, to inform service provision, performance management and to contribute to national statistics. It is also used by external bodies to assess our performance, increasingly as an alternative to inspection.

The source of all data needs to be relied on and it is vital that the Council has controls in place to maintain accurate data. Financial and Profile information and Performance Indicators (PIs) are produced from raw data and it is important that the raw data are accurate and of high quality in order to obtain a clear understanding of the performance of the Council.

The factors that can affect the quality of data are:

- Absent or inadequate operational controls
- Lack of policies or procedures
- Inadequate supervision of operational practice
- Unclear or out of date definitions
- Information systems producing data that are not being captured by the service to inform service provision

- Poor management or leadership and no priority placed on producing quality data

The Council is inspected by internal and external audit to ensure that all key systems and calculations are accurate and comply with statutory requirements. System controls undergo scrutiny of audit but are to be maintained and reviewed on a regular basis by key officers within the authority to ensure compliance.

This strategy outlines the approach that is needed to maintain the highest possible standards, controls and validation throughout all the data processes that result in performance information both measures and indicators, local and statutory information. It clearly indicates the role each individual has to play in the production and analysis of data.

The principles that underpin good quality financial, performance and profile information are listed below; the main part of this strategy looks at each point in more detail:

1. **Understanding:** everyone recognises the need for high standards of accuracy;
2. **Definitions:** everyone knows how their PIs are defined and calculated
3. **Regular input:** information is input on an ongoing basis; rather than stored up to be input later;
4. **Verification:** there are verification procedures in place;
5. **Systems:** the software systems are fit for purpose and staff have the expertise to get the best out of them;
6. **Output:** performance indicators are extracted regularly and efficiently and communicated quickly to Strategic Management Team and Members;
7. **Reports:** annual performance indicators are presented, with conclusive evidence, in such a way as to give an easily understood and accurate picture of our performance to members, external inspectorates and the public.
8. **Implementation:** following guidelines, procedures to ensure compliance for the seven principles of good quality financial and performance and profile information.

In order to implement this strategy an action plan and a checklist have been produced, which can be viewed in Appendix A1 and Appendix A2.

2. Understanding of data

Data quality is a corporate issue, responsibility overall is at a corporate level with both the Joint Management Team and the Strategic Management Team promoting the importance of quality data and challenging any areas where clarification is needed. All officers who have responsibility for providing or producing data should be aware of their responsibilities with regard to data

quality, especially when entering, extracting or analysing data from any of the Council's information systems.

Each information system is controlled by a nominated officer who has overall responsibility for the officers inputting and extracting information; providing advice and guidance on the correct use of the system. All officers who are assigned to collect and analyse the data have responsibility to ensure that data are accurate and up-to date.

Job descriptions must clearly outline officers' responsibility for data quality; a review will need to take place in conjunction with appraisals to update all relevant job descriptions where data quality is not clearly highlighted.

It is necessary to be clear about what actions and responsibilities are allocated to specific individuals and teams in order to implement this strategy. 'South Hams Procedure for the collection and monitoring of Financial and Profile information and Performance Indicators and the use of Covalent' (Appendix A1) has been introduced to aid officers in understanding what is required from them. This is available on the intranet and also on Covalent user's home page.

3. Definitions

All officers must be aware how their daily work activities affect and link to financial and profile information and performance indicators. There must be clear communication from managers and those who collect data that any errors in performance information or delay in reporting can have an impact on performance management.

Officers who collect data must understand what their contribution is and what affect it has on a performance indicator. For officers who calculate the performance indicator there must be a clear understanding of the definitions, formulas used and what is required to calculate the denominator and numerator of relevant indicators.

For statutory performance indicators definition, formula and overall guidance is provided within Covalent, this is highlighted through covalent training. It is essential that all officers understand that adhering to statutory guidance is crucial in providing accurate performance information.

Local performance information and indicators need to have clear definitions and clear calculation methods and agreed collection intervals.

All financial and performance information and performance indicators have a lead officer and an officer who has responsibility for inputting the data. The roles and responsibilities are clearly outlined in the SHDC procedure (Appendix A1). Officers must keep up to date with any changes to definitions and data that are to be used in the calculation of performance indicators e.g. population and household figures.

4. Regular input of data

All systems that are used by the Council for financial and profile information and performance indicators need to ensure that there are adequate controls in place for the input of data. It is important that the data are accurate in order to be reliable. It is important that officers have clear guidelines and procedures for using systems and are adequately trained to ensure that information is entered consistently and correctly.

For data to be accurate and to be relied on it is important that data are entered and checked on an ongoing basis and not saved up to be entered in a block at the end of a period. This reduces the error rate and the need for complex verification procedures.

System controls must be in place to avoid double-counting in particular where more than one person inputs data. A likely control will be an absolutely clear division of responsibility setting out who is responsible for what data entry. Managers should communicate clearly the roles and responsibilities for each individual involved in the collection of data, through the aid of the SHDC procedure (Appendix A1).

Lead officers who are responsible for systems introduced into the Council must check whether additional controls are necessary, and have regard to financial regulations and PI definitions. Training on how to use the system should always be provided and managers should agree with officers their roles and responsibilities for inputting data.

5. Verification

'Getting it right first time' will avoid waste in the form of time and money spent on cleansing data, matching and consolidating data from multiple databases, and maintaining outdated systems.

In complex systems, even where there are strong controls over input, errors can occur. A verification procedure should exist close to the point of data input with verification checks aligned with the frequency of data reporting.

The simplest verification system might be a review of recent data against expectations, or a reconciliation of systems-produced data with manual input records. Depending on the complexity of the system, it might be necessary to undertake more thorough verification tasks, such as:

- data cleansing, e.g. to remove duplicate records or to fill in missing information;
- sample checks to eliminate recurrence of a specific error, e.g. checking one field of data that is pivotal to a PI against documentation, for a sample of cases;
- test run of report output, to check the integrity of the query being used to extract data; and
- spot checks, e.g. on information provided by external contractor

Particular attention needs to be paid to data provided by external sources. A number of PIs are calculated using information provided by other councils and contractors and the Council's intention must be to work alongside contractors to ensure that such data are accurate.

When entering into contracts with service providers it is essential that, wherever relevant, there is a requirement to provide timely and accurate performance information, and that the contractor is clear about their responsibilities for data quality and how the Council will check the information they provide.

It might not always be possible to alter existing contracts so that contractors are fully committed to providing an agreed quality of performance data. In this case, the data must be treated as high-risk and a system of checks and measures established to ensure that we are confident about the accuracy of this data. When carrying out checks on such information it is important that this is documented and signed off by the relevant officer.

The initial priority of this strategy is to ensure high quality performance information is provided directly by and to us. Where concerns exist about the integrity of externally-provided information, the Council's intention is to work constructively with other agencies and the regulatory authorities wherever possible to provide assurance and rectify any problems identified.

Responsibility for data verification falls within service areas whose responsibility it is to maintain a robust control environment. The next section describes how this can be achieved.

Additionally, the Corporate Improvement Officer will undertake additional verification checks of data quality. This work will be undertaken on a risk assessment basis and will provide additional controls over data quality. The work will not replace the service areas responsibility for maintaining robust systems of data quality.

6. Systems held by the Council

Maintenance of systems

The responsibility for introducing and maintaining systems in the Council lies with each relevant service. Each service must ensure that there is a robust control environment for information systems and to have regard to financial regulations where appropriate. Training is to be provided either internally or through a software provider. The performance section is available to provide corporate assistance for supporting improvement in this area.

The Council has a central record of all its main systems such as the data protection register; a key area where systems are recorded that holds data on individuals and is updated regularly. The ICT Department is also a key area

where records are held for all systems that are used by the Council e.g. software licences.

All systems must have a named officer responsible for data quality issues. The responsible officer is required to ensure that:

- arrangements are in place to protect vital records and data;
- users are adequately trained, where appropriate by having a formal training programme provided internally or by software provider;
- written procedures (user guide) are provided for all users to explain what the system is used for and how to use the system;
- system is periodically evaluated and adapted to respond to changing needs;
- permissions within the system are used to avoid security issues;
- periodic tests of the integrity of data are undertaken;
- system support is available to all users
- system upgrades are made where necessary (including amendments to PI definitions);
- the system meets managers' service provision and information needs;
- users' comments are considered during amendments and maintenance;
- adequate audit trails can be produced;
- recommendations by internal and external system reviews are implemented;

The system will require one lead on the introduction, roll-out and support of the system across the authority, it is important to have a substitute to ensure constant and adequate support. It is essential that written procedures are comprehensive so that services can provide staff awareness training for other staff who may not have received the training; this is important for ensuring that the system is sustainable in its management.

Improvement of systems

It is essential that the lead officer of a Council performance and financial system is made aware of any changes that could have an impact in the collection and production of performance and financial information e.g. staff responsible for the collection of data or data controls in place are modified.

- **Financial**

Any changes to financial systems must have regard to financial regulations.

- **Performance Indicators**

Currently data are provided to government organisations on a range of issues but not held within Covalent, the Council's performance Management Software. There needs to be a more co-ordinated approach to identifying what systems exist, what data they hold, what controls are in place and who the lead officer for the system is.

The Improvement Unit will be responsible for maintaining a list of systems for PIs and a list of responsible officers. Each service will need to complete a checklist (Appendix A2). This will provide information on what systems are currently in place, who the main lead officer is for the system, what controls and verification actions are in place to ensure data are of good quality. This approach will need to be reviewed each year to ensure all processes and controls are compliant to definitions; progress will be reported to Internal Audit and also saved on Covalent.

The Improvement Unit and Internal Audit will carry out regular checks on completed checklists on all current and new systems that are used for monitoring and analysing performance data within the Council. In particular identifying the systems which are high risk and identify where systems controls need to be changed or introduced in consultation with relevant services. A key part of many systems will be the parameters set up in the system. These will, for example, determine the start and end dates in a process. The key elements that will be looked at when determining a system to be of high risk are:

- Variances or problems identified in previous years
- Definitions and calculations applied correctly
- Data controls identified
- Parameters in the system to capture data set according to definition
- System output valid
- Data that affect reputation and success of Council
- High volumes of data
- Staff not aware of roles and responsibilities
- New system/new PI

The systems which are identified as high risk will be subject to more detailed compliance testing on an annual basis. Compliance testing should help to mitigate high risk by concluding that:

- Controls are operating as designed
- Parameters for capturing records are accurately applied
- Controls should ensure system output producing the PI is in accordance with the PI definition.

7. Output

Data are to be input by 16th of the following month and reported to Strategic Management Team on the last meeting of the following month. Data are also reported to Scrutiny on a quarterly basis. It is essential that data are communicated clearly to Councillors to highlight and inform on trends in performance and areas where improvement is needed within each service area.

Data are subject to scrutiny by Strategic Management Team, Executive Members, both individually and collectively, and Scrutiny. Where PIs are not

performing to target a clear explanation is required together with an action plan for performance to improve. If there is no clear reason why there is a discrepancy in provision of data or commentary on performance then the Head of Service will be required to attend Scrutiny with an explanation which may lead to a formal review of processes and controls. This reinforces that data have to be right first time and clear explanations have to be provided.

Local Performance Indicators will be reviewed annually as part of the Service Planning process. National Indicators may change in line with Government requirements. Local Indicators should be reviewed to ensure they are relevant and meaningful. Targets should be set to improve on previous performance, and be challenging and realistic. Where it is inappropriate to set a target benchmarking against similar authorities should be considered.

Pro-formas need to be completed for all National and local Performance Indicators at year end. These show where variances are in performance, how the indicator is calculated by providing numerator and denominator and provide or detail supporting evidence. The pro-forma is to be completed by the collecting officer and to be verified, checked and signed off by Head of Service. These forms will be reviewed by an officer from the Improvement Unit to ensure that they have been completed fully and adhere to guidance and the correct formula has been used. This is in preparation for submission to the Communities Data Hub.

8. Reports- when and where data are reported

Communicating clear, accurate, reliable information on service provision and performance is essential for good decision making by managers and Councillors. In addition to our own quarterly and annual reporting mechanisms our external auditors publish an audit report which comments on our performance and the accuracy of our data. It is the Council's aim to avoid PIs being reserved by working towards ensuring data quality by following procedural checks to mitigate risks of non compliance.

Comprehensive Area Assessment is a new inspection regime which will be looking at local authorities performance via the Organisational Assessment 'Managing Performance' which assesses quality of data and also performance to understand how the council is tackling performance in working towards improving outcomes for the community.

PI submission pro-formas are completed, calculation verified, evidence provided and signed off by Head of Service which are provided to external audit when on site and are also saved within the Council's performance management system. An officer from the Improvement Unit will act as the Council's co-ordinator during the audit to ensure all information is readily available.

9. Implementation

All performance indicators and measures that are used by the Council are to follow the procedural notes, which have been circulated to officers and are available on the intranet, to ensure integrity of data, understanding of data quality and roles and responsibilities and when information is required.

Managers are encouraged to promote data quality and performance management training to all officers.

Presentations will be made to officers and Councillors on data quality and the relevance it has to all services and in good decision-making.

The Improvement Unit, Internal Audit and other key services will work together in ensuring effective implementation throughout the authority of the data quality action plan (Appendix A3) and checklist (Appendix A2) and that services adhere to SHDC procedure (Appendix A1).

All officers within the Council must consider data quality to be an integral part of day to day service provision.

10. Data Sharing

As a result of the new 2008-2009 performance framework a significant number of performance indicators are reported to third party organisations who submit the information to the Audit Commission on behalf of South Hams District Council.

The Council will therefore ensure that all data submitted to these organisations are accurate and in accordance with the data quality strategy. Responsibility rests with these organisations for the correct submission of the data provided by South Hams to the Audit Commission.

11. Training and Support

Guidance and support are available to all officers on Data Quality. The outline of the training and details of how to access the training are available for all staff and are detailed in the training booklet. This training is provided by the Corporate Improvement Officer.

This data quality strategy is available on the intranet for all staff.

Appendix A1

South Hams Procedure for the collection and monitoring of Financial and Profile information and Performance Indicators and the use of Covalent

Content:

- 1. Overview**
- 2. Roles & Responsibilities**
- 3. Timetable**
 - (a) Data to be inputted**
 - (b) Reports to be produced**
- 4. How to enter data into Covalent**
 - (a) How to input monthly**
 - (b) How to input quarterly**
 - (c) How to input end of year data**
- 5. Analysis of results/Production of reports**

1. Overview

Financial and profile information, consultation exercises and performance indicators are reliable sources of information. They help to gauge how the service is performing and looking for ways of improving performance.

Accurate, reliable and timely production of any such information, but in particular performance indicators, is vital in communicating how the service is performing and for comparison purposes. They are used at team meetings, presented at Committees and looked at in external reviews.

The principles that underpin good quality financial, performance and profile information are that:

- everyone recognises the need for high standards of accuracy;
- everyone knows how their PIs are defined and calculated
- information is input on an ongoing basis; rather than stored up to be input later;
- there are verification procedures in place;
- the software systems are fit for purpose and staff have the expertise to get the best out of them;
- performance indicators are extracted regularly and efficiently and communicated quickly to Strategic Management Team and Members;
- annual performance indicators are presented, with conclusive evidence, in such a way as to give an easily understood and accurate picture of our performance to members, external inspectorates and the public.
- regular review of performance indicators to establish relevance.

2. Roles & Responsibilities

SMT/JMT is responsible for:

- Clearly communicating a corporate commitment to the quality of financial, performance and profile information.
- Reinforcing the message that all staff have a responsibility for the quality of information.
- Using Covalent to monitor all action plans and performance indicators that are reported by services, and in particular those actions and indicators for their mentored services, that are reported to Executive and Scrutiny on a quarterly basis.
- Discussing with Heads of Service corrective action for areas of concern but also to highlight areas of achievement.
- Regular review of performance indicators to establish relevance

The overall strategic responsibility for Data Quality is held by the Corporate Director (Mark Seymour).

Each Head of Service is responsible for:

- Ensuring that financial, performance and profile information is fully integrated into planning, monitoring and reporting processes in the organisation.
- Making sure the collection of such information meets any relevant national and, where appropriate, local standards and requirements.
- Regular review of performance indicators to establish relevance
- Using Covalent on a regular basis to collect and monitor Statutory and local performance indicators through the use of Covalent.
- Assigning relevant officers in the collection and checking of performance indicators
- Adhering to Statutory and local definitions and calculation methods to the satisfaction of Internal and External Auditors
- Explaining variances in performance and addressing performance gaps to achieve targets
- Communicating to staff the relevance of the data produced and working together in improving service performance and the relevance of the Data Quality Assurance Strategy.
- Providing a robust, well controlled system for gathering data whether electronically or manually or a combination of both.

Collecting Officer is responsible for:

- Adhering to statutory and local definitions and calculation methods to the satisfaction of Internal and External Auditors
- Collecting data and calculating the figure that is to be entered onto covalent
- Providing notes on performance where variances are evident
- Providing supporting evidence especially at end of year
- Reporting on a timely basis to Head of Service especially where key variances are apparent

Portfolio Owner is responsible for:

- Working with Head of Service and gaining more detailed understanding of the data and what influences (internal or external) have affected the data for the performance indicator
- Reporting back to committee on performance indicators that are within their remit

Corporate Improvement Officer is responsible for:

- Admin role (access to whole system) and liaison with software company
- Providing support and advice to all users of Covalent
- Providing training to users and additional training to officers who are nominated with Admin access (access to whole system)
- Setting corporate thresholds on performance indicators
- Informing all officers where amendments have been made to statutory definitions
- Informing all officers as to which population and household figures are to be used in statutory performance indicators
- Regular maintenance checks of the system and carrying out audit checks
- Producing reports set out in 3b by extracting data from system
- Extracting statutory performance indicators to input into the Communities Data Hub
- Liaising with Internal and External Auditors
- Extracting Statutory performance indicators to include in Council Plan and Performance Plan
- Regular review of performance indicators to establish relevance

Internal Audit is responsible for:

- A periodic review of the data quality arrangements and specific verification/internal audit of key indicators (determined on a risk basis) to be carried out as part of the audit plan.
- Ensuring that the annual internal audit plan agreed by SMT and Scrutiny includes time for the audit of PIs in line with the overall audit risk assessment of the Council's activities
- Carrying out an annual audit risk assessment of the PIs to direct planned internal audit time to the appropriate indicators
- Liaising with the Corporate Improvement Officer and the Council's external auditors re controls and audit coverage
- Auditing individual indicators, based on the annual audit risk assessment, to the required standard to establish the controls in the system and testing that they are operating satisfactorily
- Reporting any findings to the relevant officers and agreeing an action plan for the implementation of recommendations
- Giving advice on PI control issues to the co-ordinator and service officers throughout the year.

3. Timetable

a) Data to be inputted into performance management system:

- Monthly- data to be inputted by **16th** of the following month
- Quarter 1 (April- June) data to be entered on **16th July**
- Quarter 2 (July-September) data to be entered on **16th October**
- Quarter 3 (October- December) data to be entered on **16th January**
- Quarter 4 (January- March) data to be entered on **16th April**
- End of Year- data to be entered by **30th April**

b) Performance Indicator Reports to be produced:

- Reports to Joint & Strategic Management Teams:
 - To be discussed on the last meeting of the following month.
- Reports to Scrutiny Committee:
 - Quarter 1- September
 - Quarter 2- November
 - Quarter 3- February
 - Quarter 4- June

4. Entering Performance Indicators onto Covalent:

a) Monthly Collection

Data to be entered on the 16th of the following month

- Click on relevant Performance Indicator
- Click on data tab
- Make sure Months is only period selected in Time Periods
- Append a row to add the relevant time period that needs to be entered
- Enter figure within the value column
- Enter target (unless already set up to automatically appear)
- Tick activated
- Add a note especially where performance is flagged up as red or yellow status:
 - Explanation- why missed target e.g. seasonal influence of ... internal or external factors...etc (to be brief but concise)
 - Action- what is being done to improve performance for the next month and to make sure end of year target it met (to be brief but concise)
 - A note can also be put against a PI that is at green status e.g. performing well due to
- Click on save

b) Quarterly Collection

Data to be entered on the 16th of the following month

Quarter 1 (April- June) data to be entered on 16th July

Quarter 2 (July-September) data to be entered on 16th October

Quarter 3 (October- December) data to be entered on 16th January

Quarter 4 (January- March) data to be entered on 16th April

Covalent will automatically calculate the quarterly figure from the monthly figures where setup; all officers are to check the figure and amend where necessary and permitted (where not permitted contact the Corporate Improvement Officer if an amendment is required) and provide a note on performance following the steps below:

- Click on relevant Performance Indicator
- Click on data tab
- Make sure Quarters is only period selected in Time Periods
- Append a row to add the relevant time period that needs to be entered
- Enter figure within the value column
- Enter target (unless already set up to automatically appear)
- Tick activated
- Add a note especially where performance is flagged up as red or yellow status:
 - Explanation- why missed target e.g. seasonal influence of ... internal or external factors...etc (to be brief but concise)
 - Action- what is being done to improve performance for the next month and to make sure end of year target it met (to be brief but concise)
 - A note can also be put against a PI that is at green status e.g. performing well due to
- Click on save

c) End of Year Collection

Data to be entered by 30th April

Covalent will automatically calculate the end of year figure from monthly or quarterly data where set up; all officers are to check the figure and amend where necessary and permitted (where not permitted contact the Corporate Improvement Officer if an amendment is required) and provide a note on performance following the steps below:

- Click on relevant Performance Indicator
- Click on data tab
- Make sure Years is only period selected in Time Periods
- Append a row to add the relevant time period that needs to be entered
- Enter figure within the value column
- Enter target (unless already set up to automatically appear)
- Tick activated

- Add a note especially where performance is flagged up as red or yellow status:
 - Explanation- why missed target e.g. seasonal influence of ... internal or external factors...etc (to be brief but concise)
 - Action- what is being done to improve performance for the next month and to make sure end of year target it met (to be brief but concise)
 - A note can also be put against a PI that is at green status e.g. performing well due to

- All officers to add supporting evidence especially for statutory performance indicators
 - Click on Performance Gauge tab
 - Click on documents
 - Click on upload a new document
 - Select file from relevant folder
 - Once selected file click insert
 - Click on close
 - Click on page icon with green arrow to download the file to covalent
 - Click on save

5. Analysis of results/Production of reports

Reports will be produced by the Corporate Improvement Officer on the 18th of the month and will be submitted to Joint and Strategic Management Teams on a monthly basis. Reports will also be submitted to Scrutiny Committee on a quarterly basis. Reports will be circulated to all collecting officers who are to circulate to all officers who have an interest in service performance.

Appendix A2

Data Quality Assurance Checklist for Information Systems

Please complete a checklist for each system that is held within your Service Area.

Provide names in the following boxes:

• Title of Information system:	
• Responsible Head of Service:	
• Responsible Main Officer for system:	
• Officer (back-up):	

National Indicators or Local Indicators which are produced from this system

Please tick relevant box and follow instructions to move onto appropriate question- all questions must be answered.

		Yes	No
1a	Are there arrangements in place in the production of a PI in the event of a system failure or other disaster?		
		Go to Q2	Go to Q1b

		To include	Not applicable
1b	Action for inclusion in Service Action Plan- 'Produce/obtain a procedure which outlines arrangements that need to be followed in the event of a system failure or other disaster.		
		Go to Q2a	Go to Q2a

2a	How many people are directly involved in the process to generate the PI? (State number of people)	
		Go to Q2b

		Yes	No
2b	Have all Officers been trained on the system?		
		Go to Q3a	Go to Q3a

		Yes	No
3a	Are procedure notes available to all officers who are involved in the process of generating the PI?		
		Go to Q4a	Go to Q3b

		To include	Not applicable
3b	Action for inclusion in Service Action Plan- Procedure notes to be drawn up to explain the process that needs to be followed in the generation of a PI.		
		Go to Q4a	Go to Q4a

		Yes	No
4a	Is the system periodically evaluated and adapted to respond to changing needs.		
		Go to Q5a	Go to Q4b

		To include	Not applicable
4b	Action for inclusion in Service Action Plan- 'to introduce a review timetable of when system should be evaluated and how to adapt to changing needs.'		
		Go to Q5a	Go to Q5a

		Yes	No
5a	Does the computer software system have settings to restrict access to only those contributing towards the data from which the PI is calculated?		
		Go to Q5b	Go to Q5c

		Yes	No
5b	Are levels of access within the system used to avoid security issues (i.e. control on who can enter or delete data)		
		Go to Q6a	Go to Q5c

		To include	Not applicable
5c	Action for inclusion in Service Action Plan- To use/introduce settings and levels of access within the system to avoid security issues		
		Go to Q6a	Go to Q6a

		Yes	No
6a	Does the responsible main officer carry out periodic tests to check the integrity of the data produced?		
		Go to Q6b	Go to Q6c

		Yes	No
6b	Where integrity of data is compromised is action taken to resolve the issues		
		Go to Q7a	Go to 6c

		To include	Not applicable
6c	Action for inclusion in Service Action Plan- 'Introduce a plan to carry out checks of integrity of data and to rectify where problems arise'		
		Go to Q7a	Go to Q7a

		Yes	No
7a	Is there support to officers either from the Council's ICT section, software supplier or from responsible main officer/ Head of Service depending on the circumstances?		
		Go to Q8a	Go to Q7b

		To include	Not applicable
7b	Action for inclusion in Service Action Plan- 'Review how to provide support to all officers who contribute towards the generation of the PI		
		Go to Q8a	Go to Q8a

		Yes	No
8a	Does the system meet Managers' service provision and information needs		
		Go to Q9a	Go to Q8b

		To include	Not applicable
8b	Action for inclusion in Service Action Plan- 'Review how the system could be updated or reviewed to see whether beneficial for service.'		
		Go to Q9a	Go to Q9a

		Yes	No
9a	Can adequate audit trails be produced from the system either manual or computer based to enable the result to be tracked to the source?		
		Go to Q10a	Go to Q9b

		To include	Not applicable
9b	Action for inclusion in Service Action Plan- 'Review how to introduce an audit trail for manual or computer based process in the generation of the PI.		
		Go to Q10a	Go to Q10a

		Yes	No
10a	Are recommendations from internal and external reviews on system implemented?		
		Go to Q11a	Go to Q10b

		To include	Not applicable
10b	Action for inclusion in Service Plan- 'Include a standard to respond to internal and external reviews of systems used by the service to ensure compliance and to produce data of a high quality standard.'		
		Go to Q11a	Go to Q11a

		Yes	No
11a	Does the system have controls?		
		Go to Q11b	Go to Q11c

		Yes	No
11b	Are there controls at each stage of process of collecting and inputting data to avoid errors arising? (i.e. primary keys or thresholds)		
		Go to Q11c	Go to Q11c

		Yes	No
11c	Are there output controls at appropriate stages of the process to avoid errors arising to confirm that data that has been inputted is correct?		
		Go to Q11d	Go to Q11d

		Yes	No
11d	Are there parameters in the system whether computer based or manual to capture data according to definition?		
		Go to Q12a	Go to Q11e

		To include	Not applicable
11e	Action for inclusion in Service Action Plan- 'Identify controls and parameters that are needed to ensure that the system holds and produces data of a high quality standard.'		
		Go to Q12a	Go to Q12a

		Yes	No
12a	Is there a process map to detail each step of data collection to data input to help inform users and also to be used in review and maintenance of system?		
		End	Go to 12b

		To include	Not applicable
12b	Action for inclusion in Service Action Plan- 'Complete process map for input/output of data associated with the system'		

Please sign and date checklist and return to Improvement Unit

Responsible Main Officer of System:	
Head of Service:	
Date Completed:	

**Appendix A3
Data Quality Assurance Strategy Action Plan**

Ref	Expected Outcome	Action	Completion Date	Responsibility
DQ 01	Ensure that any changes to the original calculation post audit are reflected in official returns and the Council's performance management system	Improvement Unit to work with Audit and Data Collection Officers to amend PI in return (where this is appropriate & agreed with auditor. Update Covalent with any changes to final results of the PI.	30/09/09 (yearly)	Improvement Unit
DQ 02	All officers to understand the importance of their roles and responsibilities towards Data Quality	Improvement Unit to encourage SMT to promote data quality across the authority. Through communicating the need for all managers to comply with the SHDC procedure and completing the Data Quality checklist via CMT and also through the annual review of service plans	February/ March (Annual)	Improvement Unit to encourage Strategic Management Team
DQ 03	All officers to understand the importance of their roles and responsibilities towards Data Quality	Improvement Unit to obtain information from Head of Service on nomination of relevant officer and supporting officer for existing systems and also when new systems are introduced and nominated officer to complete Data Quality checklist.	February/ March (Annual)	Improvement Unit
DQ 04	Corporate approach to ensuring inclusion of Data Quality in all relevant job descriptions.	Relevant job descriptions to include reference to data quality (via appraisal process).	Annual	Head of Service

Ref	Expected Outcome	Action	Completion Date	Responsibility
DQ 05	Improve understanding of local performance indicators across the council	Improvement Unit to encourage Head of Service to review of local performance indicators to check all have clear definitions/formulas	February/ March (Annual)	Improvement Unit
DQ 06	All officers involved in the process of collecting and interpreting data acknowledge the need to understand definitions and formulas for accuracy of data.	Improvement Unit to provide support to Heads of Service and Officers in the importance of understanding performance indicator definitions and formulas and the need to comply.	March (Annual)	Improvement Unit
DQ 07	Clarity on who collects what information and when	Improvement Unit to work with Heads of Service to assign all new performance indicators when introduced nationally and locally and promoting the SHDC procedure.	February/ March (Annual)	Improvement Unit
DQ 08	Accurate information is used in the production of performance indicators	Changes to statutory performance indicators and update on data that is to be used in calculations to be clearly communicated to all relevant officers	February/ March (Annual)	Corporate Improvement Officer
DQ 09	Continual monitoring of data	Performance indicators that have been identified as critical, problematic or reputational via the Audit or SMT to be reported on a regular basis through Balanced Scorecard.	Quarterly	Improvement Unit
DQ 10	Compliance and commitment across the Council to Data Quality on performance indicators	Improvement Unit to remind Data Collection Officers of necessity to complete performance indicator pro-formas to be completed at year end for all statutory performance indicators and local by following SHDC procedure.	April (Annual)	Improvement Unit