

**NORTH LINCOLNSHIRE COUNCIL**

**AUDIT COMMITTEE**

**DATA QUALITY UPDATE**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1. To provide the Audit Committee with a position statement on the current status of data quality audits of the council's priority performance indicators.
- 1.2. To provide the Audit Committee with an overview of wider developments that are now underway or planned to improve data quality across the council.
- 1.3. Key points are:
  - The target of auditing 100% of the current priority performance indicators has been achieved
  - Findings from the audits indicate that overall data quality and review of audits is robust.
  - A plan is currently being developed to measure and improve the **council's** data quality across key systems, processes and functions.

**2. BACKGROUND INFORMATION**

- 2.1. Public bodies are accountable for the money they spend and the data they capture. The financial and performance information they use to account for their activities, both internally and externally to their citizens, partners, commissioners, and to government departments and regulators, must be based on reliable data that is 'fit for purpose'.
- 2.2. Historically, the council was subject to an audit of its data quality arrangements by the Audit Commission. From May 2010, there has been a reduction in demand by central government for data and a re-emphasis on local performance and regulation, coupled with less external inspection of key systems, processes and functions.
- 2.3. The council is committed to data quality and continues to support the fundamental standards set out by the Audit Commission. The data quality framework is reviewed annually to ensure that the council does not allow the focus on the quality of local data to decline. Well managed authorities continue to place an emphasis on ensuring that the data they capture for their decision making and for external accountability is of high quality and 'fit for purpose'.

2.4. We have continued to carry out a significant amount of work over the last 12 months to ensure that our data quality arrangements are robust. Improvements have been made to supporting policy and protocol ensuring that they align with new legislation and internal priorities. A Data Quality Framework covering data quality across all areas has been approved. Data quality has been included in workforce competencies and training sessions have been carried out.

### **Data Quality – Key Performance Indicators**

2.5. A key element ensuring data quality arrangements are robust is to carry out audits and reviews on our systems, processes, functions and priority key performance indicators. Priority key performance indicators undergo regular audit.

2.6. Audits are awarded a rating based on the number of recommendations identified with in each of the 5 sections of the audit checklist. A maximum of 5 stars is awarded where no recommendations are identified and all expected data quality controls are in place.

2.7. Indicators scoring a maximum 5 stars are re-audited after 18 months. Those priority performance indicators not receiving a 5 star rating would have an action plan and be reviewed with regular checks to ensure that the action plan is being implemented.

2.8. The target set was that the council would carry out a Data Quality audit on 100% of the priority Indicators by the 31 March 2015, and this target was achieved.

2.9. As at 31 March 2016, 100% of the 91 priority performance indicators have been audited, as detailed below:

Directorate	Total Priority Performance Indicators	Audited	
		Number	Percentage
Policy and Resources	22	22	100%
Places	35	35	100%
People	29	29	100%
Public Health	5	5	100%
	<b>91</b>	<b>91</b>	<b>100%</b>

2.10. Based on the audits of the priority indicators where a data quality rating has been allocated, the current average rating is 4.8 out of 5. This indicates that robust data quality arrangements are in place. This figure has remained consistently above 4 stars since this method of rating data quality audits was introduced.

- 2.11. Future developments for 2016-17 include enhancing the KPI audits by risk assessment and then assigning a priority rolling level on when the KPI will be re-audited for example:

High Risk – re-audited every 9-12 months

Medium Risk – re-audited every 12-24 months

Low Risk – re-audited every 24-36 months

Implementing this risk assessment to KPIs will potentially reduce the volume of KPI audits undertaken each year, but improve the robustness and the quality of the audit.

### **Data Quality – Systems**

- 2.12. Members agreed to implement in 2014 the enhanced Data Quality Framework that widened not only KPI audits but ensuring that data in all council systems was fit for purpose. As part of this framework all systems would undertake a Data Management Plan Assessment and a Data Assessment.

The purpose of the DMPA is to provide evidence on Information Governance and Data Quality that can be used for Internal Audit, NHS Information Governance Self-Assessment and legislation. On completion of the DMPA a Data Assessment would be completed to assess the quality of the data.

- 2.13. Any DMPA or DA undertaken will be provided with a Not Satisfactory, Satisfactory or Assured result. This is based on the following:

Result	Criteria
Not Satisfactory	Below 35%
Satisfactory	Between 35% and 80%
Assured	Above 80%

The DMPA is undertaken first as this allows an insight with existing Information Management and Governance that aids the assessment of the quality of data in the system/s they use. Data Assessment is then undertaken to assure that the data is fit for purpose.

- 2.14. As at 31 March 2016, 8 DMPAs have been completed and 2 are currently in progress, and 5 DAs have been completed and 5 currently in progress. The table below summarises the achieved results:

	Assured	Satisfactory	Not Satisfactory	Work In Progress (WIP)	Total
<b>DMPAs</b>	3	5	0	2	10
<b>DAs</b>	3	2	0	5	10

- 2.15. Further works remains to be done in 2016/17 to finalise the work in progress and to start work on a further six systems.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1. As detailed below.

### **4. ANALYSIS OF OPTIONS**

- 4.1. **Option 1** – That the Audit Committee considers that the current progress and recommended developments provide sufficient assurance of the adequacy of the council's data quality arrangements.
- 4.2. **Option 2** – That the Audit Committee considers the current progress and further recommended developments are not sufficient and requests additional work be undertaken.

### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1. The risk in not identifying and addressing weaknesses in data quality is the consequences of decisions based on inaccurate data that relate to resource allocation.

### **6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 6.1. An integrated impact assessment is not required for this report.

### **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 7.1. There are no consultations or conflicts of interests to report for this meeting.

### **8. RECOMMENDATIONS**

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

## **DIRECTOR OF POLICY AND RESOURCES**

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