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Data Quality Review

Wirral Metropolitan Borough Council

Audit 2006/2007

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Audit Commission, 1st Floor, Millbank Tower, Millbank, London SW1P 4HQ
Tel: 020 7828 1212 Fax: 020 7976 6187 Textphone (minicom): 020 7630 0421
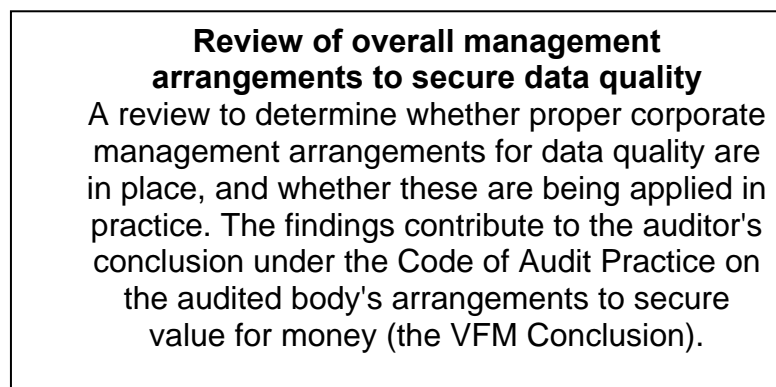www.audit-commission.gov.uk

Contents

Background

1   Public services need reliable, accurate and timely information with which to manage services, inform users and account for performance. Service providers make many, often complex, decisions about their priorities and the use of resources. Service users and members of the public more widely, need accessible information to make informed decisions. Regulators and government departments need information to satisfy their responsibilities for making judgements about performance and governance.

2   Much time and money is spent on the activities and systems involved in collecting and analysing the data which underlies performance information, yet there remains a prevailing lack of confidence in much of this data. As increasing reliance is placed on this information in performance management and assessment regimes, the need for reliable data has become more critical.

3   Good quality data is the essential ingredient for reliable performance and financial information to support decision making. The data used to report on performance must be fit for purpose, and represent an organisation's activity in an accurate and timely manner. At the same time there must be a balance between the use and importance of the information, and the cost of collecting the required data to the necessary level of accuracy.

4   Public bodies can improve the quality of their data by identifying the performance information that is important to them and their stakeholders, and securing the quality of the data to support these information needs. This is more likely if the performance information is routinely used for the day to day planning and management of services, and the people who collect the data understand its importance.
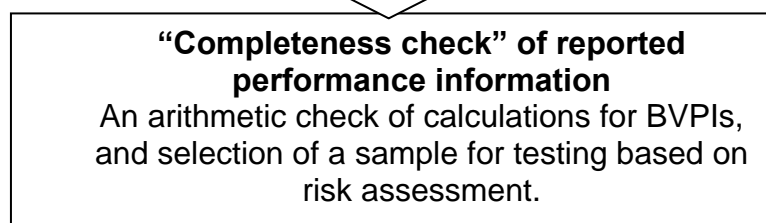
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Scope and Objectives

5 The Audit Commission has developed a three-stage approach to the review of data quality comprising:

Stage 1:

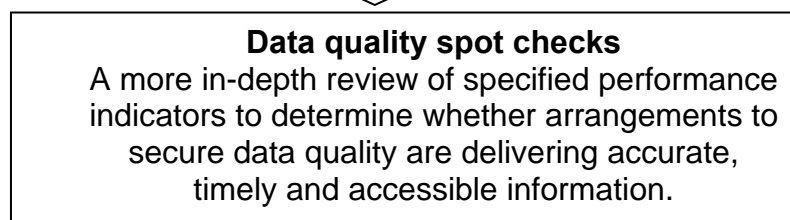> **Review of overall management arrangements to secure data quality**
> A review to determine whether proper corporate management arrangements for data quality are in place, and whether these are being applied in practice. The findings contribute to the auditor's conclusion under the Code of Audit Practice on the audited body's arrangements to secure value for money (the VFM Conclusion).

Stage 2:

> **"Completeness check" of reported performance information**
> An arithmetic check of calculations for BVPIs, and selection of a sample for testing based on risk assessment.

Stage 3:

> **Data quality spot checks**
> A more in-depth review of specified performance indicators to determine whether arrangements to secure data quality are delivering accurate, timely and accessible information.

Conclusions

6 The Council's management arrangements for data quality meet required standards. Data quality systems and processes are developing, although they are not yet being applied consistently. The Council is committed to improving its data quality arrangements and progress has been made since our review. The Council has some arrangements in place for the governance, monitoring and review of data quality, although these are not formalised in an overarching data quality strategy. Systems and process are sufficiently developed and defined, with resources in place to collect performance information. However, there still remains a high number of errors found with reported performance data and roles and responsibilities of staff involved in this process are not in place or clearly defined. The use made of Internal Audit in the data quality process needs to be further considered.

7   Our spot check review of twelve PIs (eleven specified PIs) revealed that four had been fairly stated in the first instance, the remaining 8 were found to be fairly stated only after amendment. A number of recommendations have been made to improve data collection and verification processes where PIs required amendment. No Performance indicators were subject to qualification or reservation.

Management arrangements (Stage 1)

8   Overall the Council's management arrangements for data quality meet required standards. The Council were assessed over 5 key areas in relation to the data quality arrangements in place. Summary findings for each area, outlining strengths and areas for development, were discussed with the Head of Policy at the close of the audit. Key issues for each of the 5 areas are summarised below. Full details can be found at Appendix 5-9.

Governance

9   The Council has some arrangements in place for the governance, monitoring and review of data quality. Although these are not formalised in an overarching data quality strategy, there is some structure within the PIMS framework and relevant supporting documents. Roles and responsibility for performance management is clearly defined, as evident through the use of PIMS. However, data quality objectives, roles and responsibilities of individuals specific to data quality are not clearly defined nor embedded within the Council's performance management framework. Monitoring and review of performance management is undertaken by departments with clear structure and timetable. However, monitoring and review of data quality is only evident in part, and is not consistently applied across all departments.

Policies

10   The Council has shown a commitment to data quality, although at present there is a lack of specific data quality procedures or a policy framework. Arrangements for assuring the accuracy and quality of performance indicator information are clear and supported by procedures and guidance (PIMS), and operate within the Council's performance management framework. These procedures are followed by departmental PI coordinators, corporate PI staff and a PI co-ordinators network in relation to ensuring performance indicators are produced to the required timescale.

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11   However, our detailed work on individual performance indicators found few instances where the accuracy of the data used to calculate the indicator had been checked or validated by departmental, corporate or PI co-ordinators. The accuracy of performance information is integral to the Council's performance management system and helps assure the quality of data. Data quality arrangements could be strengthened with specific data quality policies and procedures; communicated to all staff involved in collecting, monitoring and evaluating performance information.

Systems and Processes

12   The Council's data quality systems and processes generally exceed the required standards but are not being applied consistently. Systems are in place for the collection, recording, analysis and reporting of performance information. PI information is completed by departmental data collection officers. Service managers have the responsibility for the collection and accuracy of performance information and are required to certify that data used to calculate performance indicators has been collected from the correct source and agree to supporting records. The level of detail and consistency of approach in completing this process is variable. Service managers are not always using the process to clearly demonstrate PI validity, or to present detailed background and historical data for comparison and the raw data used in calculation. There is little evidence from our work that the quality and accuracy of the data used in compiling performance indicator information is independently checked or validated to supporting records at a departmental level before being 'signed off'. This is evident by the high number of amendments required to PI information following audit.

13   The Council 'aspires' to the 'Right first time principle', however, the level of amendments to performance information following audit suggests there is some way to go before this is achieved. The Council should embed the 'right first time principle' by ensuring robust processes and validation procedures for securing accurate performance data are in place at a departmental level. This is important if the process is to be used to its full potential, not only in securing data quality but also in helping to manage and improve service delivery.

14   For several years, Internal Audit have reviewed performance indicator systems and processes prior to the information being published. Previously internal Audit were asked to review all performance indicators selected for review by the Audit Commission and more recently those PIs which are included on the 'Audit Commission' select list of indicators. Internal Audit's role in the PI process is seen by some at a departmental level as a 'check and validation' function, replacing departmental data quality responsibilities. Internal Audit work usually identifies a large number of issues where performance indicators require amendment. Internal Audit have made a number of recommendations in recent years resulting from their performance indicator work. The consistent high number of amendments identified by Internal Audit's work and External Audit's PI work suggests their recommendations have not been consistently applied.

15   Focusing Internal Audit's work on the PIs selected in the mandatory performance indicator (stage 3) review by Audit Commission staff risks a duplication of audit work and the Council not benefiting from a wider IA review of data quality arrangements. AC staff are obliged to review PIs on the AC select list, regardless of any IA work. This work involves a very detailed review of a small number of PIs as requested by the AC. Given the limited scope of this work, IA's resource should be reviewed in light of the new data quality arrangements. It could usefully be focused to keep under review the management arrangements in place to ensure data quality, supplemented by a review of individual performance indicators, selected on a risk basis.

16   Appropriate controls are in place to ensure that the Council's performance management and information systems are secure. Controls are in place for both manual and computerised systems. The Council has an appropriate framework for identifying and complying with all relevant legal, compliance and confidentiality standards. Security arrangements, including access control, are in place for the organisation's business critical performance information systems.

People and Skills

17   The Council's data quality arrangements for People and Skills are in need of further development. The Council has resources in place to compile and publish performance information and continually meets its statutory and locally agreed PI timescales. The continued development of PIMS has initiated data quality champions across the organisation through the recently created Performance Management Group (PMG). However, the PMG and network of data quality champions are not an embedded process across the organisation. Corporate roles and responsibilities for data quality need to be applied and operated consistently throughout the organisation. PMG should consider setting data quality standards for staff and departments and processes for assessing them against.

18   Training has been provided to staff on performance management system (PIMS) and data collection for performance indicators. This overlaps in part with training required in relation to data quality. Training requirements and opportunities for data quality could further be identified by completing an assessment of data quality skills across the workforce.

19   Control sheets are in place for calculating and responsible officers in relation to performance information and this goes someway to notify staff of their responsibilities. However, this relates to performance information, not data quality. Our review found that staff are not generally aware of their responsibilities in relation to data quality. Consideration should be given to amending job descriptions to include reference to roles and responsibilities for staff involved with data quality.

Data Use

20   There are effective arrangements and controls in place for the use of data. The PIMS is used effectively to collect and report performance information to managers and those charged with governance. Performance information is regularly used by managers to identify deviations from planned performance and there is timely action on performance shortfalls and follow up action has been taken, where appropriate. However, some departments evidence this better than others. Corporate guidance to ensure consistency between departments should be considered. Performance information is not cascaded down to operational staff or those who generate the information. Cascading performance information is recognised as good practice as it reinforces understanding of the way it is used throughout the process.

21   The Council generally has effective controls in place for reporting data. For example, definitions are generally applied correctly, data returns are supported by an audit trail in most instances and controls are in place to ensure that data entered into PIMS is verified and accurate. However, the information which is used to manage and improve service delivery may not always be based on quality data as the Council's process and checks do not necessarily identify all errors in raw data. This is illustrated by the high number of amendments, at audit (internal and external), of performance indicators. Effective data use requires confidence that the data used is accurate and complete.

Completeness Check (Stage 2)

22   The Audit Commission Central PI team undertook a review of the data entered onto the Electronic Data Collection system (EDC). This included:

- variance from previous year,

- reasonableness; and

- and confirmation the data entered was within the expected range.

23   This process did not highlight any indicators for which there was a significant variance which required further investigation. No omissions were identified.

24   The calculations and completeness for the following 12 selected BVPIs and 5 non BVPIs were checked and found to be complete and within reasonable and permissible parameters, subject to validation in Stage 3 spot checks.

Review of performance indicators (Stage 3)

25   The following PIs were reviewed using a series of spot checks and audit tests:

Culture

- assessment of users 16 and over of their library service (PLSS7);
- stock turn - book issues per 1,000 population/books per 1,000 population (IPF);
- stock level per 1,000 population (IPF); and
- cost per library visit (IPF).

Environment

- percentage of pedestrian crossings with facilities for disabled people (BVPI 165);
- planning speed (BVPI 109a, 109b, & 109c)
- recycling performance (BVPI 82a); and
- speed in fixing street lights (BVPI 215)

Housing

- service users moving on in a planned way (KPI2)
- Private sector homes vacant > 6 months
- Private sector properties made fit

Ad hoc – light touch

- Housing benefit

Summary of review findings - Culture PIs

26   All four Culture PIs reviewed were found to be fairly stated after amendment. We recognise that these were new PIs to 2006/07 and definition guidance on how to compile was distributed late and this caused some confusion regarding which figures should be included and which should be excluded. Our detailed review identified a number of system and procedure weaknesses in calculating and compiling this PI data. This involved issues with validating system data, ensuring appropriate audit trails to supporting records were available and the accuracy of system produced information. These issues were discussed with Cultural Services managers who gave an undertaking to introduce revised procedures for 2007/08 PIs. We acknowledge that the issues experienced by the Council in calculating these PIs were experienced by many other Councils.

27   We acknowledge the work completed by the Cultural Department staff in tackling these issues and in providing acceptable revised PI data by the PI deadline.

Assessment of users 16 and over of their library service (PLSS7)

- This PI is fairly stated after amendment. A number of system and control issues were identified when testing PI information to supporting and prime documentation. These issues have been discussed with Cultural Departmental officers responsible for collecting PI information.

28 **Stock turn - book issues per 1,000 population/books per 1,000 population (IPF) and Stock level per 1,000 population (IPF)**

- Both PIs are fairly stated following amendment. A number of issues were identified at audit when checking PI numerator and denominator information to sources records. Considerable further work was required by departmental staff to compile and validate reliable source records on which an accurate PI could be reported. These issues have been discussed with Management in the cultural service department. Improved systems and procedures for collecting, validating and reporting accurate performance indicators should be introduced for future years.

29 **Cost per library visit (IPF)**

- This PI is fairly stated following amendment. The indicator was initially calculated on net costs when it should have been based on gross costs. It is recognised that this was not clear when the initial information was collected.

Summary of review findings - Housing PIs

30 Housing PIs were found to be fairly stated, although two PIs were subject to amendment. Summary of our work is detailed below.

31 **Service users moving on in a planned way (KPI2)**

- This PI was new to 2005/06. A number of issues were identified with this PI which resulted in amendment. Some of the issues resulted from confusion with national compilation guidance and comparative information difficulties with a national government database. Other issues concerned the recording of PI prime information, audit trails and supporting records. We acknowledge the efforts of departmental staff in compiling information for the amended PI which agreed to prime records and was fully supportable.

32 **Private sector homes vacant > 6 months and Private sector properties made fit**

- A 'light touch' audit of these two PIs was completed. This involved agreeing the numerator and denominator information to supporting records and testing a small number of transactions to prime records. Anomalies were identified when testing numerator information to prime records for private sector homes vacant > 6 months. This resulted in the PI being recalculated and amended. No issues were identified during our review of Private sectors properties made fit PI.

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Summary of review findings - Environment PIs

33 Environment PIs was found to be fairly stated, although two PIs were subject to amendment.

34 **Percentage of pedestrian crossings with facilities for disabled people (BVPI 165)**

- This PI was reported as fairly stated after amendment. The PI was originally calculated on an outdated PI definition. Recalculating the PI on the current definition resulted in a significant decrease in the reported performance. The PI was amended from 94 per cent to 14 per cent Procedures should be introduced to ensure that the correct and most recent definitions are used to collect performance information.

35 **Speed in Fixing Street Lights (BVPI 215)**

- This PI was reported as fairly stated after amendment. Detailed testing of information held on the database used to calculate this PI identified a number of errors when compared to prime records. The number and type of errors were such that statistical sampling was undertaken to arrive at a revised BVPI value. Validation procedures should be introduced to ensure information included on to the database is accurate and agrees to prime records.

36 **Recycling performance (BVPI 82a) and Composting performance (BVPI 82b)**

- These PIs are fairly stated. A minor amendment was required to BVPI 82a, which did not result in a change to the reported PI (rounding issue).

37 **Speed of Planning Applications (BVPI 109a, 109b & 109c)**

- Our testing found that these PIs were fairly stated. One issue was identified where the source of the PI information (quarterly return to ODPM) did not agree with the figures used to calculate the PI or with a supporting list of planning applications produced by the database. This was due to amendments after the quarterly returns were submitted. The PI calculation was updated to include a small number of additional applications after the quarterly returns were submitted. Therefore the PI calculation did not 'reconcile' to the information source (Government quarterly returns) returns. Quality assurance checks should be completed to ensure that working papers support the PI calculation. Revised and update quarterly information returns should be sent to the relevant Government departments.

38 **Housing Benefit PIs**

- A number of issues have been apparent with the systems used to compile housing benefit PIs in the past. Whilst housing benefit PIs were outside the scope of the Audit Commission's review of selected PIs, our light touch review was aimed at confirming that the Council was committed to data quality and continued to use the most accurate method of compiling housing

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benefit performance indicators. Our review concluded that housing benefit performance indicators were compiled using previously agreed methodology and were in line with expected performance.

39   We will continue to consider the need to review non Audit Commission selected PIs as appropriate, to confirm our understanding of the Council's data quality arrangements. This will generally involve selecting a small number of non Audit Commission selected PIs and reviewing their method of compilation and checking their accuracy to supporting records.

Key recommendations

40   The Council meets the required standard for data quality, however, there are opportunities to improve and strengthen its current arrangements in a number of areas. Key areas for improvement are:

- ensure data quality objectives are clear and linked to performance management;

- ensure roles and responsibilities of individuals specific to data quality are prepared, clearly defined and embedded within the performance framework;

- prepare corporate data quality procedures and policies. Ensure they are consistently applied by all departments;

- ensure data collection and validation procedures are applied across all departments; and

- introduce arrangements to ensure data is collected on the 'right first time' basis.

Next steps

41   The report has been discussed and agreed with the Head of Policy. Officers have also agreed to prepare an action plan setting out the Council's response to our recommendations. The report will be presented to a Chief Officer Management Team meeting in April 2007 and subsequently reported to Cabinet and the Audit and Risk Management Committee.

Appendix 1 – Action Plan

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	Data Quality - The Council should:					
	Governance					
11	R1 Ensure data quality objectives are clear and linked to performance management.	3				
11	R2 Ensure roles and responsibilities of individuals specific to data quality are prepared, clearly defined and embedded within the performance framework.	3				
11	R3 Monitor and enhance the role of data quality champions as necessary.	2				
	Policies					
11	R4 Prepare corporate data quality procedures and policies. Ensure they are consistently applied by all departments.	3				
	Systems and Processes					
11	R5 Ensure data collection and validation procedures are applied across all departments.	3				
	R6 Introduce arrangements to ensure data is collected on the 'right first time' basis.	3				

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Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	R7 Review Internal Audit's role and involvement with regard to Performance Indicators.	2				
	People and Skills					
	R9 Complete an assessment of data quality skills across the Council.	2				
	R10 Define roles and responsibilities of staff involved in the data quality process. Consider incorporating data quality roles and responsibilities into staff job descriptions.	2				
	R11 Set data quality standards for staff and introduce arrangements to monitor.	2				
	R12 Introduce data quality training as required.	2				
	Data Use					
	R13 Introduce arrangements to ensure consistency of data use between departments.	2				
	Stage 3 – Performance Indicators					
	R14 Ensure systems are in place for collecting and validating cultural services performance information.	2				
	R15 Ensure correct definitions are followed when collecting pedestrian crossing performance information.	2				

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Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	R16 Introduce validation procedures to ensure speed in fixing street lights source information agrees with supporting (prime) records.	2				
	R17 Ensure data returns to government departments agrees with information used to calculate speed of planning performance information (BVPI109).	2				

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Appendix 2 - Summary data quality assessment by category

Subject area	Overall level of performance
Governance	2
Policies and procedures	2
Systems and processes	3
People and skills	1
Data use	2
Overall assessment	**2 – meets required standards**

Level of performance:

- Level 1 – Inadequate performance
- Level 2 – Adequate performance
- Level 3 - Performing well
- Level 4 – Performing strongly

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Appendix 3 - Summary Assessment - Governance

1 Governance & Leadership **Has the body put in place arrangements at a senior level to secure the quality of data used to manage and report on performance.**	
1.1 Responsibility for data quality is clearly defined Strengths • Clear responsibility and commitment from senior management	Areas to Develop • Need to differentiate between 'performance information' and Data quality and ensure the latter is incorporated in key documents. • There is a clear commitment within the Authority to monitor and improve performance and this is communicated within the council through PIMS. However, PIMS is only part of the performance management/DQ system. Information often originates from sub-systems/ other staff before being input into PIMS. The commitment to data quality is evident at senior management level, however, it is not evident that this has been communicated clearly to lower levels that all staff have a responsibility for data quality. • Accountability for data quality should be clearly and formally defined on an individual basis throughout the council. Some departments are better than others. • Data quality is seen as being 'part of the day' job' and is fully integrated into planning, monitoring and reporting process in the organisation. PIMS provides a structured basis for collecting PI data, but is reliant on underlying

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	data being input from various areas of the authority which do not have 'robust' systems in place – eg number of amendments, at audit, to PIs once submitted.
	• There is lead member for data quality issues and there is evidence that this role is undertaken effectively.
	• Members have received training on the importance of data quality and the body's specific approach to managing associated risks.

| *1.2 The body has clear data quality objectives*

Strengths

• Clear commitment from management for developing data quality strategy and objectives.
• The organisation is working to improve data quality
• The organisation has began to focus on data quality, but still developing
• | Areas to Develop

• Prepare a formal strategy for data quality linked to business objectives.
• Outline an action plan and timescale for data quality objectives.
• Ensure data quality is driven corporately and covers all departments.
• The organisation communicates its commitment to data quality to all staff at all levels of the organisation.
• All departments have set DQ objectives.
• Challenging DQ objectives have been set and are being achieved.
• The organisation has undertaken a review of staff awareness of DQ issues. |

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1.3 The body has effective arrangements for monitoring and review of data quality	
Strengths	Areas to Develop
- data quality review have been completed by Internal audit (monitoring and review) - Reports are submitted to senior management on DQ reviews - Action has been taken to address the results of internal and external DQ reviews – but still large number of errors found by IA/AC when checking PI data to source!	- Ensure data quality is considered as part of corporate risk management arrangements. - Ensure the outcome of data quality reviews are reported to those charged with governance. - Introduce arrangements to ensure that those charged with governance have opportunity to subject data quality issues to robust scrutiny. (accept there are arrangements in place to challenge performance information – different to DQ) - There is a formal programme of PI review (not DQ) by IA. This is reported senior management, not to those charged with governance. - Undertake benchmarking exercises to review/challenge effectiveness of its monitoring and review arrangements. - The organisation is able to demonstrate that it satisfies all internal and external requirements in relation to quality of its data. - The organisation can demonstrate that it has taken action to address key variances in relation to DQ. Evidence that data entered into PIMS is validate/checked for variances, not necessarily data provided by sub-systems. - Examples of good practice in securing DQ are publicised to all relevant staff. On PMG agenda.

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Appendix 4 – Assessment – Policies

2. Policies **Has the organisation defined its expectations and requirements in relation to data quality?**	
2.1 Has the organisation defined its expectations and requirements in relation to data quality? Strengths • "PI" data expectations and requirements are passed to departments through training courses/workshops • Procedure/guidance notes in place for PIMS/SWIFT, but do not cover all aspects of data quality/collection	Areas to Develop • Define "data quality" expectations and requirements and ensure that all relevant staff are made aware of these • DQ policies and procedures not yet prepared / in place or approved by senior management • DQ policy should cover requirements for partnership working, where relevant • Operational procedures should be developed with staff fully involved in the process
2.2 Policies and procedures are followed by staff and applied consistently throughout the organisation Strengths • staff training has been provided to relevant staff on PI issues. • relevant staff have received PIMS training	Areas to Develop • No structured training programme for data quality. • Mechanisms are in place to check data is input correctly into PIMS etc, not necessarily to monitor compliance with policies and procedures.

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• All relevant staff are aware of PI guidance/definitions and have access to documents (PIMS). Note – no formal DQ policy • The organisation can demonstrate that it is proactive in informing staff of policy/procedure update on timely basis – through PIMS	• Instances of non compliance with corporate policy, poor performance etc, have been investigated and corrective action taken. • DQ champion has not been assigned to departments.

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Appendix 5 - Assessment – System and Processes

3 Systems and Processes **Are there effective systems and processes in place to secure the quality of data?**	
3.1 There are appropriate systems in place for the collection, recording, analysis and reporting of the data used to monitor performance, and staff are supported in their use of these systems? Strengths • Implementation of PIMS has provided a structured basis for collection and reporting of PIs • Recognition of the importance of systems to operate on a right first time basis. Some work is needed to achieve this. • Support for staff using PIMS is provided, but improvements could be made with providing more support to staff using other sub-systems to collect/report performance data • Internal or external reviews have not identified and significant weaknesses with PIMS. • Systems are in place for reporting of performance information based on accurate, valid, timely, relevant and complete information. • Regular reviews has resulted in revised reporting arrangements being developed to respond to user needs • User views are considered when developing and /or	Areas to Develop • Ensure systems and processes operate on the 'right first time' principle rather than employing data cleansing or data manipulation processes. IA/AC findings on BVPI audits show large number of amendments – indicative of 'right first time' approach not working.

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implementing systems	
3.2 The body has appropriate controls in place to ensure that information systems secure the quality of data used to report on performance. Strengths • The council has some arrangements in place to review the effectiveness of controls. Specifically, Internal Audit has reviewed arrangements in place for specific PIs • High level reviews of data are carried out by internal audit before reporting to senior management. However, some departments have better arrangements than others. • PIMS has built in controls to minimise the scope for human error, manipulation and prevent erroneous data entry and unauthorised data changes – see also area to develop. • Data is subject to departmental checks and management reviews before being reported, in some instances. This is mainly evident with PIMS data. Not consistently applied to all data produced by sub-systems, otherwise less amendments at IA/AC audits (?) • The organisation is proactive in strengthening performance information system controls when issues are detected - evident for PIMS.	Areas to Develop • however these controls are not always in place for systems from which data originates (eg Swift) • there is no formal annual review of systems/sub systems to ensure that controls are working effectively • data originating from sub-systems/manual systems etc is not always subject to departmental checks and management reviews before being reported to top management. This is evidenced by high number of errors found by external review (internal/external audit) when checking BVPI information to source • a large number of PIs are still subject to amendment when checks to supporting records are made. Recommendations have been by IA/AC regarding this, but still large number of amendments are evident. This suggests departments are not strengthening performance information systems proactively, or reacting when issues are detected. • controls should be reviewed annually

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3.3 Security arrangements for performance information systems are robust, and business continuity plans are in place. Strengths - procedures notes / manuals are in place for business critical performance information systems (PIMS/SWIFT/ SIMS etc) – note, are procedures notes be prepared for ALL systems, including manual systems, which collect/ use performance information used by the authority? – Area for development? - The authority is taking action to ensure there is a business continuity plan for relevant systems. - Performance information systems (PIMS/SWIFT etc) are regularly tested to ensure that processes are secure - The authority is taking action to ensure that relevant systems are secure and any weaknesses identified are addressed, e.g. PIMS, SWIFT etc. This needs to be considered for performance information sub-systems also - area to develop?	Areas to develop - Procedures notes/manuals have not been prepared for all performance information/DQ systems identified as business-critical. - IA should consider testing other information systems (& sub systems) that generate performance information/DQ, not just for the '19 AC selected PIs.
3.4 An effective management framework for data sharing is in place. Strengths - There is a framework in place for identifying and complying with all relevant legal, compliance and confidentiality standards – DP & FoI. - Some protocols are in place for sharing key data internally. Could be strengthened if this was part of an overall framework for data quality – area to develop?	Areas to Develop - Identify internal and external data sharing opportunities. Develop data sharing protocols. - Ensure a formal set of quality requirements is prepared and applied to all data used by the organisation (including where source is from external 3rd party). - Develop controls across the organisation to validate data from 3rd parties. - Develop and implement data management governance standards across the authority – to include partnership working.

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Appendix 6 – Assessment – People and Skills

Does the organisation have the resources in place to secure data quality?	
4.1The body has communicated clearly the responsibilities of staff, where applicable, for achieving data quality? Strengths • The development of PIMS has initiated data quality champions across the organisation, through the newly created Performance Management Group (PMG). However, the PMG and data quality champions is not embedded across the organisation.	Areas to Develop • complete an assessment of the data quality skills in place across the workforce and identify potential gaps. • Control sheets are in place for calculating/responsible officers in relation to performance information and this goes someway to notify staff of there responsibilities. However, this is in relation to performance information, not data quality. DQ 3 testing indicates staff are not aware of their responsibilities in relation to DQ (PIs possibly). Errors identified during testing with PIs. • Roles and responsibilities below strategic level in relation to data quality are not clearly defined and documented nor incorporated into job descriptions • Roles and responsibilities for data quality should be applied consistently throughout the organisation • data quality targets and standards should be set and staff assessed against these • data quality champions – see strength, also area to develop – not embedded.

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4.2 The organisation has provided training to ensure that staff have the necessary skills in relation to Data Quality. Strengths • The organisation has trained staff to ensure they have the necessary skills to ensure effective collection, recording, analysing and reporting of data – in relation to PIMS, not DQ. Considered part strength (?), part area to develop (?)	Areas to Develop • Staff with specific responsibilities for data input or data quality have received DQ training • There is evidence of review of current DQ training provision • Some departments are addressing weaknesses identified from DQ reviews through training, but yet to be developed corporately • Any weaknesses identified through internal/external reviews of DQ are adequately addressed through training programmes • There is regular update training for staff to ensure latest changes in data, quality procedures, guidance and systems are disseminated and acted upon in a timely manner • There are corporate arrangements in place to ensure that DQ training provision is periodically evaluated and adapted • Future developments have been identified that may impact of DQ skills and capacity

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Appendix 7 – Data use

5 Data use **Are there effective arrangements and controls in place for the use of data by the organisation?**	
5.1 The body has put in place arrangements that are focused on ensuring that data supporting performance information is also used to manage and improve the delivery of services. Strengths • Performance information is regularly used to identify deviations from planned performance. Note – some departments evidence this more than others. • There is timely action on performance shortfalls and follow up action has been taken. Note – some departments evidence this more than others. • Data use for reporting to those charged with governance is also used for day-to-day management of the organisation's business. Evidenced in some departments, not all – potential area to develop • Reports are prepared on an exceptional basis so that areas where action is needed are clearly identified. Evidence this is used but still being developed. Not sure if all departments use. Potential area to develop. • There is evidence that management action is taken to address service delivery issues identified by data returns and performance information reports. Examples provided, however, not sure if fully adopted by ALL departments. Also area to develop.	Areas to Develop • Reported data is not as a matter of course fed back to those who generate it to reinforce understanding of the ways it is used • There is evidence that the authority uses data effectively to report performance and take action where necessary. There is scope to develop this across the organisation to ensure ALL departments 'comply'. See strengths for further comments • Data is collected to measure the volume of activity and to assess the quality of the service provided. Outcomes relating to user satisfaction (Wirral Citizen panels) are reported and reviewed separately rather than an integral part of the quality of the service • Senior management routinely use data supporting performance information to plan and allocate resources – no evidence of this.

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• Reports include an element of prediction rather than merely being a record of historical events. Performance reports include targets and commentary on under-performance. • Members are provided with high level information with which they can assess service delivery in relation to agreed plans	

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| 5.2 The body has effective controls in place for reporting data.

Strengths

• Definitions are generally applied correctly to all data items – note some instances found at annual reviews where incorrect definitions used to collect data.
• All data returns are supported by an audit trail, although there maybe some weaknesses
• There is evidence that controls are exercised over data to verify its accuracy – eg data entry into PIMS, IA, and responsible officer functions (completed to varying degrees but a control)
• Reported data is generally submitted on a timely basis both internally and externally.
• There is evidence that data is subject to senior approval prior to external reporting e.g. children's services, Adult services. Potential area to develop to ensure all service areas comply. | Areas to Develop

• Data returns are supported by clear and complete audit trails. No corporate framework to ensure all data returns are supported by clear and complete audit trails (eg CIPFA returns, RS/RO forms etc)
• There is evidence that members and senior officers follow up on action taken to ensure that the action has been implemented and has been effective |

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