



**Stafford**  

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**BOROUGH COUNCIL**

# **Data Quality Strategy**

**Last updated:**

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**Approved by:**

**CMG**

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**Document Owner:**

**Performance Management Group**

## 1. Introduction

- 1.1 The purpose of this Strategy is to outline our approach to improving Data Quality across the Council. Consistent, high-quality, timely and comprehensive information is vital to support good decision-making and improved service outcomes.
- 1.2 Performance information is increasingly being used by external bodies to assess our performance, often as an alternative to inspection, and this trend is causing external bodies to place a bigger emphasis on data quality. In particular, the external audit approach of checking calculations and systems reports is evolving into a more challenging scrutiny of systems controls.
- 1.3 This Strategy outlines the steps necessary to maintain the highest possible standards throughout the processes that result in recognisable performance information: from the establishment of PIs and their definitions, via the input of individual pieces of information to systems, to (in several but not all cases) the validation of an annual figure by Internal and External Audit.
- 1.4 There are a number of principles that will underpin our approach to good Data Quality. They will be considered sequentially because if any of these principles are not adhered to, inaccuracies are likely to creep in, and adherence to subsequent principles will not be able to rectify the position:

<b>Awareness</b>	Everyone recognises the need for good data quality and its contribution to performance management
<b>Definition</b>	Everyone knows how each Performance Indicator is calculated and how the information produced is used.
<b>Input</b>	There are controls over input of information into all manual and electronic systems used to produce the out turn figure.
<b>Verification</b>	There are robust verification procedures in place.
<b>Systems</b>	Systems need to be “fit for purpose”
<b>Output</b>	Performance indicators are extracted regularly and efficiently and communicated quickly
<b>Presentation</b>	Performance indicators are presented, with conclusive evidence, in such a way as to give an easily understood and accurate picture of our performance to external inspectorates and the public.

## **2. Awareness**

- 2.1 Data Quality will be the responsibility of every member of staff that inputs data into source information systems, electronic or manual within the Authority.
- 2.2 Data Quality will also be the responsibility of designated officers who calculate and input data from the source information systems, into the Performance Management System (Performance Plus).
- 2.3 Data Co-ordinators and Performance Management Team will have the responsibility to ensure that all information in the Performance Management System is reflected accurately in reporting mechanisms.
- 2.4 Internal Audit and the Performance Management Team have joint responsibility in ensuring that appropriate verification actions are undertaken, as specified in Section 5.
- 2.5 There will be collective responsibility for Data Quality, but it is necessary to be clear about what actions and responsibilities will be allocated to specific individuals and teams in order to implement this Strategy. All members of staff with specific obligations (outlined above) will be made aware of their individual responsibilities regarding Data Quality this responsibility will be reflected in Personal Development Plans (P.D.R.)

## **3. Definition**

- 3.1 To enable greater understanding of the purpose for each performance indicator and the calculation required, clear definitions will be outlined for all performance indicators. Definitions will specify the systematic process for collecting data, (including sources of data) and also clarify whether the target and outturn figures refer to a snapshot or cumulative position.
- 3.2 CPA/CAA/LAA indicators and NIs have nationally set definitions. In this instance, our validation document will show the local processing and information sources for this performance indicator. This local application will be compared to the national indicator definition, during the verification process (see Section 5). The Performance Management Team will provide each Data Co-ordinator with updated ODPM national definitions annually, before the beginning of each financial year.
- 3.4 Definition documentation will also support the identification and evaluation of processes, regarding Data Quality (see section 5)

## **4. Input**

- 4.1 There must be adequate controls over the input of data. Out-turn figures are only as good as the data input into source information systems and the Performance Management System in the first place. The aim will be

100% accuracy 100% of the time. We will have local performance indicators in place to measure our success against this aim.

- 4.2 Officers will have training (when required) and clear guidelines/procedures for entering data into source information systems and the Performance Management System. Training and a guide will be provided to Designated Officers for the Performance Management System. The definitions for each performance indicator outline the process followed to obtain the outturn.

## **5. Verification**

- 5.1 Data quality measures outlined above promote the principle of 'getting it right first time', rather than relying on verification to identify and address errors. Nevertheless, a thorough verification procedure should exist.
- 5.2 The Performance Management Team will ensure that quarterly verification takes place on selected performance indicators. Actions will be taken to address any issues regarding data quality.
- 5.3 Internal audit will ensure that annual verification takes place on selected performance indicators; these performance indicators are selected based on degree of risk.
- 5.4 The Council will also ensure that external contractors have Data Quality provisions incorporated into Service Level Agreements and Contract terms.
- 5.5 The Council will also ensure that partner organisations have adequate Data Quality provisions and Heads of Service will ensure that data sharing protocols are in place with these organisations.

## **6. Systems**

- 6.1 The Council has a programme of Business Process Re-engineering will be undertaken on all key processes and systems to ensure robust and consistent transaction processing, including developing ICT capabilities.

## **7. Outputs**

- 7.1 Quarterly Reports will be produced on Key Performance Indicator outturns. These reports will be placed on the Authority Intranet and presented to Cabinet and Scrutiny Committee.
- 7.2 All performance indicators and future three year targets will be presented for Scrutiny Committee Review, on an annual basis.
- 7.3 Reporting accurate and clear information regularly leads to good decision-making and improved performance. Our report format is constantly being improved to make the information presented more understandable.

## **8. Presentation**

- 8.1 Performance Indicators, including Local Indicators, are published annually in the Authority's Best Value Performance Plan. The Plan will be available on the intranet and internet by 30<sup>th</sup> June, initially un-audited. Any changes following audit will be attached promptly, as an addendum.
- 8.2 It is important to the Authority that the Audit Commission and other external stakeholders have confidence in the quality of the data it presents. Any Audit Commission reservations to our NI's, sends out a message to external stakeholders that our reported performance cannot be relied upon. It also poses a new risk of a decreased CPA categorisation now that NI's are used in the CPA, and that non-NI's used in CPA/CAA/LAA are subject to external audit. An improvement in the quality of our submissions will also result in a lower level of external audit scrutiny, leading in turn to a reduction in audit fees.
- 8.3 During external audits, there should be at least one other officer who is able to provide advice and information on the PI in the absence of the lead officer. This is an important control to ensure that audit work proceeds smoothly.

## **9. Review**

- 9.1 This Strategy will be reviewed by PMM in light of changes to our inspection regime and not later than three years from the initial approved date.