

Data Quality

Bracknell Forest Council

Audit 2008/09

February 2010



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Status of our reports

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Introduction

- 1 The purpose of this report is to summarise the findings from our data quality spot checks.
- 2 Use of Resources KLOE 2.2 focuses predominantly on arrangements for using fit for purpose information and securing data quality. We are required to undertake spot checks on a sample of indicators, based on our knowledge of local risks, as evidence to support this KLOE judgement.
- 3 The purpose of the spot checks is to support the auditor's judgement by confirming whether an authority's arrangements are working in practice and are applied consistently. The spot checks therefore consider whether data is fit for purpose by assessing the arrangements in place to generate the data and testing a small sample of supporting records. The purpose is not to comment specifically on the published value of an indicator, but it is to determine whether the figures are supported adequately.
- 4 Our work on data quality is complemented by the Audit Commission paper 'Improving information to support decision making - standards for better quality data'. The expected impact of the Audit Commission's work on data quality is that it will drive improvement in the quality of local government performance information, leading to greater confidence in the supporting data on which performance assessments are based.
- 5 This is the first review of data quality since the introduction of the National Indicator set. While some of the indicators may be new or amended from previous years, others are largely unchanged. However, the principles and significance of data quality remain a priority.
- 6 The spot checks focused on a small sample of indicators, and these were selected through agreement with the CAA Lead to provide area-wide feedback on a consistent range of significant measures. Those selected were:
 - NI 59 Percentage of initial assessments of children's social care carried out in less than, or equal to, 7 days of referral;
 - NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information;
 - NI 142 Percentage of vulnerable people who are supported to maintain independent living;
 - NI 155 Number of affordable homes delivered (gross); and
 - NI 198 Children travelling to school - mode of travel usually used (5-16 years - car) (including vans and taxis).
- 7 We also reviewed data quality arrangements as part of our audit of the Housing Council Tax Benefit subsidy claim. The results of the claim work have been reported separately in our separate report 'Certification of claims and returns - annual report'.

Summary findings

- 8 We reported in 2008 that the Council's data quality arrangements needed improvement. The Council is now taking steps to improve those arrangements, many of which are linked to the introduction of the new performance and risk management software (PARIS). A data quality strategy and action plan has been approved by CMT in September 2009. This is in the early stages of being rolled out.
- 9 The results of our spot checks in 2009 indicate that arrangements for achieving data quality remain variable. There is still considerable progress needed in ensuring staff understand and apply the processes necessary to ensure that data used to compile NIs is reliable.
- 10 A common issue across the indicators is the need to assess whether data provided externally to the Council is adequate for the purposes of compiling and reporting the NIs. This has been recognised in the Council's data quality action plan.

Recommendation
R1 Roll out the new data quality strategy. As part of this ensure that staff understand processes necessary to achieve data quality.

- 11 The details of findings from our work on individual NIs are included in 'Detailed Findings'.

Detailed findings

NI 59 Percentage of initial assessments of children's social care carried out in less than, or equal to, 7 days of referral.

- 12 Our review confirmed that there are adequate arrangements for producing NI 59.
- 13 The system was changed in 2008 and due to problems encountered, detailed validation checks were carried out by staff. We found one case where, due to human error, an incorrect date had been entered on the originating form.

Recommendation

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| R2 Assess whether current arrangements identify and investigate errors on originating documentation. |
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NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information.

- 14 Our review found that there are inadequate arrangements for producing NI 135, however the Council is taking steps to address this. A new system - IS Protocol is planned for February 2010 and management arrangements for the NI are being reviewed. Officers anticipate that the level of manual intervention will be reduced and that the new system will enforce standards of data input.
- 15 NI 135 highlights the percentage of carers in receipt of needs assessment or review and a specific carer's service, or advice and information as a proportion of the total population receiving a community based service.
- 16 Carers' assessments are completed by various different care groups based across the authority, some are jointly funded by partners. It also includes one charity – Bracknell Voluntary Action. Assessments can be conducted by any member of those teams and it is their responsibility to record the assessment and associated outcome.
- 17 Carers' assessments are entered onto the SWIFT database by the care group responsible for completing the assessment. SWIFT does not hold all the necessary information about the carer such as age, disability, gender etc which is required for the RAP return. Therefore, care groups are also asked to submit further information via a template collated on a bi-annual basis. This data is collated, along with information submitted by Bracknell Voluntary Action, following a different template into a master spreadsheet which includes filters to highlight the information necessary to complete the RAP return.

18 Our review of management arrangements found:

- there is a high level of intervention needed to produce the indicator – this increases the risk of error;
- the team provides support to those submitting data on an individual basis and through meetings. At the time of the audit there was no specific guidance covering the details of the specific NI being collated. This is now being drafted;
- the performance team provide exception reports on data submitted to managers responsible for data input but do not receive feedback on how these have been used; and
- as a variety of templates are used in different ways it is not straightforward to transfer information into the master spreadsheet – this increases the risk of error. Officers do not expect these templates to be required when the new system is implemented.

19 Our testing revealed the following.

- The spreadsheet used to produce the denominator requires filters to be used in order for the correct data to be available. There are no filters saved on the spreadsheet and no formulas to count the data so manual counting of the lines was necessary for our testing. There are no explanation notes on how to use the spreadsheet. This increases the risk of error.
- For the purposes of our review, we were provided with a copy of the master spreadsheet which includes copies of the template submitted by care groups. To demonstrate the collections, we tested two versions of the template and compared these figures with the master spreadsheet. We found errors – including 2 duplications and 9 cases of missing information.

Recommendation

R3 Reassess the system for capturing data for NI 135:

- reduce the level of manual intervention;
- set data quality standards;
- clarify responsibility for checking data input by care groups;
- clarify responsibility for validating raw data used for producing the NI;
- communicate contractual standards for groups submitting data to staff with responsibility for producing the NI;
- provide training including specific guidance to those inputting to SWIFT and standardise templates used; and
- complete the guidance for compiling the indicator.

Detailed findings

NI 142 Percentage of vulnerable people who are supported to maintain independent living.

- 20 Our review found that, apart from the need to assess the quality of information from providers' workbooks, there are adequate arrangements for producing NI 142.
- 21 The data used to calculate the NI is taken from workbooks submitted by providers on a quarterly basis. Our testing revealed no errors in how data is taken from workbooks to compile the NI.
- 22 Data quality forms part of the contract compliance framework undertaken annually however there is no evidence to suggest that the authority has a routine procedure for 'spot checking' data in order to ensure that the figures are correct. Officers are of the view that accuracy is assured through validation and knowledge of a suite of indicators and that this would highlight outliers for further review. However, should the quality of underlying data be poor this would not be an adequate control.

Recommendation

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| R4 Consider developing and implementing spot checking of data submitted by providers to validate data more reliably for NI 142. |
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NI 155 Number of affordable homes delivered (gross).

- 23 Our review found that arrangements were inadequate for producing NI 155.
- 24 The figure is derived from quarterly returns from RSLs and developers. However, these returns were only in place from quarter 3 of 2008/09. Until then the Council used its lettings spreadsheets. We found the audit trail hard to follow. In addition, our testing identified that 23 properties completed in March 2009 but not notified until after year end were not included in NI 155 for 2008/09, however are planned to be included in the 2009/10 NI.

Recommendation

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| R5 Strengthen arrangements for producing NI 155 to ensure that properties completed towards the end of the year are included in the correct year. |
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NI 198 Children travelling to school - mode of travel usually used (5-16 years - car) (including vans and taxis).

- 25 Our review found that, subject to the need to consider checking source data from schools, there are adequate arrangements for producing NI 198.
- 26 The Council does not carry out any spot checking (back to source documentation) on the school census data uploaded via the Collect secure website. Schools themselves do the uploads and it is assumed that they have collated the data accurately.

27 There are some improvement points around the treatment of data from independent schools. We identified:

- inconsistent treatment of data regarding boarders in independent schools;
- no documentary support for the figure used in the calculation of the pupils attending the Licensed Victuallers School; and
- figures used for Lambrook Haileybury school were not provided for 2008/09 so, in line with the methodology documented locally, previous years figures were used. However, the methodology states that the average for the years where data was collected should be used but the data for 2007/08 alone was actually used in the 2008/09 calculation. The required methodology for calculating independent schools data should be applied where current year data has not been provided.

Recommendations

R6 Strengthen arrangements for producing NI 198 by assessing if checks should be made back to source documentation.

R7 Ensure the correct treatment of data from independent schools:

- identifying the correct treatment of boarding pupils;
- ensuring there is support for pupil numbers at all schools; and
- applying the methodology correctly for schools where data has not been provided.

Appendix 1 – Action plan

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
Data Quality Action plan						
4	R1 Roll out the new data quality strategy. As part of this, ensure that staff understand processes necessary to achieve data quality.	3	Head of Performance and Partnerships	Yes		2010
5	R2 NI 59 - Assess whether current arrangements identify and investigate errors on originating documentation.	1	Head of Performance and Governance	Yes		2010
6	R3 Reassess the system for capturing data for NI 135: <ul style="list-style-type: none"> • reduce the level of manual intervention; • set data quality standards; • clarify responsibility for checking data input by care groups; • clarify responsibility for validating raw data used for producing the NI; • communicate contractual standards for groups submitting data to staff with responsibility for producing the NI; • provide training including specific guidance to those inputting to SWIFT and standardise templates used; and • complete the guidance for compiling the indicator. 	3	Head of Performance and Governance	Yes		2010

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
7	R4 Consider developing and implementing spot checking of data submitted by providers to validate data more reliably for NI 142.	2	Head of Housing Strategy and Need	Yes		2010
7	R5 Strengthen arrangements for producing NI 155 to ensure that properties completed towards the end of the year are included in the correct year.	3	Head of Housing Strategy and Need	Yes		2010
8	R6 Strengthen arrangements for producing NI 198 by assessing if checks should be made back to source documentation.	2	Travel Plan Co-ordinator	Yes		2010
8	R7 NI 198 - Ensure the correct treatment of data from independent schools: <ul style="list-style-type: none"> identifying the correct treatment of boarding pupils; ensuring there is support for pupil numbers at all schools; and applying the methodology correctly for schools where data has not been provided. 	2	Travel Plan Co-ordinator	Yes		2010

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