

AGENDA ITEM: 9

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Meeting	Audit Committee
Date	20 March 2007
Subject	External Audit report on Data Quality
Report of	Deputy Director for Resources and Chief Finance Officer
Summary	To inform the Committee of the key findings of the external audit data quality review and report on the external auditor's action plan.

Officer Contributors	Clive Medlam, Deputy Director for Resources and Chief Finance Officer Shahin Farjami, Business Improvement Manager
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1 – Robson Rhodes Data Quality Audit Report 2005-2006 Appendix 2 – Action Plan Update
For decision by	Audit Committee
Function of	Council
Reason for urgency / exemption from call-in (if appropriate)	None

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1. RECOMMENDATIONS

- 1.1 That the committee note the recommendations of the external auditor's report and action plan.**
- 1.2 That the Committee consider whether they have any views on the external auditor's recommendations and action plan.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 The Corporate Plan Technical Appendix was agreed at Council on 27 June 2006.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The setting, monitoring and revision of corporate priorities and policy considerations is supported by decisions based on corporate data. Good quality data is essential to ensure effective decision making. One of the objectives of the 'Better Council for a Better Barnet' priority is to lead and enable change, improvement and value for money. Performance management is one of the main ways of ensuring this and robust data quality is a pre-requisite of that.

4. RISK MANAGEMENT ISSUES

- 4.1 Poor data quality opinions from the external auditors may ultimately impact on the council's reputation and rating under various inspectorates.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The auditor's report relates to all key data and specifically considers data in relation to services that support the vulnerable. Poor data quality in such services may lead to decisions that have a negative impact on the most vulnerable in our community. In addition, robust data quality also supports the council in prioritising resources to those people who may be disproportionately affected in the way services are delivered.

6. FINANCIAL, STAFFING, ICT AND PROPERTY IMPLICATIONS

- 6.1 None

7. LEGAL ISSUES

- 7.1 None

8. CONSTITUTIONAL POWERS

- 8.1 The terms of reference for Audit Committee includes consideration of the external auditor's annual letter, relevant reports, and report to those charged with governance.

9 BACKGROUND INFORMATION

- 9.1 The introduction of the 2005 Audit Commission Code of Audit Practice ('the 2005 Code') led to a revised approach to the audit of performance data in the form of a data quality review. This review was undertaken by our External auditors, Robson Rhodes and their report is attached as appendix 1.
- 9.2 Of the 12 indicators selected for detailed spot-checking from the set of 19 CPA indicators (see page 43 of the appendix), three were Best Value Performance Indicators (BVPIs) and the remaining nine were non-BVPIs drawn from other service-specific assessment frameworks. Indicators from libraries, housing and transport were selected for audit in Barnet. One indicator was reserved due to a lack of audit trail (service users who have moved on in a planned way from temporary accommodation) and two indicators required amendment before they were passed due to a material misstatement in the figures reported by the Council.
- 9.3 As part of their overall conclusion on data quality the auditors also revisited two areas in which significant concerns had been identified in the past, specifically adult social services, and human resources & payroll.
- 9.4 For adult social services, performance indicators had been reserved at audit for a number of years. In this area the auditors placed reliance on the work of internal audit, who increased their level of assurance from 'no assurance' in January 2006 to 'satisfactory' in September 2006.
- 9.5 As regards the human resource and payroll functions the auditors are of the view that the Council has made a sustained effort to address data quality issues within this area and that overall the arrangements in this area have now been brought to an adequate standard, although there remains the risk of incomplete information in respect of some schools. Given the Council's efforts to address the problems identified in these areas and the progress made, the residual outstanding issues have been judged not to have a material impact on the overall conclusion on data quality.
- 9.6 The Council achieved a score of **2 out of 4** for its overall management arrangements in 2006, which reflects an assessment that the Council is 'performing adequately' in accordance with the Audit Commission's scoring framework. In the context of the timing of this work and the fact that the Council's arrangements for 2005/06 were assessed against criteria published in 2006/07 our auditors are of the opinion that the Council's performance is more than satisfactory and gives no reason for concern at this time.

- 9.7 The Council was assessed as performing adequately in all areas but one, and performing well in 'data use'. We have committed to writing and implementing a Corporate Data Quality report by September 2007.

Area	Score
Leadership and Governance	2
Policy	1
Systems and Processes	2
People and Skills	2
Data Use	3
Overall Score	2

- 9.8 The audit report concluded the following:

"It is our view that if the Council continues improving and addresses the areas we have identified, looking forward to next years judgement it should be well placed to begin to see the benefits in the scores awarded.

Assuming no decline in overall management arrangements for data quality and that the Audit Commission follows a consistent approach, the Council will have fewer indicators selected for detailed spot-checking in future years."

- 9.9 The external auditors have made a number of recommendations. These recommendations are being tackled through a planned programme of work and are reflected in the 2007/08 Value for Money and Community Choice Key Priority Plan. An update on progress against the action plan is set out in appendix 2.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

Legal: JEL
CFO: CM

Appendix 1

London Borough of Barnet

Data Quality Audit 2005-06

November 2006

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1 Executive Summary

Introduction

- 1.1 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.
- 1.2 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.
- 1.3 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.
- 1.4 The Audit Commission's data quality review process is designed to assess arrangements put in place by the Council to address these issues. The 2005-6 review took place in three stages. Firstly, we undertook a review of overall corporate management arrangements for securing data quality. Secondly, we undertook completeness checks on data submitted for the 19 indicators (see Appendix C) selected by the commission, and thirdly we undertook detailed spot checks on a sample of 12 of these 19 indicators.
- 1.5 In order to reach our overall conclusion on data quality we also revisited two areas in which significant concerns over data quality have been identified in the past, specifically adult social services, and human resources & payroll.
- 1.6 We commenced our fieldwork in accordance with the Audit Commission's timetable in June 2006 with a view to reporting our audit findings for all three stages to the Audit Commission on 16 October 2006.

Results

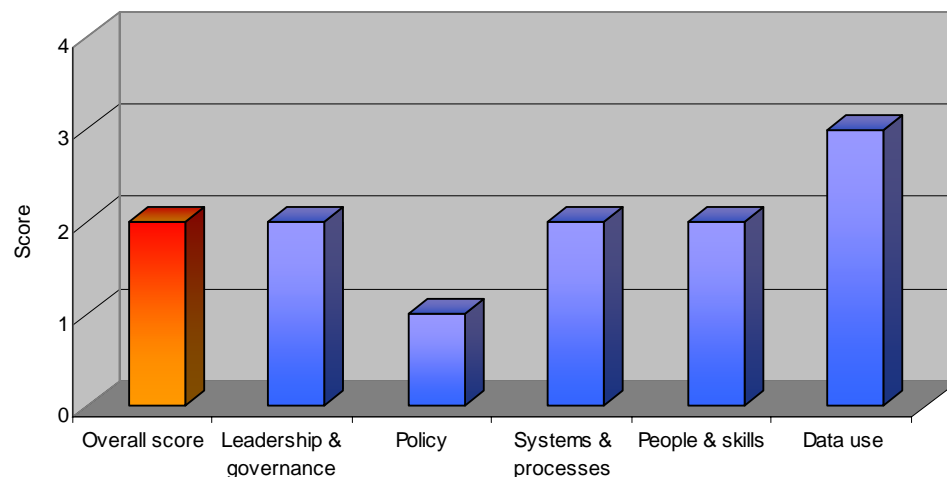
Stage 1 – Overall Management Arrangements

- 1.7 The review of overall management arrangements for securing data quality covers the following five themes:
 - Governance and leadership;
 - Policies;
 - Systems and processes;
 - People and skills; and

- Data Use.

- 1.8 Each of these themes is comprised of a number of Key Lines of Enquiry (KLOE), which are scored on a 1-4 basis, 1 equating to inadequate performance, 2 representing adequate performance, 3 good performance and 4 innovative practice. The Council achieved a score of **2 out of 4** for its overall management arrangements in 2006, which reflects an assessment that the Council is 'performing adequately' in accordance with the Audit Commission's scoring framework. In the context of the timing of this work and the fact that the Council's arrangements for 2005/06 were assessed against criteria published in 2006/07 we take the view that the Council's performance is more than satisfactory and gives no reason for concern at this time.
- 1.9 This stage of the data quality review also impacts upon our conclusions on value for money under the revised audit code for use of resources. Based on our stage 1 conclusion, we recorded a 'pass' against the audit code data quality criterion on 29 September 2006 (see section two for further information).
- 1.10 Individual KLOE results are shown in figure 1 below;

Figure 1: Individual Scores



- 1.11 At the time of reporting, national results for stage 1 have not been released and we are therefore unable to benchmark Barnet's scores against those of comparable authorities. This information will be provided as soon as it becomes available. The Council was assessed as performing adequately in all areas but one, and performing well in 'data use'. Specific weaknesses, discussed in more detail below, prevented the Council from achieving a 2 in the area of 'policy'.

Stages 2 and 3 – Completeness and spot checks

- 1.12 No significant issues were identified at stage 2, with all information recorded on the Audit Commission's electronic data capture (EDC) system appearing reasonable and complete subject to further detailed spot-checking at stage 3.
- 1.13 Of the 12 indicators selected for detailed spot-checking from the set of 19 CPA indicators, three were Best Value Performance Indicators and the remaining nine were non-BVPIs drawn from other service-specific assessment frameworks. Indicators from libraries, housing and transport were selected for audit in Barnet. Results are summarised below;

- One indicator was reserved due to a lack of audit trail (service users who have moved on in a planned way from temporary accommodation);
- Two indicators required amendment due to a material misstatement in the figures reported by the Council, although both indicators were passed once amended (BV215 – rectification of streetlight faults and H17 – private sector unfit properties made fit).

Service-specific data quality issues

- 1.14 In order to reach our overall conclusion on data quality we revisited two areas in which significant concerns over data quality have been identified in the past. Firstly, the Council has made a sustained effort to address data quality issues within its human resource and payroll functions. Overall, we are of the view that arrangements in this area have now been brought to an adequate standard, although there remains the risk of incomplete information in respect of some schools. Secondly, adult social services performance indicators have been reserved at audit for a number of years. In this area we were able to place reliance on the work of internal audit, who increased their level of assurance from 'no assurance' in January 2006 to 'satisfactory' in September 2006.
- 1.15 Given the Council's efforts to address the problems identified in these areas and the progress made, the residual outstanding issues have been judged not to have a material impact on our overall conclusion on data quality.

The Way Forward

- 1.16 We have identified a number of development opportunities in this report to assist the Council with its improvement agenda. It is our view that if the Council continues improving and addresses the areas we have identified, looking forward to next years judgement it should be well placed to begin to see the benefits in the scores awarded.
- 1.17 Assuming no decline in overall management arrangements for data quality and that the Audit Commission follows a consistent approach, the Council will have fewer indicators selected for detailed spot-checking in future years.
- 1.18 Where our recommendations are intended to assist the Council in achieving a Level 4 score for future years it is important that the Council considers the costs and benefits of implementing procedures to meet the Level 4 criteria, balancing the needs of users against the Council's desire for an overall score on Data Quality.

Future changes to the Data Quality review methodology

Stage 1 – Overall Management Arrangements

- 1.19 The Audit Commission is currently developing its 'Standards for Better Data Quality'. This document will identify the practical characteristics of a Council that is performing well (i.e. at level 3) in respect of its overall management arrangements for data quality. Future stage 1 assessments may change in line with this work as the commission's thinking develops. Furthermore, there may be changes arising from feedback on work undertaken in 2006.

1 Executive Summary

- 1.20 We will keep the Council informed of any changes to the criteria for future years as we become aware of them. However the Council should note that some of these changes may lead to changes in the focus of recommendations made in the action plan set out in Appendix A.

Stages 2 and 3 – Completeness and spot checks

- 1.21 We do not expect significant changes to the definitions of individual performance indicators in 2006/07, however in some specific cases there appears to be an argument for amending the detailed audit approach followed.
- 1.22 However, the 19 PIs selected for audit in 2006 are part of a larger subset of indicators used for service block assessments for Culture, Environment and Housing. It is reasonable, therefore, to anticipate some changes to this set in forthcoming years. We will keep the Council informed of any developments in this area as we become aware of them.

Acknowledgements

- 1.23 We would like to take this opportunity to thank the corporate performance office, performance leads within service departments, internal audit and all other officers involved in our review for their help and support during the course of our work.

RSM Robson Rhodes LLP

November 2006

2 Approach and Context

Background

- 2.1 The introduction of the 2005 Audit Commission Code of Audit Practice ('the 2005 Code') has led to a revised approach to the audit of performance data. There is no specific provision within the 2005 Code for the audit of best value performance indicators, as was previously the case.
- 2.2 However, data quality does appear as one of a number of criteria within the overall code judgement on value for money; *'The body has put in place arrangements to monitor the quality of its published performance information, and to report the results to members'*.
- 2.3 This is consistent with one of the five strategic themes of the Audit Commission; *'To stimulate significant improvement in the quality of data and the use of information by decision makers'*.
- 2.4 Therefore the Audit Commission have mandated that a three-stage piece of work be undertaken to meet these requirements.

Stage	Covers	Required for
Stage 1	Management arrangements Review of overall management arrangements to secure data quality	Code VFM conclusion
Stage 2	Completeness check Arithmetic check (variance, plausibility and range) of calculations for Best Value Performance Indicators ('BVPIs')	CPA
Stage 3	Data quality spot checks In-depth review of a sample of PIs (from a list of specified BVPIs and non-BVPIs)	CPA

- 2.5 Each of these three stages has been considered in turn.

Stage 1 – Overall Management Arrangements to secure data quality

- 2.6 The objective of this stage of the review is to determine whether appropriate management arrangements for data quality are in place at a corporate level, and whether these are being applied in practice. The focus at this stage is on data that is published by the authority or used at top management or member level for decision-making. Individual or departmental systems for producing specific performance indicators are not assessed in detail at this stage, except where there is reason to believe that there are material issues of sufficient magnitude to affect the auditor's overall conclusion. This new approach is a

significant departure from the work auditors have previously undertaken on Best Value Performance Indicators.

- 2.7 Specifically the Stage 1 audit covers the following five themes with a number of key lines of enquiry within each:

Theme	Key lines of enquiry
Governance and Leadership	<ul style="list-style-type: none"> Responsibility for data quality is clearly defined; The Council has clear data quality objectives; and The Council has effective arrangements for monitoring and review of data quality.
Policies	<ul style="list-style-type: none"> A policy for data quality is in place, supported by a current set of operational procedures and guidance; and Policies and procedures are followed by staff and applied consistently throughout the organisation.
Systems and Processes	<ul style="list-style-type: none"> There are appropriate systems in place for the collection, recording, analysis and reporting of the data used to report on performance, and staff are supported in their use of these systems; The Council has appropriate controls in place to ensure that information systems secure the quality of data used to report on performance; Security arrangements for performance information systems are robust, and business continuity plans are in place; and An effective management framework for data sharing is in place.
People and Skills	<ul style="list-style-type: none"> The Council has communicated clearly the responsibilities of staff, where applicable, for achieving data quality; and The Council has arrangements in place to ensure that staff with data quality responsibility have the necessary skills.
Data Use	<ul style="list-style-type: none"> The Council 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; and The Council has effective controls for data reporting.

- 2.8 As discussed above, the outcome of the Stage 1 review feeds into our value for money conclusion, but it also acts as a risk assessment in choosing the number and type of indicators for the Stage 3 data quality spot checks.

Scoring

- 2.9 The overall management arrangements to secure data quality score are based on combining auditors' scores for each of the areas covered. The score will be on the following scale:

4 = Well above minimum requirements and equates to those councils which are performing strongly. *A level 4 would be achieved where a council can demonstrate that arrangements are*

innovative and beyond what might have been traditionally considered to be best practice for any given area.

3 = Consistently above minimum requirement, equating to those council's who are considered to be performing well. *A level 3 would be achieved where appropriate arrangements were in place and could be demonstrated to have been operating effectively and fully embedded within the culture of the council.*

2 = At only minimum requirements which equates to adequate performance. *A level 2 would be achieved where appropriate arrangements were considered to be in place but could not yet be demonstrated to be embedded in the culture of the council and operating effectively.*

1 = Below minimum requirements and equates to inadequate performance.

- 2.10 Each judgement area consists of a number of key lines of enquiry and areas of audit focus and evidence. There are also descriptions of performance against each key line of enquiry showing performance levels 2, 3 and 4 against which we were required to assess the Council's performance.
- 2.11 Unlike the Use of Resources judgements, a 'best fit' approach is to be used in determining the scores. For example, to score a 'level 3' for a particular theme, the Council would not need to achieve all of the level 2 and level 3 descriptors, however, audit judgement is used to determine the most appropriate score for the Council based on performance against all the descriptors within each theme.

Stage 2 – Completeness check

- 2.12 The objective of this stage of the review is for the auditor to check the arithmetic completeness and acceptability of data that support the 19 PIs listed in Appendix C, which have been specified by the Audit Commission for detailed review at stage 3 (spot checks). In all cases these PIs will relate to the financial year ending 31 March 2006.
- 2.13 As part of this review Council's were required to submit all BVPI data to the Audit Commission, via the EDC extranet site, by 14 July 2006. Furthermore, Council's were required to provide data to auditors on non-BVPIs, who in turn submitted this data onto the EDC extranet.
- 2.14 As well as providing the Audit Commission with explanations for changes in performance, the Stage 2 audit results inform the risk assessment for choosing which indicators (both BVPI and non-BVPI) are selected for the Stage 3 audit.

Stage 3 – Data Quality spot checks

- 2.15 Using the outcomes of the Stage 1 audit of overall management arrangements to secure data quality, auditors determined the number of PIs for work at Stage 3 using the ranges in the table overleaf;

Stage 1 results		Range of PIs to be reviewed at Stage 3	
Assessment	Risk	Single Tier and Counties	Districts
1 – inadequate	High	10 to 12	3 to 4
2 – adequate	Medium	8 to 10	2 to 3
3 – performing well			
4 – performing strongly	Low	6 to 8	1 to 2

2.16 The outcomes of the Stage 2 audit were used to determine which indicators from Appendix C were chosen for audit.

2.17 The objectives of testing a particular PI are to determine whether it has been fairly stated in accordance with the Audit Commission's criteria:

- that the source data has been assessed against the six data quality dimensions (completeness, accuracy, reliability, validity, relevance and timeliness) as applicable - further details of these dimensions are provided in Appendix D;
- that the source data is correctly represented in the PI;
- that the correct definition has been used; and
- that the correct calculation method has been used.

2.18 We are required to form this conclusion and report our findings to the Audit Commission, via the EDC extranet.

Timing

2.19 We undertook our fieldwork for all three stages between June and September 2006 and submitted our results to the Audit Commission by the revised deadline of 16 October 2006. Unlike the Use of Resources judgements there is no Audit Commission-led quality review process, therefore the results submitted on 16 October 2006 are not subject to national Audit Commission quality assurance.

Scope and nature of this report

2.20 This report summarises the results of our work in reaching a conclusion on the Data Quality audit. It is not intended to cover every issue that has come to our attention, but rather provide an overview of the key issues identified during the course of our review.

2.21 This is the final version of our report subject to the Council providing management responses to our recommendations, shown in appendix A.

3 Stage 1 results - overall management arrangements

3.1 The purpose of and context for this part of the review are set out in section 2 above. The table below gives the scores which the Council achieved in the audit of the corporate management arrangements to secure data quality. Detailed findings from this part of the review are provided in appendix B of this document.

Reference:	Theme	2005-06 Judgement
1.	Governance and Leadership – overall score	2
1.1	Responsibility for data quality is clearly defined	2
1.2	The body has clear data quality objectives	2
1.3	The body has effective arrangements for monitoring and review of data quality	2
2	Policies – overall score	1
2.1	A policy for data quality is in place, supported operational procedures and guidance	1
2.2	Policies and procedures are followed by staff and applied consistently	1
3	Systems and Processes – overall score	2
3.1	There are appropriate systems in place and staff are supported in their use	2
3.2	Information systems have controls to secure the quality of data used to report on performance	2
3.3	Security arrangements and business continuity plans are in place	2
3.4	An effective management framework for data sharing is in place	2
4	People and Skills – overall score	2
4.1	The body has communicated clearly the responsibilities of staff for achieving data quality	2
4.2	Staff with responsibility for data quality have the necessary skills	2
5	Data Use – overall score	3
5.1	Performance information is used to manage and improve services	3
5.2	The body has effective controls in place for data reporting	2
	Combined Score for Overall Management Arrangements	2

3.2 We set out below the main achievements and key barriers for the Council in being awarded the next level for each of the themes given above. Full details of all of our findings are included within Appendix B.

Key Findings:

3.3 The Council achieved a level 2 for the arrangements in place to secure good quality data, and have therefore been judged to be 'performing adequately'.

3.4 The following key strengths were identified by our work;

- The Council has made a clear commitment to data quality and there are a number of areas in which significant improvements have been driven by an overall focus at senior management level. The Council has a track record of taking robust action where problems with data quality have been identified.
- Corporate systems for the collection, recording, analysis and reporting of performance data are generally effective with some specific weaknesses, and the Council has been proactive in making improvements in key areas. Security and business continuity arrangements are in place for business-critical performance information systems.
- Feedback from Council staff at an operational level is positive, with clear recognition of the corporate focus on data quality and several examples of improvement work at departmental level. Staff generally feel well supported in their interaction with corporate performance management processes, and some training has been made available to them.
- A particular strength for the Council is its use of performance information to manage and improve the delivery of services through a variety of innovative review and challenge mechanisms. Performance information is regularly used to identify deviations from planned performance, and there is evidence that management action is taken to address the service delivery issues identified.

3.5 The following key areas for improvement were identified by our work

- Despite a strong commitment to improving data quality, the Council appears to lack a clear strategic framework for future progress in this area, and would benefit from regular, formal monitoring of the quality of its key performance information.
- Furthermore, corporate requirements and expectations in relation to data quality are not clearly and formally set out. A particular weakness is that some key performance indicators, including a number linked to strategic objectives within the corporate plan, are not formally defined and audit trails for them are not transparent.
- Some corporate performance management processes are not formally defined or covered by procedure notes, such as the quarterly KPI data collection process. A quarter of the indicators covered by detailed spot-checks at stage 3 were found to be unfairly stated, indicating that corporate systems, whilst generally adequate, still have weaknesses in some areas.
- The Council only meets basic criteria in relation to its management framework for data sharing. Whilst most key partnerships are covered by data sharing protocols, the Council has not been able to show that it applies formal quality requirements to data shared with external agencies, or that it has a clear view of where and how it shares data internally and externally.
- Responsibility for data quality is not consistently formalised within appropriate job descriptions and performance appraisals.

The Way Forward

3.6 We have raised a number of recommendations in the action plan in Appendix A.

3.7 To achieve a score of 'level three' and assuming that there are no major changes to the key lines of audit enquiry, there are a number of steps that the Council can take to address weaknesses identified within our work. These are set out within the action plan, along with a number of further actions that can be taken to move towards a score of a 'level 4' in some areas. However, the Council would need to consider the relative costs and benefits of achieving those standards required to meet Level 4 criteria.

4 Stage 2 results: completeness checks

- 4.1 The objective of this stage of the work is for the auditor to review the arithmetic completeness of data and acceptable values that support the 19 PIs listed in Appendix C, which have been specified by the Audit Commission for detailed review at stage 3 (spot checks).
- 4.2 Audited bodies are required to have submitted data for all BVPIs which are applicable to them, not just the specified BVPIs in Appendix C, onto EDC by 14 July.
- 4.3 Once audited bodies have submitted data onto EDC, the Audit Commission's PI team in London will carry out the following arithmetic checks on all of the BVPIs for which an authority is required to collect data:
- a variance analysis against:
 - previous years' data held on EDC (where available);
 - the authority's peer group;
 - plausibility checks on the submitted data; and
 - a range analysis.
- 4.4 For any of the nine specified BVPIs from Appendix C for which an authority is required to collect data, auditors will be required to:
- obtain brief explanations from the authority for any issues arising from the arithmetic checks which have been undertaken by the Audit Commission's PI team in London (these will be highlighted to auditors on the EDC system); and
 - record their findings onto EDC.
- 4.5 As the Audit Commission does not have the mandate to require authorities to enter non-BVPI data onto EDC themselves, the audit approach for specified non-BVPIs is different from that used for specified BVPIs.
- 4.6 For any of the ten specified non-BVPIs from Appendix C for which an authority is required to collect data, auditors will be required to:
- collect the data items from authorities;
 - obtain brief explanations from the authority for any issues arising from the arithmetic checks undertaken by the auditors; and
 - record their findings onto EDC.
- 4.7 We completed our work and submitted our findings to the Audit Commission in advance of the revised deadline of 16 October 2006. No significant issues were identified at this stage.

5 Stage 3 audit: Detailed spot checks

- 5.1 This detailed review of PIs is the third element of a three-stage approach to the review of data quality developed by the Audit Commission.
- 5.2 Using the outcomes of the Stage 1 audit of overall management arrangements to secure data quality, auditors should determine the number of PIs for work at Stage 3 using the ranges in the table below;

Table: Impact of stage 1 reviews

Initial assessment of management arrangements from Stage 1		Range of PIs to be reviewed at Stage 3	
Assessment	Risk	Single Tier and Counties	Districts
1 – inadequate	High	10 to 12	3 to 4
2 – adequate	Medium	8 to 10	2 to 3
3 – performing well			
4 – performing strongly	Low	6 to 8	1 to 2

- 5.3 Our assessment of Stage 1 demonstrated that the Council scored a level 2, representing medium risk for the Stage 3 audit. However, in agreement with the Council, we started our stage 3 testing before the completion of the stage 1 review and with an assumption of high risk. This approach allowed the maximum possible time for audit work to be completed and was of benefit to the Council, and flexibility in this area is noted and appreciated.
- 5.4 The outcomes of the Stage 2 audit were used to determine which indicators from Appendix C were chosen for audit. In particular variances were used to identify indicators for audit. Our findings from prior year audits of performance data was also used in the risk assessment for the Stage 3 audit.
- 5.5 12 indicators were chosen for detailed spot check. These are shown in the table overleaf with a summary of our findings at audit.

Table: Outcome of stage 3 detailed spot-checks

Service area	Code	Description	Comments	Outcome
Environment	BV165	Percentage of pedestrian crossings with facilities for disabled users	Passed	Fairly stated
Environment	BV215 (a&b)	Rectification of street lighting faults	Amendment required to both parts A & B due to material misstatement	Unfairly stated - amended
Culture	C12a	Stock turn - book issues/books available for loan (IPF)	Passed	Fairly stated
Culture	C12b	Stock level books available for issue per 1,000 population (IPF)	Passed	Fairly stated
Culture	C13	Cost per library visit (IPF)	Passed	Fairly stated
Culture	C14a	Assessment of users 16 and over of their library service (PLSS7)	Passed	Fairly stated
Housing	BV183b	Average length of stay in hostel accommodation	Passed	Fairly stated
Housing	H(X)	Service users who have moved on in a planned way from temporary living arrangements (KPI2)	Reserved - insufficient documentation to support indicator	Unfairly stated - reserved
Housing	H16	Repeat homelessness (HIP HSSA)	Passed	Fairly stated
Housing	H17	Private sector unfit properties made fit (HIP HSSA)	Amendment required due to material misstatement	Unfairly stated - amended
Housing	H18	Percentage of total private sector homes vacant for more than six months (HIP HSSA)	Passed	Fairly stated
Housing	H21	Percentage of planned to responsive repairs (HIP BPSA) DMS only	Passed	Fairly stated

5.6 Our detailed spot check work found that 3 of the 12 indicators selected for audit were not fairly stated in accordance with the Audit Commission criteria for data quality. The impact of these misstated indicators, as outcomes of corporate performance management processes, has been considered as part of our overall stage 1 conclusion on corporate management arrangements for data quality.

5.7 Two indicators were found to be materially misstated, but were amended and signed off;

- **BV215 - Rectification of street-lighting faults** – this is a new indicator, reported for the first time in 2005/6. During the initial system analysis stage of testing it was ascertained that the PI was calculated on the basis of faults created during the time period, rather than the correct method as per the guidance of faults completed during the period. It was agreed that the Council would amend

the calculation in order to satisfy audit requirements. This was carried out, although data provided by the Council and the Council's contractors had to be cleansed on several occasions subsequently. On the basis of cleansed data and an amended calculation method we are pleased to be able to record that this indicator is fairly stated in accordance with the definition and audit commission guidance – see recommendation 19.

- **H17 - Private sector unfit properties made fit** – Initial testing revealed a number of problems with the data provided to audit. We agreed a data cleansing approach with the service, and on this basis were able to complete testing satisfactorily.

5.8 One indicator was found to be materially misstated and reserved on the basis of an incomplete audit trail;

- **Service users who have moved on in a planned way from temporary living arrangements (KPI2)** - During the initial meeting with the Council, it was established that information had not been collected from all third-party service providers and the outturn submitted was therefore incomplete. Discussions held with the service established that in some cases third-party suppliers had not maintained adequate records of the movements of service users during the year, and the Council was therefore unable to provide complete and accurate data to audit – see recommendation 18.

Appendix A: Action Plan

See Appendix 2 for the action plan agreed with Robson Rhodes

Appendix B – Detailed findings from stage 1 review of management arrangements

1. **Governance and 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?

Key line of enquiry	KLOE Score
1.1 Responsibility for data quality is clearly defined	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self assessment Interviews Corporate plan MCS communications materials First Stat lead officer list First Stat presentations Scrutiny schedule and	<ul style="list-style-type: none"> Overall responsibility for data quality is assigned to the Council's Chief Executive, who has a specific focus on improving corporate governance, with data quality seen as an implicit aspect of this. Operational responsibility for data quality is also seen as implicit within the roles of divisional directors and heads of service, however it is not clear that this responsibility is consistently set out in the relevant job descriptions and appraisal documents. The Council have identified a member lead for data quality, however there is no evidence that this extends to strategic leadership of data quality issues. 	<ul style="list-style-type: none"> An individual at top management level has overall strategic responsibility for data quality. The corporate commitment to data quality is communicated clearly, reinforcing the message that all staff 	<ul style="list-style-type: none"> Accountability for data quality throughout the organisation should be clearly and formally defined and made a part of the corporate performance appraisal system.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>papers</p> <p>Audit committee schedule and papers</p> <p>CPO email re: LPSA monitor</p> <p>Workshop findings</p>	<ul style="list-style-type: none"> The Council's corporate plan for 2005-9 includes a general objective to secure "external audit recognition of positive direction of travel in data reliability". There are also a number of examples of the Council communicating to all staff a clear commitment to data quality, including work to support the Modernising Core Systems programme (MCS), and the Council's approach to developing data collection frameworks for Local Public Service Agreements. Our workshop with departmental performance leads found that staff are conscious of a focus on data quality from top management, however there is insufficient evidence that it is seen as being "part of the day job" across the Council. Ownership of and accountability for data quality is set out at an operational level. Each department has a "first stat" performance lead responsible for championing performance issues within that area and for supporting the process of reporting local and national performance indicators. The data quality aspect of these roles is set out in the sample of job descriptions provided. Furthermore, each national and local performance indicator has an assigned owner set out in service plans and the Council's corporate plan. Workshop attendees were also able to give several examples of service-based administrative staff having responsibility for data quality, including specific targets, built into their appraisal objectives at the discretion of local management, however there is no evidence to show that this is consistently implemented in all appropriate areas as part of the corporate 	<p>have a responsibility for data quality.</p> <ul style="list-style-type: none"> Issues relating to data quality are considered by, or reported to those charged with governance. 	

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<p>performance appraisal system.</p> <ul style="list-style-type: none"> No evidence has been presented to suggest that Members have received specific training on data quality. There is evidence to show that issues relating to data quality are considered at a number of different forums. Examples include the Council's First-Stat process, and the audit committee, both of which have featured robust challenge of data quality issues. 		

Key line of enquiry	KLOE Score
1.2 The body has clear data quality objectives	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>Corporate plan</p> <p>HR Data cleanse strategy</p> <p>CAFT operation windmill</p> <p>HR file cleanse strategy</p>	<ul style="list-style-type: none"> The Council does not have a formal data quality strategy in place, restricting its score to a level 2 in this area. However, senior officers within the Council have been able to articulate informal data quality objectives. Specifically, the Council aims to ensure that the corporate plan is underpinned by accurate and meaningful data in order to provide a robust baseline and a valid means of assessing progress. As discussed above, the Council also have a clear secondary objective of achieving recognition of improved data quality from external audit. There are a number of examples of where the Council has made specific 	<ul style="list-style-type: none"> Objectives for data quality management are developing, but are not yet formalised in a strategy or plan. The organisation has begun to focus on data quality, but this work has so far been driven 	<ul style="list-style-type: none"> Develop a formal strategy for data quality covering all departments and functions, and approved by senior management and members. Develop an associated delivery plan with clearly

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>MCS data cleanse strategy</p> <p>RSM Valuations report</p> <p>RSM HR & Payroll report</p> <p>CPO briefing note on performance management framework</p>	<p>improvements in this area. These include the following;</p> <ul style="list-style-type: none"> ➤ Significant efforts to improve the quality of human resources and payroll data linked to the Modernising Core Systems programme; ➤ An overhaul and data cleanse of systems for undertaking and logging fixed asset valuations prompted by adverse findings during external audit; and ➤ Improvements to data quality and systems within the adult social services team linked to the implementation of new casework management software. <ul style="list-style-type: none"> • Findings from our data quality workshop also indicated that improved management arrangements for data quality are being put in place at service level • These and a variety of other initiatives provide clear evidence that the Council is focusing on data quality, however the various initiatives are not clearly tied together by an overall strategic approach, with an associated delivery plan, and monitoring tends to be infrequent and ad-hoc • As set out in KLOE 1.1 above, the Council has communicated a commitment to data quality through a number of different channels. A commitment to improving the quality of data is made in the corporate plan and in relation to a number of corporate initiatives. The corporate performance team has also organised training for staff with key responsibilities for collation of national performance indicators • However, there is no evidence to suggest that a review has been undertaken concerning staff awareness of data quality issues. 	<p>departmentally rather than corporately.</p> <ul style="list-style-type: none"> • The organisation is working to improve data quality, but there are no defined milestones, targets or consistent monitoring. • The organisation communicates its commitment to data quality to staff at all levels 	<p>identified actions, responsibilities and timescales to support improvement. This should be reflected in the corporate plan.</p>

Key line of enquiry	KLOE Score
1.3 The body has effective arrangements for monitoring and reviewing data quality	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>First Stat performance monitors</p> <p>Corporate Performance Office challenge emails</p> <p>Audit committee minutes and papers</p> <p>Internal and external audit plans</p> <p>RSM HR and Payroll follow-up</p> <p>RSM Valuations follow-up</p> <p>Scrutiny schedule and papers</p> <p>Sample Mini-SIC for</p>	<ul style="list-style-type: none"> Ad-hoc reviews of data quality within key corporate systems and processes take place through the work of internal and external audit. Reports arising from this work are submitted for top management attention and there is a track record of action based on them. There has been a particular focus on data quality where weaknesses have been identified within the best value performance indicator set. At service-level there are also a number of examples of data quality monitoring frameworks being put in place, for example within adult social services and human resources. These arrangements are sufficient to meet a level 2 in this area. As evidence here the Council gave several examples of completed statements of internal control for services (mini-SICs). Whilst these do include an assessment of arrangements for performance management, it is not clear that they provide a formal framework for monitoring data quality. In order to achieve a level 3 the Council would need to demonstrate that there is a formal framework for monitoring and reporting on data quality within the corporate KPI set (i.e. indicators that feature in the corporate plan), ideally integrated directly into data capture and reporting mechanisms. 	<ul style="list-style-type: none"> Monitoring and review of data quality has been undertaken, although this has primarily been on an ad-hoc basis. Reports are produced as a result of these reviews which are submitted for top management attention. The organisation can demonstrate that it has taken action to address the results of internal and external data quality reviews. There is limited evidence to show that the organisation has begun to consider data quality as 	<ul style="list-style-type: none"> Develop a formal programme of data quality monitoring and review, which is proportionate to risk and reported to those charged with governance. This should include reporting on the accuracy of data supporting key performance indicators. Embed data quality within corporate risk management arrangements, with regular assessments of the risks associated with unreliable and inaccurate information

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Education and Environmental Health	<ul style="list-style-type: none"> The Council has not provided any evidence to show that the risks associated with poor data quality have been considered as a part of corporate risk management arrangements. Again, whilst the mini-SIC process includes an assessment of arrangements for performance management, this does not demonstrably extend to the quality or integrity of data or consider the implications of these arrangements not being in place. Barnet has a strong track record in addressing problems with data quality where these are highlighted by internal or external audit reports. Conversations with key Council staff indicate that key performance data, for example information reported in the Best Value Performance Plan, is subject to approval by members and senior managers before publication although no specific evidence was provided in respect of this. The Council has not provided any evidence of the publication of good practice in relation to data quality. 	part of its corporate risk management arrangements.	

2. Policies – has the organisation defined its expectations and requirements in relation to data quality?

Key line of enquiry	KLOE Score
2.1 A policy for data quality is in place, supported by a current set of operational procedures and guidance	1

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>MCS process maps</p> <p>CPO briefing note on corporate performance management framework</p> <p>Sample of Key Performance Plans and corporate guidance</p> <p>First stat performance tables</p>	<ul style="list-style-type: none"> The Council have deliberately followed an approach of "devolved responsibility", where department and service staff take responsibility for putting appropriate arrangements in place to secure the quality and accuracy of performance data passed up to a corporate level. This is borne out by the findings from our workshop, at which several examples of service improvements were provided. At an operational level, there are arrangements covering the collection and use of data for business planning and corporate challenge. For example, the Council requires all services to complete "Key Performance Plans" including relevant performance information - guidance has been made available to managers for this. There are also clear arrangements covering the Council's use of data in the first-stat process and well-developed policies to support BVPI collation and reporting. Whilst these are not data quality policies as such, they do govern the way in which data is used within the organisation. Overall, however, there is an opportunity to set out clearer corporate expectations in relation to data quality in general. 	<ul style="list-style-type: none"> The Council does not have a data quality policy, or set of policies at an operational level. There are a number of procedures and guidance notes in place, but these do not yet cover all aspects of data collection, recording, analysis and reporting, and are not in place in all business areas. 	<ul style="list-style-type: none"> Develop an operational data quality policy which, as a minimum, sets out corporate expectations in relation to the collection, recording, analysis and reporting of local performance information (especially data included within the corporate plan).

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<ul style="list-style-type: none"> Specifically, a significant weakness is that local key performance indicators, including many corporate plan indicators, are not formally defined and audit trails for them are not transparent. The Council therefore risks placing reliance on or publishing poor quality information, with no clear mechanism for identifying and correcting this. Procedure notes for core systems were developed in conjunction with the Council's MCS programme. These are subject to annual review by internal audit. However, it was noted that the corporate process for collecting KPI data through the first-stat data table process is not currently covered by procedure notes. 		

Key line of enquiry	KLOE Score
2.2 Policies and procedures are followed by staff and applied consistently throughout the organisation	1

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment Interviews Workshop findings MCS process maps	<ul style="list-style-type: none"> In the absence of a standalone policy on data quality, the Council cannot exceed a score of 1 in this KLOE. The Council's performance management and planning processes are the subject of considerable corporate focus and compliance is mandated by top management. The Council have also provided evidence of training and some more ad- 	<ul style="list-style-type: none"> Some specific training has taken place in relation to national performance indicators. There is a high level of awareness around 	<ul style="list-style-type: none"> Linked to the comments above, the Council should develop an operational policy broadly covering the use of performance data.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>CPO briefing note on corporate performance management framework</p> <p>Sample of Key Performance Plans and corporate guidance</p> <p>First stat performance tables</p>	<p>hoc support in relation to performance management and data quality, including corporate performance office briefings, workshops on BVPI data quality and guidance notes circulated to appropriate managers.</p> <ul style="list-style-type: none"> No evidence has been provided to show that the Council makes use of data quality champions. The corporate performance office provided a number of examples of internal communications around updates to policies and procedures, typically addressing changes to national assessment frameworks such as CPA and the best value performance indicators. 	<p>processes for collating and reporting national performance indicators, but a general lack of policy, operational procedures and guidance covering performance information in a broader sense.</p>	<p>This should be communicated to all relevant staff and followed up as appropriate to ensure compliance.</p>

3. Systems and processes – are there effective systems and processes in place to secure the quality of data?

Key line of enquiry	KLOE Score
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	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>Workshop findings</p>	<ul style="list-style-type: none"> The Council operates two parallel systems for collecting, recording, analysing and reporting key performance data. Firstly, the corporate performance office collects quarterly KPI data tables from service-based performance leads. This process has some basic 	<ul style="list-style-type: none"> There are some minor weaknesses in the systems for data collection, recording, 	<ul style="list-style-type: none"> Improvements already implemented for 2006/7 with regard to corporate systems for collecting

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>First stat monitors, presentations</p> <p>BVPI audit reports 2004/5 and 2005/6</p> <p>Performance and financial management cycle</p> <p>Electronic BVPI data collection sheet</p> <p>KPP guidance and sample of plans</p> <p>Corporate plan</p>	<p>controls built into it, but the Council itself has recognised considerable scope for improvement and has implemented a number of changes with effect from 2006/7.</p> <ul style="list-style-type: none"> Secondly, the annual corporate process for collating and reporting Best Value Performance Indicators is considerably more rigid and formalised, with a good level of control built in. However, there have been some well-documented historical failings within this system, mostly as a result of poor data quality at service level. Overall both systems are effective with specific minor weaknesses and a score of 2 is the best fit in this area. No evidence was seen to suggest that the Council undertakes regular reviews of outputs from these systems. Within both systems there is a clear expectation that data is submitted "right first time", however it is also clear that this does not always happen. The quarterly CPO data collection process for 2005/6 saw retrospective amendments to data, occasional use of "draft" or unconfirmed data and conflicts between different versions of tables. Local performance indicators are also not clearly defined other than by the wording in the corporate plan. The audit of 2005/6 CPA indicators is resulted in a number of amendments and one reservation. Discussion at our workshop indicates that performance leads generally feel well supported in their roles. As well as general administration around the corporate data collection processes, the corporate performance office provide a good level of ad-hoc support, including workshops and briefings 	<p>analysis and reporting of performance information, but action is being taken to address these.</p> <ul style="list-style-type: none"> The organisation recognises the importance of these systems operating on a "right first time" principle. Some work is needed to achieve this. Adequate support is provided for all staff using the organisations systems and processes. User guides and helpdesk services are provided. There are some specific weaknesses around the use of local performance information as discussed above. Arrangements for collecting, recording, compiling and reporting data are integrated into 	<p>periodic KPI data are likely to help the Council achieve a level 3 in this area.</p> <p>To achieve level 4;</p> <ul style="list-style-type: none"> Undertake regular reviews of performance reporting to ensure that outputs are timely, accurate, clear and in a format convenient to users. Ensure that staff are consulted in relation to any future developments to performance management systems.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<p>as appropriate.</p> <ul style="list-style-type: none"> A helpdesk and competency centre is available for all core corporate systems. No reviews, either internal or external, have been undertaken of the quarterly KPI collection process. Systems for collecting and reporting Best Value Performance Indicators are subject to annual external audit, and historically this has triggered more detailed reviews of specific areas of weakness. Although significant problems have been identified at service level, the Council has a good track record of addressing problems where they are identified. There is evidence to suggest that arrangements for collecting, recording, compiling and reporting performance data are interdependent with the Council's business planning processes at a service, departmental and corporate level, as well as subsequent monitoring of the delivery of plans. 	the wider business planning and management processes of the organisation, and support staff in their day-to-day work.	

Key line of enquiry	KLOE Score
3.2 The body has appropriate controls in place to ensure that information systems secure the quality of data used to report on performance	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment	<ul style="list-style-type: none"> The process followed by the corporate performance office to collect quarterly KPI data did not feature an adequate level of control during 	<ul style="list-style-type: none"> Appropriate controls are in place for both manual and 	<ul style="list-style-type: none"> Improvements already implemented for 2006/7

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Interviews</p> <p>First stat monitors</p> <p>BVPI data collection spreadsheet</p> <p>BVPI audit reports</p>	<p>2005/6. Some basic controls were in place;</p> <ul style="list-style-type: none"> ➤ Data is compiled and checked at a departmental level by First Stat performance leads; and ➤ The Corporate Performance Office check the completeness and validity of information reported. <ul style="list-style-type: none"> • However the system had some key weaknesses; <ul style="list-style-type: none"> ➤ Local performance indicators do not have formal definitions or audit trails; ➤ Numerators and denominators are not collected corporately, limiting the ability of the CPO to ensure accuracy of calculations; and ➤ There are examples of conflicts and inconsistency between different versions of data tables. • However, the corporate performance team have been proactive in identifying and addressing these weaknesses, and have put an improved approach in place with effect from April 2006, including the following key developments; <ul style="list-style-type: none"> ➤ use of a shared, password-protected spreadsheet with direct access for services; and ➤ lock-down for previous periods preventing unauthorised amendment or adjustment of old data. • In the light of these improvements a score of two is appropriate in this area. • Controls for the collection, recording, analysis and reporting of BVPI data are well developed. The Council uses an electronic method for data 	<p>computerised systems.</p> <p>Controls over the collection of quarterly KPI data have been improved for 2006/7.</p> <ul style="list-style-type: none"> • The organisation can demonstrate that it is proactive in strengthening performance information systems controls rather than merely reacting to issues when detected. • Data is subject to departmental checks and management review before being reported to top management. 	<p>will take the Council some way towards a three in this area.</p> <p>However there remains further scope for development of controls to minimise the potential for human error or manipulation and to prevent erroneous data entry, missing data and unauthorised data changes.</p>

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<p>collection. The spreadsheet template used includes key information such as the numerator and denominator for performance figures, location of audit trail information, sign-off by collection officer and service manager and analytical review of reported figures.</p> <ul style="list-style-type: none"> • The quarterly data collection process has been subject to proactive internal review by the corporate performance office. Improvements have been implemented over successive years as discussed above. • BVPI data collection arrangements have also been improved year-on-year, partly in line with audit recommendations but the Council has also been proactive in implementing a paperless data collection process and developing key system controls. • First stat lead officers are responsible for obtaining approval from heads of service for quarterly KPI data. • Workshop findings also indicate that quarterly data is generally subject to checks at a departmental level before corporate reporting. • BVPIs are signed off by collection officers, relevant head of service and director. 		

Key line of enquiry	KLOE Score
3.3 Security arrangements for performance information systems are robust, and business continuity plans are in place	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment Interviews RSM review of MCS First stat monitors and data tables BVPI return templates Emergency planning and business continuity documents	<ul style="list-style-type: none"> Quarterly data tables were secure under 2005/6 arrangements as access was restricted to the corporate performance office. The revised system implemented with effect from 2006/7 is open and shared, but password protected. Both quarterly KPI and BVPI data is collected via named performance leads for each area, reducing the scope for unauthorised manipulation of data. The Council has not provided any evidence to show that it regularly tests systems for security. The Council has developed comprehensive procedure notes for its core systems, linked the the MCS initiative, and processes for collating and reporting Best Value Performance Indicators are documented. It is understood that the quarterly KPI collection process has not been formally documented. Overall, however, most "business critical" performance systems are likely to be supported by appropriate procedure notes. As evidence here, the Council has provided a number of documents relating to an ongoing corporate review of emergency and business continuity planning. No evidence has been provided of a specific business 	<ul style="list-style-type: none"> Security arrangements, including access control, are in place for the organisation's business-critical performance information systems. There are procedure notes / manuals in place for the organisation's business critical performance information systems (with the key exception of the first-stat data collection process). A business continuity plan is in place to provide protection for records and performance data which are vital to the continued 	<ul style="list-style-type: none"> The Council should provide evidence of regular testing of performance information systems to ensure that processes are secure. The Council should identify all business-critical performance information systems and develop procedure notes / manuals for the preparation of the relevant data. These should be reviewed and updated as appropriate.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	continuity plan covering the relevant functions of the corporate performance office, although performance data is subject to standard IT backup and restore procedures.	effective functioning of the organisation.	

Key line of enquiry	KLOE Score
3.4 An effective management framework for data sharing is in place	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment Interviews Workshop findings Barnet information sharing protocol (C&YP) Barnet homes PI table Young people & community safety BVR 2005	<ul style="list-style-type: none"> The Council has provided evidence of data-sharing protocols in place to support its most significant partnerships, including the LSP and other key partners such as the metropolitan police and Barnet Homes. Further examples were provided of information-sharing frameworks for community safety and children and young people. The Council has also developed detailed guidance on implementing high-quality governance arrangements within partnerships. Arrangements for ensuring compliance with legal, compliance and confidentiality standards are assessed through the Council's Statement of Internal Control (SIC) and mini-SIC process. The Council also has dedicated officers in the areas of Freedom of Information and Data Quality. However, the Council was unable to evidence that it had made an attempt 	<ul style="list-style-type: none"> Significant instances of internal and external data sharing have been identified, however it is not clear that formal protocols for data sharing are in place in all cases There is a framework in place for identifying and complying with all relevant legal, compliance and confidentiality standards 	<ul style="list-style-type: none"> Develop a formal set of quality requirements to be applied to all data used by the organisation which is shared externally, or which is provided by a third party organisation. These quality requirements could be in the form of a draft data-sharing protocol, contract or service-level agreement.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<p>to identify all instances of internal and external data-sharing, and therefore it is not clear that information-sharing arrangements within all partnerships are subject to the same level of rigour. Overall, level 2 represents the best fit in this area.</p> <ul style="list-style-type: none"> Feedback from our workshop suggested that, in the absence of any corporate overview of all partnerships, departments and service areas understand a responsibility to implement high-quality governance arrangements that are appropriate in the context of each partnership. Given this, an overall score of 2 is the best fit in this area. 		<ul style="list-style-type: none"> Develop protocols for sharing key data internally

4. People and skills – does the organisation have the resources in place to secure data quality?

Key line of enquiry	KLOE Score
4.1 The body has communicated clearly the responsibilities of staff, where applicable, for achieving data quality	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>Workshop findings</p>	<ul style="list-style-type: none"> Feedback from our workshop with departmental performance leads was positive. In general, staff are clear on their responsibilities in relation to data quality, and are conscious of an increasing focus in this area from the chief executive and senior management team. As discussed in KLOE 1.1 above, roles and responsibilities are clearly set out in that all performance 	<ul style="list-style-type: none"> Roles and responsibilities below the strategic level in relation to data quality are clearly defined, although this is not clearly and 	<ul style="list-style-type: none"> Ensure that responsibility for data quality (for example ownership of performance indicators

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Sample of job descriptions and appraisal documents	<p>indicators have named owners with service and corporate plans, and each department has a "first stat" performance lead. Overall responsibility is seen as resting with heads of service and departmental directors, although this is implicit rather than clearly set out within job descriptions and appraisals.</p> <ul style="list-style-type: none"> Staff also gave a number of examples of responsibilities being formalised within job descriptions, including the setting of quantified data quality targets for operational staff. It appears that the extent to which this is formalised depends upon management within each area, and there are no overall corporate arrangements to mandate application of this in all areas. The Council did not provide any evidence of an attempt to assess data quality skills gaps, however a score of 2 is the overall best fit for arrangements in this area. 	<p>consistently reflected in job descriptions and personal appraisals.</p> <ul style="list-style-type: none"> Staff are clear about their responsibilities in relation to data quality. The organisation can demonstrate that it has an effective internal network of data quality champions that have successfully driven improvement throughout the organisation. 	<p>or responsibility for key systems) is reflected in job descriptions and that data quality targets are set in personal appraisals wherever appropriate.</p>

Key line of enquiry	KLOE Score
4.2 The organization has arrangements in place to ensure that staff with data quality responsibility have the necessary skills	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment	<ul style="list-style-type: none"> The Council have provided evidence of a range of formal and information training opportunities for staff with key responsibilities for preparation and 	<ul style="list-style-type: none"> Staff with specific responsibility for data 	<ul style="list-style-type: none"> Review the current level of provision of data

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Interviews</p> <p>RSM workshop notes</p> <p>CPO training presentations</p> <p>HR data cleanse project</p> <p>ASS training materials</p> <p>Workshop findings</p>	<p>use of data, including the following;</p> <ul style="list-style-type: none"> ➤ RSM Robson Rhodes delivered a workshop on data quality training in relation to BVPIs. Service managers attended this with departmental performance leads; ➤ The Corporate Performance Office undertake periodic briefings, workshops and presentations and are also able to offer ad-hoc support on request; and ➤ The Modernising Core Systems initiative included a number of targeted training courses linked to a competency support centre. <ul style="list-style-type: none"> • In this way, staff have received some data quality training. However, in order to achieve level 3 in this area the Council would have to demonstrate an ongoing programme of data quality training specifically targeted at owners of KPIs and BVPIs. • In the absence of a standalone data quality training programme, the Council is unable to provide evidence in this area. • There are a number of examples of training being used to improve the quality of data at service level. In some cases the Council has adopted this proactively, and in others training has been instigated in response to the findings of internal or external reviews. Examples include the following; <ul style="list-style-type: none"> ➤ Weaknesses identified within the Council's HR and Payroll function led to a number of actions, including procedural training for HR officers and service managers; ➤ Adult Social Services indicators were reserved at audit, leading to implementation of a new casework system and full-team training for operational staff; and 	<p>quality have received data quality training.</p> <ul style="list-style-type: none"> • Weaknesses identified through internal and external reviews of data quality are adequately addressed through training or briefing sessions. 	<p>quality training to assess its adequacy in the light of the findings of this review.</p>

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
	<ul style="list-style-type: none"> ➤ Libraries staff have attended external training courses run by the Institute of Public Finance. • Departmental performance leads provided a number of further examples during our data quality workshop. This suggests that, where appropriate, training is used to address identified weaknesses in data quality. • The Corporate Performance Office provided examples of internal communication of updates to national policy and procedures in relation to BVPIs. 		

5. Data use – are there effective arrangements and controls in place for the use of data by the organisation?

Key line of enquiry	KLOE Score
5.1 The body has put in place arrangements that are focused on ensuring that data supporting the performance information is also used to manage and improve the delivery of services	3

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
Self-assessment Interviews Firststat presentations and actions Performance	<ul style="list-style-type: none"> • There are a number of corporate mechanisms for the review and challenge of performance information. These include; <ul style="list-style-type: none"> ➤ First Stat: this brings together senior officers to focus on crosscutting issues with a particular focus on performance indicators and targets linked to Council priorities. Cost information is also challenged through this forum; 	<ul style="list-style-type: none"> • Reported data is fed back to those who generate it to reinforce understanding of the way it is used. • Data used for reporting to those charged with 	<ul style="list-style-type: none"> • Demonstrate that performance information is actively and routinely used to support planning and allocation of resources .

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>management plans</p> <p>Corporate plan</p> <p>CPO briefing note on corporate performance management framework</p> <p>Workshop findings</p>	<ul style="list-style-type: none"> ➤ Finance and Performance Review: chaired by the chief executive, these meetings focus on individual services and involve close challenge of financial, performance and risk information. The rolling programme of F&PR meetings ensures that each service is covered at least once a year, with ad-hoc meetings convened when necessary; ➤ Directors Group: divisional directors consider service performance information every two months; and ➤ Overview and Scrutiny Committee: led by elected members, this committee also reviews performance data. • The First Stat process in particular has achieved external recognition as innovative practice, and there are several examples of specific service improvements brought about through this medium. Conversations with key officers suggest that performance data is a factor in allocation resources, however more evidence would be required to support a score of 4 in this area. • The sample of performance reports reviewed tend to include basic year-end projections for key performance indicators, as well as some discussion around likely quartiles for CPA indicators. • The corporate KPI set includes key measures of customer satisfaction and the Council undertakes regular local satisfaction surveys, which inform Council priorities. However, there may be further scope for use of data on customer uptake of key services and complaints from the public. 	<p>governance is also used for day-to-day management of the organisation's business.</p> <ul style="list-style-type: none"> • Performance information is regularly used to identify deviations from planned performance. • Reports are prepared on an exception basis so that areas where action are needed are clearly identified. • Members have available to them high-level information with which they can assess delivery of services in relation to agreed plans. • There is evidence that management action is taken to address service delivery issues identified by data returns and performance information 	

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
		<p>reports.</p> <ul style="list-style-type: none"> Data is used not only to measure the volume of activity delivered, but also to assess the quality of the service provided. 	

Key line of enquiry	KLOE Score
5.2 The body has effective controls in place for data reporting	2

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
<p>Self-assessment</p> <p>Interviews</p> <p>First stat presentations and actions</p> <p>Performance management plans</p> <p>Corporate plan</p> <p>CPO briefing note on</p>	<ul style="list-style-type: none"> The Council has a number of well-documented historical problems in relation to data quality, although in general it has a good track record of addressing these. The audit of 2005/6 CPA indicators is ongoing, although preliminary findings suggest that some specific problems remain. All Best Value Performance Indicators are provided to audit with comprehensive audit trails, although local indicators, as discussed in KLOE 3.1 above, are not defined or auditable at a corporate level. A variety of controls are in place to ensure data accuracy as described throughout this document. There is evidence to show that key performance information, for example 	<ul style="list-style-type: none"> There is evidence that controls are exercised over data to verify its accuracy. Reported data is generally submitted on a timely basis. There is evidence that members and senior officers follow-up on 	<ul style="list-style-type: none"> Address weaknesses in relation to corporate systems for collecting and reporting local performance information, specifically the development of audit trails for non-statutory performance indicators.

Source of evidence	Findings	Conclusions	Improvements needed to move to next level
corporate performance management framework Workshop findings	<p>the Council's best value performance plan (included as a technical appendix within the Corporate Plan) is subject to senior scrutiny and approval before publication.</p> <ul style="list-style-type: none"> • In general, it appears that reported information is reported on a timely basis, although quarterly data is sometimes late, necessitating the use of draft or pre-approval data in corporate reports. Where this is the case, there is no evidence to show that management investigations are undertaken. Best Value Performance Indicators are generally submitted to audit within agreed timescales. • There is evidence to show that where data quality problems are identified with reported information, action is taken to address this and senior managers are proactive in driving improvements. Key examples of this include; <ul style="list-style-type: none"> ➤ Data cleansing of the HR and Payroll function; ➤ Improvements in asset valuation records and processes; and ➤ Extra resources made available for improvements to adult social services systems. 	<p>action taken to address identified problems and to ensure that the action has been implemented effectively.</p>	

Appendix C – List of specified PIs for audit

Best Value Performance Indicators

Environment

- Planning speed (BV109).
- Speed in fixing street lights (BV215).
- Percentage of pedestrian crossings with facilities for disabled people (BV165).
- Bus patronage (BV102).
- Recycling performance (BV82a).
- Composting performance (BV82b).

Housing

(applicable for both DMS and LSVT unless otherwise stated)

- Proportion of non decent homes (BV184a). DMS only.
- Average time in temporary accommodation: time in B&B (BV183a).
- Average time in temporary accommodation: hostels (BV183b).

Non-BVPIs

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).
- Cost per library visit (IPF).

Housing

(applicable for both DMS and LSVT unless otherwise stated)

- Average re-let times (HIP BPSA). DMS only.
- Percentage of planned to responsive repairs (HIP BPSA). DMS only.
- Service users who have moved on in a planned way from temporary living arrangements (KPI2).
- Percentage of total private sector homes vacant for more than six months (HIP HSSA).
- Repeat homelessness (HIP HSSA).
- Private sector unfit properties made fit (HIP HSSA).

Appendix D – Dimensions of good quality data

There are six dimensions of good quality data that is fit for purpose. These dimensions can be used by public bodies and their partners to assess the quality of their data and address potential weaknesses.

Dimension	
Accuracy	Data should be sufficiently accurate to present a fair picture of performance and enable informed decision-making at all appropriate levels. The need for accuracy must be balanced with the costs and effort of collection. A prerequisite is that definitions for data should be specific and unambiguous. The data must be at an appropriate level of detail to influence related management decisions, and must be within a reasonable margin of error.
Validity	Data should represent clearly and appropriately the intended result. Where proxy data is used, bodies must consider how well this data measures the intended result.
Reliability	Data should reflect stable and consistent data collection processes and analysis methods across collection points and over time, whether using manual or computer based systems or a combination. Managers and stakeholders should be confident that progress toward performance targets reflects real changes rather than variations in data collection methods.
Timeliness	Data must be available for the intended use within a reasonable time period. Data must be available frequently enough to influence the appropriate level of management decisions: for example, it may be appropriate to accept a small degree of inaccuracy where timeliness is important.
Relevance	The data reported should comprise the specific items of interest only. Sometimes definitions for data need to be modified to reflect changing circumstances in services and practices, to ensure that only relevant data of value to users is collected, analysed and used.
Completeness	All the relevant data should be recorded. Monitoring missing or invalid fields in a database can provide an indication of data quality and can also point to problems in the recoding of certain data items.

Appendix 2: Action Plan

This Action Plan includes agreed management responses detailing all the areas for improvement highlighted by the External Auditors. The key actions were agreed with Robson Rhodes on 1 March 2007. The key areas for improvement in order to achieve Level 3 in our next data quality audit are:

- Data quality strategy
- Data Quality Policy
- Formal definition of corporate performance indicators
- Risk based inclusion of numerators and denominators on indicators
- Embedding Data Quality competency requirements
- Training
- The service specific actions detailed in Ref. 18 and 19 below

This action plan includes recommendations intended to assist the Council in achieving sufficient improvements to demonstrate compliance with the requirements of the next level within the Data Quality Overall Management Arrangements framework. Also the plan includes recommendations around those criteria considered as Level 4 within the framework. Where recommendations have been made relating to achieving Level 4 the Council should consider the costs and benefits of implementing procedures. Our priority system grades the most significant recommendations as priority 1.

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
KLOE 1.1: Governance and Leadership					

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
1	Accountability for data quality throughout the organisation should be clearly and formally defined and embedded within the corporate performance appraisal system (level 3)	3	Annual pre-audit checks on BVPIs and other key indicators are undertaken.	Resources Directorate	June 2007
			The council has committed to a Corporate Data Quality policy being written, agreed and promoted	All Non-Executive Directors	Sept 2007
			The policy will include corporate requirement for relevant officers to be appraised in accordance with Data Quality requirements.	All Non-Executive Directors	Sept 2007
KLOE 1.2: The body has clear data quality objectives					
2	Develop a formal strategy for data quality that covers all departments and functions, and is approved by senior management and members (level 3)	2	Corporate Data Quality policy to be cleared by Council Directors Group, Council Executive Group (includes all key partners) and Cabinet	Resources	Sept 2007
3	Develop an associated delivery plan with clearly identified actions, responsibilities and timescales to support improvement. This should be reflected in the corporate plan (level 3)	2	Enhanced Performance Management framework has been agreed by Council Directors Group and is the tool to challenge and support outturn as well as Data Quality. Performance Management framework is summarised in the Corporate Plan	Resources Directorate	April 2007

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
KLOE 1.3: Arrangements for monitoring and securing data quality					
4	Develop a formal programme of data quality monitoring and review, which is proportionate to risk and reported to those charged with governance. This should include reporting on the accuracy of data supporting key performance indicators (level 3)	2	Areas selected for pre-audit checking by the Resources Directorate are chosen based on potential risk and impact. Key indicators are checked for completeness and accuracy including BVPIs and key indicators that contribute to external opinions/star ratings.	Resources Directorate	June 2007
			All Corporate Plan indicators are reported quarterly and feed into the corporate performance management framework.	Resources Directorate	Ongoing
			Services are responsible for regular monitoring of performance and data quality at senior management levels.	Non-Executive Directors	Ongoing
5	Ensure that corporate risk management arrangements, are used to make an assessment of the risks associated with unreliable and inaccurate performance information, and, linked to the outcome of this review, set out the actions to be taken by the Council in mitigation (levels 2)	3	Risk implications will be highlighted in the Data Quality Policy.	Resources Directorate	Sept 2007
			Data quality is to be incorporated into the corporate risk management arrangements.		Ongoing
KLOE 2.1: Policy for data quality					

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
6	Develop an operational data quality policy which, as a minimum, sets out corporate standards in relation to the collection, recording, analysis and reporting of local performance information. Specifically, this should include the formal definition of all non-statutory key performance indicators, including the recording of calculation methods and location of audit trails (level 2)	1	Corporate Data Quality policy	Resources Directorate	Sept 2007
			Corporate Data Quality policy will set out standards for the collection, recording, analysis and reporting of local performance information, to be included in local/service specific operational data quality plans.	All Non-Executive Directors	April 2008
KLOE 2.2: Policies and procedures are followed by staff and applied consistently throughout the Council					
7	Linked to the recommendations under 2.1 above, the Council should ensure that this policy is effectively communicated to all relevant staff and followed up as appropriate to ensure compliance (level 2)	1	All relevant staff will be made aware of the policy.	Resources Directorate	Nov 2007
			Internal Audit Service have scheduled a review of service compliance with data quality requirements, where they will consider consistency across the council.	Resources Directorate	This has been scheduled as a quarter 3 project for 2007/08
KLOE 3.1: Performance systems					
8	Undertake regular reviews of performance reporting to ensure that outputs are timely, accurate, clear and in a format convenient to users (level 4)	Optional (level 4)	Corporate Plan Performance Indicators are reported and reviewed quarterly.	Resources Directorate	Ongoing
			We are reviewing the presentation of performance data and MI packs to be included in the 2007-08	Resources Directorate	Ongoing

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
			Corporate Performance Management framework.		
9	Ensure that staff are consulted in relation to any future developments to performance management systems (level 4)	Optional (level 4)	Relevant staff are consulted and agree any changes to Corporate Performance Management systems. Eg, Council Director's Group, Budget and Policy Group and Cabinet Member for Policy and Performance have agreed the enhanced Performance Management framework.	Resources Directorate	Ongoing
KLOE 3.2: Performance system controls					
10	Improvements already implemented for 2006/7 will take the Council some way towards a three in this area. However there remains further scope for development of controls in data collection processes to minimise the potential for human error or manipulation and to prevent erroneous data entry, missing data and unauthorised data changes. Specifically;	3	Services required to enter data by agreed deadlines. Monitors are locked down one month after deadline so that data can not be changed retrospectively.	Resources Directorate	Ongoing
	<ul style="list-style-type: none"> ➤ corporate collection of numerators and denominators for local PIs, to facilitate arithmetic and consistency checking ➤ development of process notes and detailed guidance for system users ➤ clear definition of local indicators, including 		'Data Quality At a Glance' guidance notes for collection and reporting of performance data to be agreed and enforced with all performance leads.	Resources Directorate	March/April 2007
			Numerators and denominators are currently included in the audit sheet for the collection of	Resources Directorate	June 2007

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
	assessment of audit trails (level 3)		BVPs. For 2006/7 data collection this will also include key indicators that contribute to external opinions/star ratings.		
			The key principles to follow will be in the Corporate Data Quality policy which will set out standards for the collection, recording, analysis and reporting of local performance information, to be included in local/service specific operational data quality plans.	Resources Directorate	Sept 2007
KLOE 3.3: Performance system security and business continuity plans					
11	The Council should provide evidence of regular testing of performance information systems to ensure that processes are secure (level 3)	3	<p>The monitors for the collection of performance indicators are kept on a separate drive and password protected. Each service can view data for all services but only enter data for their own service.</p> <p>Monitors are locked down one month after the deadline so that data can not be changed retrospectively by services.</p> <p>A back-up of the monitors is carried out regularly and kept in a separate drive not accessible to services.</p>	Resources Directorate	Implemented
12	The Council should identify all business-critical	2	Business critical performance information is	Resources	Ongoing

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
	performance information systems and develop procedure notes / manuals for the preparation of the relevant data. These should be reviewed and updated as appropriate. The audit commission KLOE descriptors stipulate that this should take place annually to achieve level 3 (level 2 and 3)		<p>detailed in the Corporate Plan and Key Priority Plans.</p> <p>Annual BVPI audit sheets are now electronic and ensure consistent best practice on data submission.</p> <p>Guidance notes for collection and reporting of performance data to be written and circulated to performance leads. These will be reviewed and updated annually.</p>	Directorate and Service Performance Leads	
KLOE 3.4: Data sharing					
13	Develop a formal set of quality requirements to be applied to all data used by the organisation which is shared externally, or which is provided by a third party organisation (level 3)	2	The corporate data quality policy and guidance will be promoted with key external partners and stakeholders. This will clarify shared ownership and accountability for data quality.	Resources Directorate	Sept 2007
14	<p>Develop protocols for sharing key data internally. An incomplete list of potential considerations includes;</p> <ul style="list-style-type: none"> ➤ Confidentiality and legality ➤ Freedom of information and data protection implications ➤ Assessment of data quality for the information shared 	3	Data sharing protocols will be included in the Corporate Data Quality Policy.	Resources Directorate	Sept 2007

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
	(level 3)				
KLOE 4.1: Communication of data quality responsibilities					
15	Ensure that responsibility for data quality (for example ownership of performance indicators or responsibility for key systems) is consistently reflected in job descriptions and that data quality targets are set in personal appraisals wherever appropriate (level 3)	2	The Corporate Data Quality Policy will set out the corporate requirement for relevant officers to be appraised in accordance with Data Quality requirements. This will also be fed into the local/service specific operational data quality plans.	Resources Directorate	Sept 2007
KLOE 4.2: Data Quality training					
16	Review the current level of provision of data quality training to assess its adequacy in the light of the findings of this review (level 2)	2	Data quality workshops to be set up in March on lessons learnt and preparation for this year's audit. These workshops will form the baseline to determine the level of ongoing data quality training requirements.	Resources Directorate	March 2007
KLOE 5.1: Use of data					
17	Ensure that the Council is in a position to clearly demonstrate the ways in which performance information is actively and routinely used to support planning and allocation of resources (level 4)	Optional (level 4)	Performance data is routinely used to support planning and allocation of resources and the corporate model for this process is transparent. Service arrangements for effective use of data to	Resources Directorate	March 2008

Ref	Recommendation	Priority:	Management Response	Responsibility	Timescale
			forward plan will be tested and reported on.		
KPI2 – Service users who have moved on in a planned way from temporary living arrangements					
18	Ensure that all third-party suppliers are aware of and comply with the requirement to maintain appropriate records throughout the year in accordance with audit commission guidance. Where possible, ensure that this requirement is built into any contracts and / or service-level agreements that are in place.	1	All providers have been reminded of their responsibilities. A detailed audit of 2006/7 returns will take place in quarter one 2007/8. The requirement is explicit within all current contracts.	Assistant Director Health Partnership Adults	June 2007
BV215 – rectification of street lighting defects					
19	In conjunction with the Council's street lighting contractor, ensure that formal data quality checks are undertaken on third-party data, and that both the Council and the contractor use consistent calculation methods for this indicator in accordance with audit commission guidance	2	Agreed. The Contractor has installed a new contract management system. This includes a performance management reporting module. Calculation methods are as required by BV215a&b. The street lighting division has agreed to perform periodic data quality checks to ensure data entered onto the system is timely and accurate. The Environment and Transport Performance and Development team will ensure checks are performed as agreed and will carry out an annual data quality audit prior to submission of year end BVPI returns to ensure robustness of PI including data quality checks.	Director of Environment and Transport	Ongoing