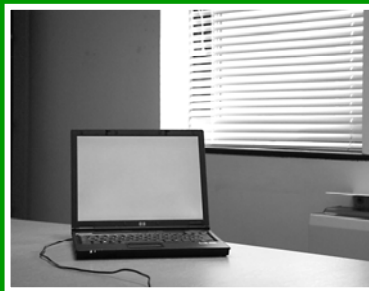




Epping Forest  
District Council

2010/11 - 2012/13

# Data Quality Strategy

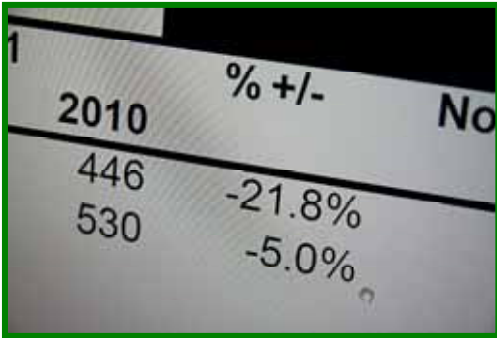


Week 1		% +/-
2009	2010	
570	446	-21.8%
558	530	-5.0%



Making our district a great place to live, work, study & do business

# Contents



1. Introduction	3
2. Why Is Data Quality Important?	4
3. So What Is Good Quality Data?	5
4. Strategy Statement – The Principles Of Good Data Quality	6
5. Member Level Data Quality Responsibilities	7
6. Officer Level Data Quality Responsibilities	8
7. Key Elements In The Delivery Of The Data Quality Strategy	10
8. Performance Indicator Data Quality	14
9. Presentation Of The Data	18
10. Monitoring And Review Of The Data Quality Strategy	18
11. Data Quality Strategy Action Plan	19
12. Matrix of Data Responsibilities	24
Appendix 1: EFDC Data Quality Procedures in respect of the Collection of Performance Information for Key Performance Indicators, Local Performance Indicators & National Indicators	25

# 1. Introduction



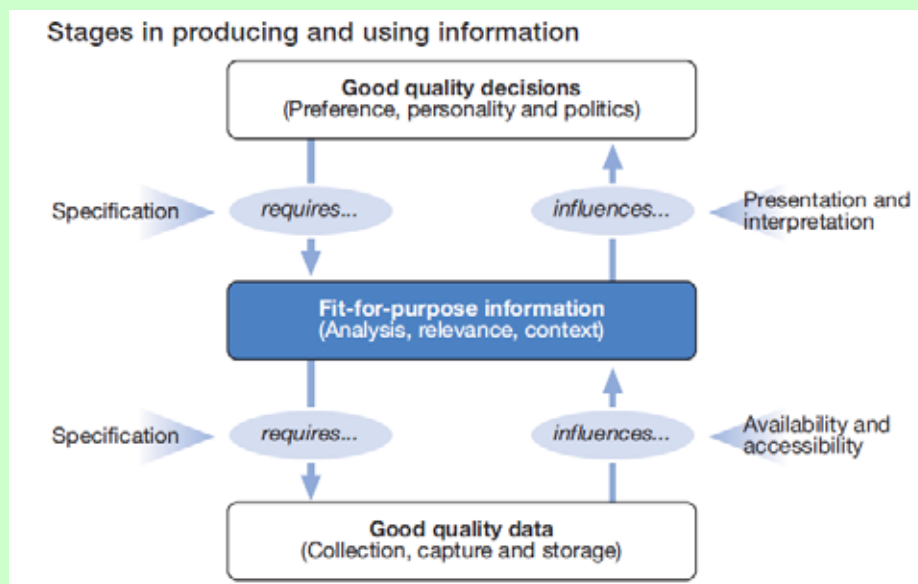
- 1.1 The Council recognises the importance of good quality data. Consistent, accurate, timely and comprehensive information is vital to facilitate the Council's decision-making process and to deliver better quality services to our customers.
- 1.2 The purpose of this Data Quality Strategy is to set out the Council's approach to improving data quality. We recognise the increasing importance placed upon data as a tool for assessing our performance, and achieving our aims and targets. We also recognise the importance that our data has in terms of performance monitoring as a way of establishing compliance with external requirements and challenging current practice. This strategy seeks to achieve a coordinated approach and to ensure consistently high standards are achieved both within and across services with respect to data quality. The outcomes expected from the adoption of this strategy are that Council data will be accurate and verifiable and that all staff will know the part they play in this process.
- 1.3 The Data Quality Strategy sets out the Council's corporate arrangements for ensuring data quality. Other than in relation to the production and use of data to support statutory and locally adopted performance indicators, the strategy does not provide detailed arrangements for ensuring data quality in respect of specific services or systems within individual directorates. Service directors are responsible for ensuring that appropriate data quality arrangements are in place within directorates.

3



## 2. Why Is Data Quality Important?

2.1 The Audit Commission regards good quality data as the foundation of good quality information, and when using information well decision making leads to better local public services.



4

2.2 As a result, the information we rely upon should be fit for whatever decision we are making. It should be relevant to the specific decision, it should cover all significant factors that will impact on the outcome and it should be of sufficient quality for the decision to be made.

2.3 In its publication “Is There Something I Should Know?” (July 2009) the Audit Commission identifies a number of risks and consequences associated with poor quality data

- Poor data can undermine accountability and damage public trust
- Poor data can weaken frontline service delivery
- Poor data can lead to financial loss and poor value for money
- Poor data can leave the vulnerable at risk
- Poor data can undermine partnership working
- Poor data can confuse rather than clarify the relationship between local public bodies and central government
- Poor data can impair the effectiveness of regulation

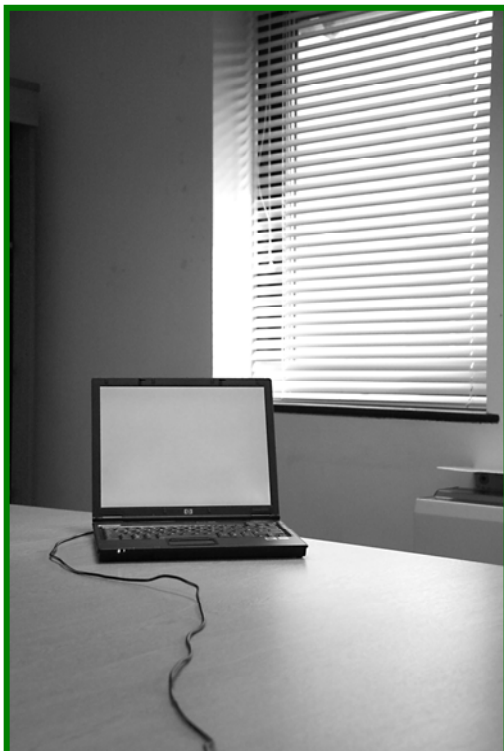
## 3. So What is Good Quality Data?

3.1 The Audit Commission has summarised the six key characteristics of good quality data as:

- **Accuracy** - data should be sufficiently accurate for the intended purposes
- **Validity** - data should be recorded and used in compliance with relevant requirements
- **Reliability** - data should reflect stable and consistent data collection processes across collection points and over time
- **Timeliness** - data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable time period
- **Relevance** - data captured should be relevant to the purposes for which it is used
- **Completeness** - data requirements should be clearly specified on the information needs of the body and data collection processes matched to these requirements

3.2 This strategy is intended to assist the Council in achieving these characteristics in all of its data.

5



## 4. Strategy Statement – The Principles Of Good Data Quality

4.1 These principles form the foundation stones of our vision for data at Epping Forest District Council , which holds that:

“The data we produce and use in all of our decision making is accurate, valid, reliable, timely, relevant and complete”

4.2 The responsibility for ensuring that data is fit for purpose can only rest with public bodies themselves. For its part, the Council will seek to ensure that the following principles are adhered to and that staff understand and act on them:

- understanding and awareness: that all staff recognise the need for high standards of data quality and their individual roles in achieving this;
- understanding data definitions: that all appropriate staff are aware of the precise definition of data collected, be this nationally or locally determined, and that clear definitions support the data used by the Council;
- data input: that only authorised staff have responsibilities for data input, that the input of data takes place on a timely and regular basis, and that there are appropriate controls to achieve this;
- data verification: that there are corporate verification processes in place which are adhered to by all staff involved in the data collection process, and that these procedures are appropriately located within services close to the point of input;
- systems: these must be suitable for their purpose, staff must have the appropriate training and expertise to use them, and they must be regularly reviewed on a risk assessment basis. Systems, processes and procedures should aim to take account of the COUNT (Count Once, Use Numerous Times) principle, in order to avoid data inconsistencies;
- output of data: the data used by the Council must be extracted in a way that ensures there is a clear data trail, data is regularly extracted and communicated in a timely manner; and;
- presentation: that data is presented in a way which is easy to understand, is accurate and can lead to the drawing of conclusions, both for internal use, external inspectorates and customers.

# 5. Member Level Data Quality Responsibilities

**Responsibility for data quality lies with all members and officers of the Council. A range of specific member and officer responsibilities are in place**

## (a) Executive Functions

- 5.1 The Cabinet is responsible for the Council's overall approach to data quality in its role in the setting of policy and strategy.
- 5.2 The Audit and Governance Committee is responsible for receiving reports from the Audit Commission and the Council's Internal Audit Unit with respect to data quality.
- 5.3 Individual Portfolio Holders are responsible for the data quality issues within their portfolios, and for ensuring that directorates have appropriate data quality processes in place.

## (b) Overview and Scrutiny Functions

- 5.4 The Finance and Performance Management Scrutiny Panel is responsible for scrutinising data quality in respect of the Council's Key Performance Indicators for each year. Through the Overview and Scrutiny Committee, the Finance and Performance Management Scrutiny Panel reports to the Cabinet on these matters.

7



## 6. Officer Level Data Quality Responsibilities

8



### (a) Corporate Executive Forum

6.1 The Corporate Executive Forum (CEF) has oversight of all data quality issues at officer level. As part of this process it receives regular reports on data quality and associated performance issues, and will challenges the accuracy/ veracity of this data. It is also responsible for agreeing improvement plans for data quality matters which do not require member approval.

### (b) Deputy Chief Executive

6.2 This post holder has overall corporate responsibility for data quality issues at officer level.

### (c) Directors (General Responsibilities)

6.3 Directors have full responsibility for the quality of data within their services, and must appoint appropriate officers to discharge data quality functions, as necessary.

6.4 Directors are also responsible on a quarterly and annual basis, for the completion and submission of a Key Performance Indicator (KPI) Improvement Plan for each KPI within their directorate, and for ensuring that the plan is submitted in good time to be reviewed by CEF.

### (d) Directors (Specific Individual Responsibilities)

6.5 In addition to these general responsibilities, certain Directors have specific individual responsibilities:

- the Director of Finance and ICT as Chief Financial Officer has responsibility for data quality with respect to the Council's financial regulations, systems and processes;
- the Director of Finance and ICT is responsible for the Security policy for the authority's ICT function, the proper use of e-mail and internet data, and for data protection issues;
- the Assistant to the Chief Executive is responsible for Freedom of Information Act data quality issues;

- the Director Of Corporate Support Services is the Council's Monitoring Officer and is responsible for making available executive decisions and for the provision of advice on matters such as financial propriety, probity and the budget framework. The Assistant to the Chief Executive is Deputy Monitoring Officer;
- the Chief Internal Auditor is responsible for the delivery of an annual Audit Plan within which issues of data quality will feature strongly as appropriate.

### (e) Data Inputters in Individual Services

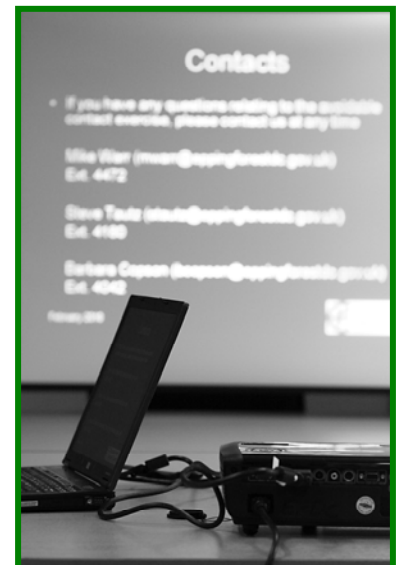
6.6 These officers are responsible for ensuring data is input into systems accurately and on a timely basis.

6.7 The Council uses a corporate performance management system called TEN Performance Manager. TEN enables the Council to monitor and report performance against the National Indicator set as well as those Local Performance Indicators that it has chosen to adopt as additional performance measures.

6.8 Data for the Performance Indicators must be entered into TEN in accordance with the timetable laid down in section 6 (b) of this strategy, Data Quality Procedures for Collecting and Managing PI Information. All data must be verifiable in the audit process.

### (f) All Officers

6.9 All officers are responsible for ensuring that they understand the Data Quality Strategy and objectives so far as these apply to their role. They are responsible for understanding the importance of accurate and verifiable data and the part that they may play in the Council's data quality processes. Data Quality responsibilities should be set out in Job Descriptions and be discussed in annual Performance and Development Reviews where appropriate.



9



# 7. Key Elements In The Delivery Of The Data Quality Strategy

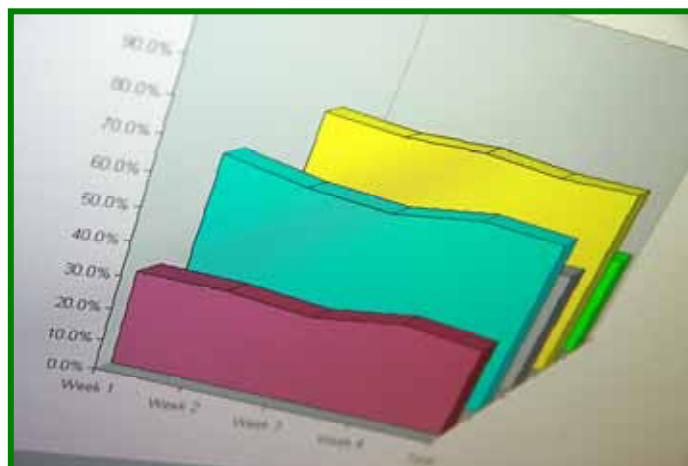
## (a) Maintenance and Improvement of Data Quality Systems

7.1 Responsibility for maintaining a robust control environment for individual information systems lies with Service Directors.

7.2 Each system should have one or more named officers responsible for data quality issues. The responsible officers are required to ensure that:

- users are adequately trained, where appropriate, by having a formal training programme which is periodically evaluated and adapted to respond to changing needs;
- there is security of access/amendment;
- periodic tests of the integrity of data are undertaken;
- externally provided data is appropriately verified;
- information management and support is available to users;
- system upgrades are made where necessary;
- the system meets managers' information needs;
- feedback from users is acted upon;
- the system can produce adequate audit trails;
- actions recommended by system reviews (e.g. by the external auditors) are implemented;
- a set of written procedures (user guide) exists for the purpose of entering and extracting data; and
- a business continuity plan for the system exists to protect vital records and data.

7.3 There should also be a named substitute officer who can deputise in the data quality lead's absence by (at least) maintaining the day-to-day functionality of the system. It is also essential that written procedures are designed so that another officer can carry out the procedures essential to providing data if the officer who normally performs these duties is absent.



10

7.4 There will sometimes be systems where work has to be undertaken to rectify gaps in the control environment. To identify these systems there needs to be an evaluation of information systems used in the Council to produce data. Individual services are responsible for this function, including the undertaking of risk assessments of systems, where required.

7.5 There are a number of conditions that might lead to a system being considered high risk and every system needs to be considered against these factors. 'High risk' conditions will include:

- a high volume of data/transactions;
- a high value of data / transactions;
- technically complex data definition/guidance;
- multiple similar data entries (the COUNT principle applies);
- problems identified in previous years;
- inexperienced staff involved in data processing/production;
- a system being used to produce new data; and
- known gaps in the control environment.

7.6 The purpose of undertaking a risk assessment is to target limited resources at the areas that require most attention.

7.7 Where high-risk systems have been identified for attention, the following steps will need to be taken:

- analysis of the control environment;
- identification of gaps;
- design of additional controls and procedures to address gaps;
- preparation of an action plan; and
- monitoring the implementation of the action plan.

7.8 The integrity and accuracy of the performance indicator reports output by the TEN system will be reviewed annually by the Performance Improvement Unit and any anomalies fully investigated. As part of this review, consideration will also be given to the accuracy, relevance and clarity of all other data elements within the TEN system, including:

- details of indicators, targets and definitions;
- corporate statements such as the Council's vision statement and its strategic aims; and
- organisational details, lines of responsibility and performance indicator personnel.

# 7. Key Elements In The Delivery Of The Data Quality Strategy (continued)

## (b) Procedures for Verifying Data – Guidance

- 7.9 Data requirements should be designed along the principle of 'getting it right first time' to avoid waste in the form of time and money spent on cleansing data, interfacing between different information systems, matching and consolidating data from multiple databases and maintaining outdated systems.
- 7.10 Nevertheless, where needed, a verification procedure should exist close to the point of data input. The frequency of verification checks will need to be aligned with the frequency of data reporting.
- 7.11 Verification might be a review of recent data against expectations, or reconciliation of systems-produced data with manual input records. Depending on the complexity of the system, it may be necessary to undertake more thorough verification, such as:
- data cleansing, e.g. to remove duplicate records or to fill in missing information;
  - sample checks to eliminate reoccurrence of a specific error;
  - a test output run to check the integrity of the query being used to extract data; and
  - spot checks, e.g. on external contractor information
- 7.12 Particular attention needs to be paid to data provided by external sources. For example a number of performance indicators are calculated using information provided by contractors and the Council must work alongside contractors to ensure that such data is accurate.
- 7.13 When entering into contracts with service providers it is essential that, wherever relevant, there is a requirement to provide timely and accurate data, and that the Council are clear with the contractor about their responsibilities for data quality and how the authority will check the information they provide.
- 7.14 It may not always be possible to alter existing contracts so that contractors are fully committed to providing an agreed quantity of quality data. This data must be treated as high-risk and consideration given to a system of checks and measures to ensure confidence in the accuracy of the data. When checking such information it is important that this is documented and signed off by the relevant officer.
- 7.15 Some important data – for example, road safety and crime statistics – is provided directly to the Council by external agencies. The initial priority of this strategy is to address shortcomings in information provided directly by and to the authority, but where concerns exist about the integrity of externally provided information, the Council's intention is to work with other agencies constructively wherever possible to provide assurance and rectify any problems identified.

**(c) Inputting of Data**

- 7.16 There must be adequate controls over the input of data. The aim should be 100% accuracy of data input 100% of the time. It is important that officers have clear guidelines and procedures for using systems and are adequately trained to ensure that information is being entered consistently and correctly.
- 7.17 A key requirement is that data should be entered on an ongoing basis, not saved up to be entered in a block at the end of a period. This reduces the error rate and the need for complex verification procedures.
- 7.18 Controls should also be in place to avoid double-counting and be designed according to the nature of the system, eg. where more than one person inputs data, a control will be an absolutely clear division of who is responsible for what data entry.
- 7.19 The system must also record all relevant information. Individual systems need to be evaluated to determine whether additional controls are necessary. An additional control would be necessary if there is any way, theoretically, that a relevant case could exist without being captured by the current system.

**(d) Data Output**

- 7.20 Performance indicator data must be produced to the timetable laid down in section 8 (b) of this strategy, which allows for management action and review. Services must ensure that processes exist to obtain data output in good time to allow input into the TEN Performance Management System and the Summary Control Forms to be completed in accordance with the timetable without compromising data quality.
- 7.21 It is important that data is subject to scrutiny and to challenge before being passed up the line for management / member action. This can be undertaken at several stages in the process. The most likely instances will be a verification check on output reports as part of a service level review of data.
- 7.22 When information is presented for management review, action or audit an officer must consider the working papers to confirm that the data definition has been followed, the calculations are correct and the data is supported by a full audit trail.
- 7.23 The Summary Control Forms submitted to the Performance Improvement Unit (PIU), in respect of performance indicator data, must include an accurate and exact indication as to where the supporting data for all calculations was derived from and where it is held. This allows the accuracy and veracity of each performance indicator calculation to be verified and audited.

## 8. Performance Indicator Data Quality

8.1 The principles of the Data Quality Strategy set out in Section 4 apply fully to the collection of Performance Indicator (PI) data.

### **(a) Responsibilities**

8.2 Member and Officer responsibilities in respect of performance indicators are as follows

- The Cabinet is responsible for the establishment of an annual set of key performance Indicators (KPIs), which reflect the Council's core business;
- Individual Portfolio Holders are responsible for data quality issues with respect to PIs in their services, and ensuring appropriate data quality processes are in place;
- The Finance and Performance Management Scrutiny Panel is responsible for the scrutiny of PI data, including issues of data quality;
- The Corporate Executive Forum is responsible for receiving reports on at least an annual basis on performance indicator information, challenging this, and agreeing improvement plans for individual indicators;
- Directors are responsible for agreeing quarterly PI returns and end of year outturn figures within the PI verification framework;
- Responsible Officers for PIs in services must ensure, under the direction of the relevant Director, that all data relating to performance information is accurate, verifiable and easily auditable. They are responsible for ensuring the timely completion on a quarterly basis of PI information for the Director;
- Data inputters in services are responsible to the service PI responsible officer for ensuring data related to PIs is accurate, verifiable and implemented in a timely fashion;
- The Deputy Chief Executive is responsible for the overall collection and presentation of PI data and for reporting these to the Finance and Performance Management Scrutiny Panel and the Corporate Executive Forum.

### **(b) Data Quality Procedures for Collecting and Managing PI Information**

8.3 Full details of the Council's requirements under its Data Quality Assurance Procedures are laid down in Appendix 1. These are to be fully adhered to, to satisfy audit requirements for the collection of performance information in relation to PIs.

8.4 Directors and other responsible officers must follow the guidance laid down in Appendix 1 for PI data collection. This stipulates that a pro-forma (Summary Control Form),

accompanied by a full audit trail, must be compiled for any PI presented on a quarterly basis (and for all PIs at year-end). This must include:

- A detailed calculation;
- System notes, where appropriate; and
- Documentation supporting any estimates, sampling, or any apportionments made.

8.5 In addition, the relevant officer must complete the appropriate 'fields' on the TEN system, including a comment on performance, any corrective action to be taken to improve performance, and a quarterly estimate as to whether the target will be met.

8.6 The timetable for collation of data and production of all PIU requirements is such that all data entries to the TEN system, all PI documentation and all PI Summary Control Forms should be completed and submitted to the PIU within 1 month of the quarter's end. Any missing returns will be notified to the relevant Director. A further reminder of still missing returns will be sent two weeks later together with an advice to the Director that outstanding data returns will not be included within the report to be made to the next meeting of the Finance and Performance Management Scrutiny Panel, and that they will be required to prepare a separate performance report to be considered by the Panel, and account for performance against these outstanding indicators.

15



## 8. Performance Indicator Quality (continued)

16

- 8.7 There may be occasions where the schedule of Scrutiny Panel meetings is such that this timetable cannot be strictly managed. On such occasions, where reporting of the PI figures and completion of returns is required within a tighter timeframe, the PIU will advise Directors of the revised deadlines in advance.
- 8.8 On a quarterly basis the PIU will undertake a spot-check of indicator data submitted to the TEN system, as well as a thorough analysis of the PI Summary Control Forms submitted by each service. The PIU will collate all PI returns and documentation and log the submission rates and timeliness of submissions.
- 8.9 The PIU will examine the data submitted to the TEN system and investigate results which appear to deviate from expected returns. The PIU will also check to ensure that supporting comments against each indicator have been entered onto TEN by the responsible officer and/or Director.
- 8.10 The PIU will check to ensure all PI Summary Control Forms are received, signed by both the Completing Officer & the Director and are received within 1 month (or other defined deadline) of the quarter end.
- 8.11 The PIU will check the accuracy of the detailed calculations and verify the PI indicator outturn reported, as well as verifying that the nature and location of the supporting data and information has been identified on the Summary Control Form.
- 8.12 The PIU analysis of the Summary Control Forms will use a traffic light system to highlight non-compliance and once this has been completed for the quarter, it will be circulated back to the Directors for feedback and review.





8.13 There are a number of Performance Indicators which are not KPIs, LPIs or NIs. These are mostly commonly indicators that form part of the Local Area Agreement but can also fall outside of the LAA e.g. percentage of private sector homes vacant for more than 6 months (HIP HSSA – Housing Strategy Statistical Appendix formerly known as Housing Investment Programme). Whilst these might fall outside of the PI reporting programme laid out above, wherever possible, the same principles of Data Quality & Quality Assurance should be applied to the production of any performance information and the reporting of performance outturns for these indicators.

8.14 On an annual basis the Council’s Internal Audit Unit will conduct an audit of the Council’s Key Performance Indicators. The accuracy of the results reported is a key element of this audit but the availability of supporting documentation, and quality and relevance of the data used in the calculations is also examined. Where necessary, data quality improvements will be identified and recommendations made to achieve these.

### **(c) Improvement Plans for KPIs**

8.15 Each year, the Cabinet identifies PIs which it considers to be key to the business of the authority. The Corporate Executive Forum (CEF) requires Directors to produce Improvement Plans for these Key Performance Indicators (KPIs) as soon as possible after the adoption of the KPIs each year. Directors are responsible for monitoring performance, against these improvement plans, once approved by CEF.

8.16 Performance reports for each of the KPIs will be submitted to CEF at the end of each quarter by the PIU, to enable corporate monitoring of the success of the individual KPI improvement plans.

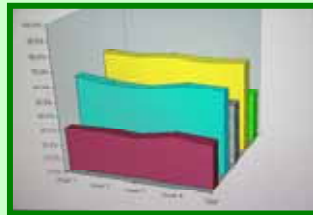
## 9. Presentation Of The Data

- 18
- 9.1 Providing relevant, good quality, information will not help decision makers if poor presentation is a barrier to interpretation. Those presenting information need to consider exactly what they are trying to communicate as well as how best to communicate it to their, potentially multiple, audience.
  - 9.2 Good information is relevant information, of sufficient quality for the decision at hand, presented in a way the decision maker will understand. Relevant good quality information poorly presented will make accurate interpretation of the information and the making of good decisions based upon it, much more difficult than it needs to be.
  - 9.3 Communicating a numerical position or argument can be achieved through charts or graphs or by illustrating relationships in diagrams or with evidence of future targets and historical performance and how this is done will be influenced by the nature of the data itself. However, there will also be members of the audience for this data who would prefer to digest a written narrative around the figures.
  - 9.4 Whilst the performance indicator reports incorporate numerical data, both in tables and in charts, as well as qualitative commentary to supplement the figures, it should not be assumed that one format does, and always will, suit all those that are required to review, scrutinise and respond to the data. The PIU will consult with all users of the PI reports on an annual basis to identify any specific requirements of the data and any improvements that can be made or tailored to the reports presented.

## 10. Monitoring And Review Of The Data Quality Strategy

- 10.1 Progress with the implementation of the Data Quality Strategy will be monitored by the Corporate Executive Forum. A full review of the strategy will be undertaken every three years.
- 10.2 A Data Quality action plan is developed for each year of the strategy, setting specific and ongoing actions that are planned over the course of the current Council year. Outturn performance against the action plans will be considered by the Finance and Performance Management Cabinet Committee and Scrutiny Panel on an annual basis.

# Data Quality Strategy



19

## Action Plan 2010/11

# Data Quality Strategy Action Plan

20

Key Objective	What actions will we take to achieve this objective?
<p>Complete full review of the Data Quality Strategy and establish a regular programme to review the strategy.</p>	<ul style="list-style-type: none"> <li>(a) Complete Data Quality Strategy review</li> <li>(b) Submit strategy to Use of Resources (UOR) Working Group and Management Board</li> <li>(c) Submit strategy to Finance &amp; Performance Management Cabinet Committee and Scrutiny Panel</li> </ul>
<p>Investigate incorporating non KPI, LPI, or NI indicators into the TEN system to assist reporting &amp; bring them within Data Quality &amp; Quality Assurance strategies.</p>	<ul style="list-style-type: none"> <li>• Request all directorates to submit details of any such indicators</li> <li>• Produce draft indicator page in TEN</li> <li>• Publish indicators in TEN</li> </ul>
<p>Ensure data and information is presented in clear, relevant and understandable way so as to be of most use to the Council's decision makers</p>	<ul style="list-style-type: none"> <li>• Consult with members and executive officers to determine how the current presentation of PI data suits their management, scrutiny, analytical and planning needs. Adapt as necessary and possible to enhance the value of the information used in decision making.</li> </ul>
<p>Investigate possibility of including a Data Quality element in the staff induction process</p>	<ul style="list-style-type: none"> <li>• Design single page Data Quality presentation for inclusion in induction process, and consult with HR on whether to include as document or attend inductions</li> </ul>
<p>Ensure that all relevant staff have an understanding of PI definitions calculated from data they input / analyse/extract</p>	<ul style="list-style-type: none"> <li>• Identify any training / development requirements highlighted.</li> <li>• Conduct training as required</li> </ul>
<p>Ensure that responsibility for data quality is part of job descriptions and the appraisal process.</p>	<ul style="list-style-type: none"> <li>• Ongoing responsibility but directorates will need to check all job descriptions to ensure this is the case.</li> </ul>

## Data Quality Strategy

Responsibility for Action	Timescale
Performance Improvement Manager (all actions)	30th June 2010 31st July 2010  30th September 2010  31st October 2010
Performance Improvement Manager (all actions)	31st December 2010 (all actions)
Performance Improvement Manager	31st December 2010
Performance Improvement Manager	31st January 2011
Service Directors / Performance Improvement Manager  Service Directors / Performance Improvement Manager	Ongoing  Ongoing
Service Directors	Ongoing

# Data Quality Strategy Action Plan

22

Key Objective	What actions will we take to achieve this objective?
<p>Ensure that, when making submissions on nationally or locally reported PIs, the definition has been followed.</p>	<ul style="list-style-type: none"> <li>(a) Check all indicators have definition available as a pdf on TEN</li> <li>(b) Email all directorates reminding them of location of definitions and need to follow requirements</li> <li>(c) Quarterly check of all PI submissions at time of PI report completion</li> <li>(d) Annual audit of performance indicators for accuracy and data quality</li> </ul>
<p>Ensure that all systems are identified and that there is a data quality lead for each system</p>	<ul style="list-style-type: none"> <li>• Electronic survey of all directorates to ascertain what systems exist, what data they produce and who is the data quality lead for that system.</li> </ul>
<p>Ensure that data provided by external contractors meets requirements for reporting performance</p>	<ul style="list-style-type: none"> <li>• Reasonableness check to be undertaken in relation to all data provided by external bodies for the purpose of reporting the Council's performance.</li> </ul>
<p>Improve and strengthen the quality control processes applied to the PI outturn reports ensuring they are fully checked before submission to scrutiny.</p>	<ul style="list-style-type: none"> <li>• Review all submitted PI returns at the end of each quarter</li> <li>• 2nd &amp; 3rd level of review to be put in place for the PI outturn report to minimise errors.</li> </ul>
<p>Ensure Corporate Objectives, Medium Term Aims, &amp; Sustainable Community Strategy goals are entered into TEN to assist strategic monitoring and reporting.</p>	<ul style="list-style-type: none"> <li>• Full refresh of all corporate linkages within the TEN system.</li> <li>• Once complete all relevant officers / members to be notified that these linkages exist and training provided where necessary to use to best advantage.</li> </ul>
<p>Ensure data quality is achieved in all data shared with our key partners</p>	<ul style="list-style-type: none"> <li>• Work with One Epping Forest to achieve uniform approach to and agreed protocol for data quality in all shared data</li> </ul>

## Data Quality Strategy

Responsibility for Action	Timescale
Performance Improvement Manager	30th June 2010
Performance Improvement Manager	30th June 2010
Performance Improvement Manager	Quarterly ongoing
Chief Internal Auditor	30th July 2011
Performance Improvement Manager	31st March 2011
Service Directors	Ongoing
Performance Improvement Manager	Quarterly Ongoing
Performance Improvement Manager	Quarterly Ongoing
Performance Improvement Manager	31st December 2010
Performance Improvement Manager	31st March 2011
Performance Improvement Manager	31st March 2011

# 12. Matrix of Data Responsibilities

24

<p><b>All with responsibility for inputting/extracting information from systems</b></p>	<p>Knowledge of relevant data definitions and guidance</p> <p>Input accurate information</p> <p>Up-to-date record keeping (not entered in a block)</p>
<p><b>Managers with data quality responsibilities (including PI responsible officers)</b></p>	<p>Maintain a robust control environment</p> <p>Identify and rectify gaps in control environment</p> <p>Training/guidance</p>
<p><b>Directors</b></p>	<p>Overall responsibility for the reliability of data</p> <p>Ensure that job descriptions reflect data quality responsibilities.</p> <p>Oversight of robustness of data systems.</p>
<p><b>Performance Improvement Unit</b></p>	<p>Maintain list of systems and data quality actions for PI data</p> <p>Co-ordinate risk assessment of systems, liaising with Internal Audit and PI leads</p> <p>Checking that proposed improvements have been implemented for PI systems</p> <p>Communicating the commitment to DQ</p> <p>Reporting progress on DQ to CEF</p>
<p><b>Internal Audit</b></p>	<p>Support improvement on individual systems</p> <p>Incorporate data quality issues in routine audit work</p>

## Appendix 1: EFDC Data Quality Procedures in respect of the Collection of Performance Information for Key Performance Indicators, Local Performance Indicators & National Indicators

The following procedures must be fully adhered to in order to satisfy audit requirements for the collection of performance information in relation to Key Performance Indicators (KPIs), Local Performance Indicators (LPIs) & National Indicators (NIs):

### 1. Record Keeping:

For each KPI, LPI & NI the officer responsible for reporting on the indicator must keep all supporting records used in calculating figures for each quarter and the year-end. Data must be appropriately annotated in order to highlight figures that are relied upon for calculations and, if the source of data is not clear from computer printouts etc. documents must be endorsed accordingly along with the date on which they were produced. All supporting papers for each indicator should be retained by the responsible officer in a designated file for analysis by the Audit Commission or Internal Audit, if required at the end of the year. In accordance with audit best practice, supporting papers for all KPIs, LPIs & NIs for the current year and two preceding years must be retained for a period of two years.

### 2. Calculation of Data:

The responsible officer must keep a detailed record of the calculation of submitted figures, showing all supporting calculations used. For the avoidance of doubt, all mathematical calculations must be set out separately, where relevant showing how each calculation supports another. The responsible officer should also retain these calculations for subsequent audit. The usual quarterly Summary Control Form must be completed in respect of all KPIs, LPIs & NIs and returned to the Performance Improvement Unit in hard copy at the same time that quarterly returns are entered into the TEN system.

### 3. NI Definitions:

Responsible officers must ensure that submitted figures for NIs have been calculated using the current and correct definition of each indicator, as issued by the Department of Communities & Local Government (DCLG), rather than using any local interpretation. If officers are in any doubt about definitions they should check with the Performance Improvement Unit, who will also automatically circulate details of revised, additional or deleted indicators immediately that these are issued by DCLG. Unless otherwise agreed, all LPIs will continue to be subject to the definition in force in the previous year, particularly where LPIs were formally NIs or Best Value Performance Indicators.

#### 4. Cross-Checking of Performance Data:

Another officer (not the person who carried out the calculations) must check the following in respect of all KPI, LPI & NI submissions:

- that the correct data and definition has been used to calculate the indicator
- that all supporting data is retained within the service area for analysis by the Audit Commission (this does not need to be submitted to the Performance Improvement Unit) that all mathematical calculations are correct and annotated as being such

#### 5. Sign-Off:

Service Directors (or a nominated Assistant Director) must formally sign-off each quarterly submission for every KPI, LPI & NI for which they are responsible, using the Summary Control Form. In so doing, they are confirming that all of the quality assurance procedures stated above are in place and have been fully adhered to. A separate Summary Control form is required to be submitted at year-end, to reflect the out-turn calculation for each indicator. Incomplete Summary Control forms will be returned directly to the relevant director for completion.

#### 6. Reporting Methodology:

Quarterly performance information (and targets when requested at the beginning of each year) must be sent to the Performance Improvement Unit in the format requested, not in any other layout, style or presentation that reflects departmental arrangements. This will avoid misinterpretation and the possibility of errors occurring in the transcription of data.

#### 7. TEN Performance Management System:

Quarterly performance submissions to the TEN system must contain a full written comment / explanation for performance in relation to all KPIs, LPIs & NIs, particularly in respect of any changes in performance or where performance is not on target or is fluctuating as a result of, for example, seasonal variations. The comments should provide appropriate contextual or background information wherever possible. Recommendations for corrective action in relation to all under-performing indicators must also be provided.

### 8. Reporting Timescales:

The timetable for submission of all performance information in relation to KPIs, LPIs & NIs is laid down in the Council's Data Quality Strategy and must be adhered to each quarter.

### 9. Overview & Scrutiny:

Service Directors must ensure that they (or an appropriate officer) are present at the relevant Scrutiny Panel meeting to comment on and answer any questions in respect of the KPIs, LPIs & NIs for which they are responsible.

These Data Quality Assurance procedures are intended to ensure that the Council meets audit recommendations for the collection and monitoring of performance data. Please ensure that these procedures are communicated to all members of your staff that are responsible for the collation and reporting of KPI, LPI and NI information.

27

**For further information concerning any of the content of this strategy, please contact the Performance Information Unit at Epping Forest District Council.**

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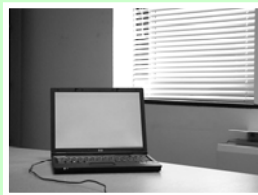


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## Data Quality Strategy



Week 1		% +/-
2009	2010	
570	446	-21.8%
558	530	-5.0%

