



GOVERNMENT

**Data Quality
Review
2007-08**

Rotherham Council

3 December 2008

AUDIT

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If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Kevin Wharton, who is the engagement lead to the Council, telephone 0161 246 4758, email kevin.wharton@kpmg.co.uk, who will try to resolve your complaint. If you are dissatisfied with your response please contact Trevor Rees on 0161 246 4063, email trevor.rees@kpmg.co.uk, who is the national contact partner for all of KPMG's work with the Audit Commission. After this, if you still dissatisfied with how your complaint has been handled you can access the Audit Commission's complaints procedure. Put your complaint in writing to the Complaints Team, Nicholson House, Lime Kiln Close, Stoke Gifford, Bristol, BS34 8SU or by e mail to: complaints@audit-commission.gov.uk. Their telephone number is 0844 798 3131, textphone (minicom) 020 7630 0421.

Executive Summary

The Audit Commission has developed a three-stage approach for assessing data quality, the first stage being a review of management arrangements for data quality. This review determines whether Rotherham Council has in place proper corporate management arrangements for data quality, and whether they are being applied in practice. This is the third year in which we have undertaken work on data quality.

The findings support our conclusion on your arrangements to secure value for money in relation to the specific criterion on data quality. This requires the Council to have '*a track record of using high quality information on costs to actively manage performance, improve value for money and target resources*'. This conclusion was issued with the 2007/08 audit opinion on your accounts.

Stage One

The work on management arrangements focuses on corporate data quality arrangements for your performance information. Our work will help drive improvement in the quality of performance information, leading to greater confidence in the supporting data on which performance assessments are based. The review is structured around five themes:

- Governance and leadership;
- Policies and procedures;
- Systems and processes;
- People and skills; and
- Data use and reporting.

These themes break down into thirteen Key Lines of Enquiry (KLOEs). We have assessed your arrangements against each KLOE and have scored you against each theme as defined below:

Level	Description
Inadequate	Below minimum requirements - inadequate performance
Adequate	Only at minimum requirements - adequate performance
Performing well	Consistently above minimum requirements - performing well
Performing strongly	Well above minimum requirements - performing strongly

We have assessed your overall performance as performing strongly. You have performed strongly in respect of your arrangements over all five themes.

We have provided our key findings in Section One ; no recommendations have been raised. We report on the implementation of prior year recommendations in Appendix 2

Executive Summary

Stage Two

During Stage Two of the process we followed up issues arising from the analytical review of 2007/08 BVPI and non-BVPI data, used in the Comprehensive Performance Assessment carried out by the Audit Commission. This analytical review informed our selection of a sample for testing at Stage Three.

Stage Three

When deciding how many and which PIs to review at Stage Three, in addition to those identified for review by the Audit Commission, we used the results from stage one and our cumulative audit knowledge and experience to determine the total number of PIs for review. As a result of this, we have identified two BVPIs and non-BVPIs to review. In addition, it is mandatory to review two housing benefits PIs (BV78a and BV78b) at Stage Three. The following were therefore reviewed:

- BV165 – Percentage of pedestrian crossings with facilities for disabled people
- HIP HSSA (H18) – Percentage of total private sector homes vacant for more than six months
- BV78a – Speed of processing new claims to HB/CTB
- BV78b – Speed of processing changes of circumstances to HB/CTB

For Stage Three, in addition to the sample selected from specified indicators, we selected PAF C32 (Older people assisted to live at home) to review that is not on the list of specified indicators. This is because we identified a potential risk to the quality of the underlying data, although our subsequent review did not identify any issues impacting on the quality of the data supporting this indicator.

The results of these spot check reviews indicate that the data quality underpinning your PIs is adequate.

The results of our data quality spot checks are summarised in Section Two.

Best Value Performance Plan Report

In prior years we audited your Best Value Performance Plan in accordance with the Local Government Act 1999 and the Audit Commission's Code of Audit Practice. From this year there is no requirement for this to be audited.

Management Arrangements

We have assessed your **overall level of performance** as **performing strongly**. You have performed strongly in respect of your arrangements over all five themes detailed below.

The table sets out key drivers behind each theme, and details areas where you are currently meeting requirements and areas where further development is required.

Theme	Performance	Key issues
Governance & Leadership	well above minimum requirements	<p>Areas of strong performance</p> <ul style="list-style-type: none"> ✓ The Council continues to operate under a governance framework in which data quality responsibilities and objectives are clearly defined and effective monitoring and review mechanisms exist. The Council has successfully extended key initiatives such as its Performance Management Framework (PMF) and performance clinics into the Local Strategic Partnership. <p>Areas for further development</p> <ul style="list-style-type: none"> • We have not identified any elements where further work is required.
Policies & Procedures	well above minimum requirements	<p>Areas of strong performance</p> <ul style="list-style-type: none"> ✓ The Council's data quality policy is enshrined in its PMF, which is supported by various linked documents and comprehensive guidance and procedures. These links and procedures have been strengthened during the year, for example by the addition of data quality procedures for housing and mental health partners. ✓ Directorate Performance and Quality officers continue to play an important role in ensuring policies and procedures are followed consistently throughout the Council. <p>Areas for further development</p> <ul style="list-style-type: none"> • We have not identified any elements where further work is required.
Systems & Processes	well above minimum requirements	<p>Areas of strong performance</p> <ul style="list-style-type: none"> ✓ The Council has an established Performance Management System (Performanceplus) and is assessing its potential for use in performance reporting for the Local Strategic Partnership. ✓ The Council's emergency planning activity includes scenario planning and risk assessment of business critical systems. This is supported by effective business continuity planning at department level. ✓ The Council has enhanced controls over shared data by introducing performance clinics for partners and by developing new data quality protocols and strategies for its mental health and housing partners. <p>Areas for further development</p> <ul style="list-style-type: none"> • We have not identified any elements where further work is required.

Management Arrangements (continued)

Theme	Performance	Key issues
<p>People & Skills</p>	<p>well above minimum requirements</p>	<p>Areas of strong performance</p> <ul style="list-style-type: none"> ✓ The Council continues to set clear corporate data quality targets, which are underpinned by individual level responsibilities contained in Job Descriptions and reviewed via Personal Development reviews. The network of directorate Data Quality Champions work alongside Performance Indicator managers to ensure data is rigorously checked and validated and the Council has introduced additional training on data quality for Performance Indicator managers to enhance their skills. <p>Areas for further development</p> <ul style="list-style-type: none"> • We have not identified any elements where further work is required.
<p>Data Use</p>	<p>well above minimum requirements</p>	<p>Areas of strong performance</p> <ul style="list-style-type: none"> ✓ The Council's performance reporting process is linked to corporate plan priorities and is a key enabler in managing delivery of services. Performance clinics continue to be used to focus on specific service delivery issues highlighted by performance reporting. ✓ Data validation measures include the use of standardised data return templates and Performance Indicator evidence files and extensive checking by directorate Data Quality Champions and the corporate Performance & Quality team. <p>Areas for further development</p> <ul style="list-style-type: none"> • We have not identified any elements where further work is required.

Data Quality Spot Checks

Our Stage Two analytical review work identified that the PI values reviewed fell within expected ranges or were substantiated by evidence.

We carried out spot checks on five of your PIs. As a result of our audit work none of the PIs were amended and no reservations were issued.

PI	Description	Value stated	Conclusion
BV165	Percentage of pedestrian crossings with facilities for disabled people	100%	Fairly stated.
BV78a	Speed of processing new claims to HB/CTB	25.8	Fairly stated.
BV78b	Speed of processing changes of circumstances to HB/CTB	12.6	Fairly stated.
HIP HSSA (H18)	Percentage of total private sector homes vacant for more than six months	1.42	Fairly stated.
PAF C32	Older people assisted to live at home	69.72	Fairly stated.

Appendix 1

Recommendations

We have not raised any recommendations relating to your data quality management arrangements.

Appendix 2

Prior Year Recommendations

This appendix summarises the progress made to implement the recommendations that we identified in our 2006/7 Data Quality report.

Year	Number of recommendations that were:		
	Included in original report	Implemented in year or superseded	Remain outstanding
2006-07	2	2	0
Total	2	2	0