| Recommendations  | Priority & KLOE Ref:            | Action proposed  | Responsibility  | Timing and completion                                   |
|--|---------------------------------|--|---|---|
| Governance and Leadership  |                                 |  |   |   |
| Clearly communicate a corporate commitment to data quality, to reinforce the message that all staff has responsibility for data quality.                                   | Low<br>Achieve Level 3<br>1.1.4 | We will run a Data Quality and Records Management awareness campaign to remind staff of the relevant policies together with any departmental guidance.       | SPMO to put proposal to SMT SMT/HoS to action   | By 30/6/07 - Done  By 30/9/07 - Underway                |
| Ensure that issues relating to data quality are reported to "those charged with governance" (i.e. the Audit Committee).  | Low<br>Achieve Level 3<br>1.1.6 | An annual Data Quality review, and the results of Data Quality audits will be reported to the Audit Committee  | SPMO/APRM   | By 30/9/07 – Done<br>and ongoing                        |
| Develop a formal strategy for data quality that covers all departments and functions, and has been approved by the management team.  | Low<br>Achieve Level 3<br>1.2.4 | A Data Quality strategy will be developed and presented to the Audit Committee for approval in parallel with the Data Quality and Records Management Policy. | SPMO to develop the policy and strategy documents  SDIMT/SMT/Audit Committee approval to be sought by July 2007 | By 30/4/07 -Done By 30/9/07 - Done                      |
| Link the corporate objectives for data quality to business objectives.   | Low<br>Achieve Level 3<br>1.2.5 | Divisional plans to include local data quality objectives as appropriate.  | SPMO to review Divisional Plans and agree appropriate amendments with Plan owners.                              | By 30/11/07   |
| Develop an action plan to implement the data quality strategy. Ensure that plan clearly allocates responsibility, and there is a clear timescale for implementing actions. | Low<br>Achieve Level 3<br>1.2.6 | This Action Plan to be agreed with SMT and linked to the PI audit and checking protocols at 3.2.5 below  | CDIS Overall<br>SPMO to develop plan<br>SDIMT/SMT to<br>approve   | By 30/9/07<br>By 24/4/07<br>By 31/5/07<br>Done          |
| Communicate the Council's commitment to data quality to staff at all levels.   | Low<br>Achieve Level 3<br>1.2.7 | See 1.1.4 above  | CDIS Overall SPMO to propose to SMT SMT/HoS to action   | By 30/9/07<br>By 30/6/07 - Done<br>By 30/9/07 -Underway |
| Set data quality objectives at service level.  | Low<br>Achieve Level 3<br>1.2.8 | See 1.2.5 above  | SPMO to review Divisional Plans and agree appropriate amendments with Plan owners.                              | By 30/11/07   |

| Recommendations   | Priority &<br>KLOE Ref:                  | Action proposed   | Responsibility   | Timing and completion   |
|---|--|---|--|---|
| Where data quality reviews are undertaken, ensure that the findings are reported to senior management   | High<br>Achieve Level 2<br>1.3.2         | Data Quality review findings to go to SDIMT and on to SMT   | SPMO   | From 4/07 – Underway with PI Audit.   |
| Consider data quality as part of the Council's corporate risk management arrangements   | High<br>Achieve Level 2<br>1.3.3         | Add to Corporate/Divisional Risk Registers and review as part of Corporate Risk Group (CRG) work programme.   | SPMO/HoS/CRG   | By 30/6/07 –<br>Considered at<br>Corporate Risk<br>Workshop 4/9/07 CRG<br>to take forward |
| Policies  |  |   |  |   |
| Develop and approve at senior management level an operational data quality policy that has been designed to support data quality objectives.  | High<br>Achieve Level 2<br>2.1.1 & 2.1.2 | A Data Quality Strategy and this Action Plan are being developed.  The Records Management Policy has been expanded to include Data Quality – see 1.2.4 above. | CDIS Overall SPMO to develop the policy and strategy documents  SDIMT/SMT/Audit Committee approval to be sought by July 2007 | By 30/9/07 - Done<br>By 30/407-Done<br>By 31/7/07- Done                                   |
| Provide training to staff on the data quality policies and procedures that are implemented.   | High<br>Reinforce Level 2<br>2.2.2       | See 1.1.4 above   | SPMO to put proposal<br>to SMT<br>SMT/HoS to action  | By 30/9/07- Underway  |
| Systems and Processes   |  |   |  |   |
| Embed the performance management arrangements of the service development and improvement sub group, so that its outputs are integrated into the management processes of the organisation, and support staff in their day-to-day work. | High<br>Reinforce Level 3<br>3.1.7       | Underway as Performance Management (PM) framework is rolled out.  | Overall - CDES<br>(SPMO/SDIMT/SMT)   | By 31/3/08 – Underway<br>with new data capture<br>processes                               |

| Recommendations  | Priority & KLOE Ref:               | Action proposed  | Responsibility                   | Timing and completion  |  |
|--|------------------------------------|--|----------------------------------|--|--|
| Develop controls in the performance management system to minimise the scope for human error or manipulation, and prevent erroneous data entry, missing data, and unauthorised data changes.                | Low<br>Achieve Level 3<br>3.2.4    | Will evolve from 1.3.2 above and 3.2.5 below as PMS is embedded  | SPMO/HoS/CRG                     | By 30/9/07 – done via<br>new data capture<br>processes                         |  |
| Develop an annual programme of work to ensure that controls supporting data quality are effective. Ensure that the results of these reviews are reported to the management team.                           | Low<br>Achieve Level 3<br>3.2.5    | PI Audit programme to be strengthened and published internally. Results go to SDIMT and thence to SMT  | SPMO/PIO/SDIMT                   | By 30/5/07 - PI Audit<br>conducted - results<br>circulated to SDIMT<br>and SMT |  |
| Embed the process for ensuring that departmental checks on data are being undertaken prior to it being entered onto the performance management system.   | Low<br>Achieve Level 3<br>3.2.6    | Underway as PMSis rolled out – checks and sign off to be required from HoS   | Overall – CDES<br>(TH/SDIMT/SMT) | By 30/9/07- Being<br>monitored via new data<br>capture process                 |  |
| Produce a business continuity plan that provides protection for records and performance data that are vital to the continued effective functioning of the organisation.                                    | High<br>Reinforce Level 2<br>3.3.3 | To follow from CRR and to be included in BCPs  | CPHSM                            | By 30/6/07 – to be considered by SMT in 9/07                                   |  |
| Develop and implement a data sharing protocol, contract or service level agreement for all data that is received from, or provided to third parties, to ensure that there is a set of quality requirements | Low<br>Achieve Level 3<br>3.4.3    | Essex Trust Charter provides an overarching framework to meet this need supported by specific protocols. A directory of the available protocols to be compiled and made available to RDC staff.  | CDIS/SPMO                        | By 30/6/07<br>Revised date 31/10/07  |  |
| Develop and implement a set of protocols for sharing key data internally.  | Low<br>Achieve Level 3<br>3.4.4    | Data Protection Policy to be reviewed and amended if necessary.  Clarify what other Councils do via Essex Performance and Policy Network (EPPN)  | SPMO/CDIS                        | By 31/3/08   |  |
| Design and implement processes for validating data from third parties.   | Low<br>Achieve Level 3<br>3.4.5    | We will adopt a risk based approach drawing from the risk register entries which will follow from item 1.3.3 above and previous PI audit experience. Validation will initially be targeted on sources perceived to be of higher risk. Also research what other Councils do at EPPN | SPMO                             | From 31/3/08   |  |

| Recommendations   | Priority &<br>KLOE Ref:            | Action proposed   | Responsibility | Timing and completion                      |
|---|------------------------------------|---|----------------|--|
| People and Skills   |                                    |   |                |  |
| Undertake an assessment of the data quality skills that are in place across the whole workforce, and identify any potential gaps.         | High<br>Achieve Level 2<br>4.1.1   | Remind managers to cover this in PDR process.  Job Ds to cover DQ responsibilities. DQ skills to be specifically covered by any workforce Skills Audits | HRM            | By 31/3/08 By 30/9/08                      |
| Assess the adequacy of the current provision of data quality training.  | High<br>Reinforce Level 2<br>4.2.2 | Review as a result of 4.1.1 where Job D requires DQ HR to derive any corporate training needs.  | HRM            | By 30/9/08                                 |
| Data Use  |                                    |   |                |  |
| Include predictive information in performance reports to enable expected future performance to be assessed.                               | Low<br>Achieve Level 3<br>5.1.7    | A major but necessary task to be included in evolution of PMS and to include seeing what other Councils do  | SPMO/PIO/SDIMT | By 31/3/08                                 |
| Ensure that all data returns are supported by a clear and complete audit trail.   | Low<br>Achieve Level 3<br>5.2.5    | Identify all regular returns  Conduct a risk based review for all returns and PIs based on the audit of 2005/6 data.                                    | SPMO/PIO/SDIMT | By 30/4/07 - Done<br>By 30/9/07 - Underway |
| Information which is used for external reporting is subject to vigorous verification, especially where errors may lead to loss of income. | Low<br>Achieve Level 3<br>5.2.6    | Identify all external reports.  Ensure verification in place  | SPMO/PIO/SDIMT | By 31/3/08                                 |

## Data Quality – Spot-checks action plan arising out of 2005/06 audit.

| Recommendations                            | Priority | Action proposed | Responsibility | Timing |
|--|----------|-----------------|----------------|--------|
| BVPI 184a – Proportion of non decent homes |          |                 |                |        |

| Recommendations  | Priority | Action proposed                           | Responsibility | Timing                    |
|--|----------|---|----------------|---------------------------|
| Review the contents of the non-decent homes spreadsheet to ensure that the data is accurate. | Medium   | To be undertaken prior to 2006/7 PI Audit | SPMO           | By 30/4/07 –<br>Done 6/07 |

**Key:** Items greyed out are completed.

#### Abbreviations key:

| APRM  | Audit & Performance Review Manager            | HoS   | Heads Of Service                                  |
|-------|---|-------|---|
| BCPs  | Business Continuity Plans                     | HRM   | Human Resources Manager                           |
| CDES  | Corporate Director External Services          | Job D | Job Description                                   |
| CDIS  | Corporate Director Internal Services          | PDR   | Personal Development Review                       |
| CPHSM | Contingency Planning& Health & Safety Manager | PIO   | Performance Improvement Officer                   |
| CRG   | Corporate Risk Group                          | PMS   | Performance Management System                     |
| CRR   | Corporate Risk Register                       | SDIMT | Service Development & Improvement Management Team |
| DQ    | Data Quality                                  | SMT   | Senior Management Team                            |
| EPPN  | Essex Performance & Policy Network            | SPMO  | Senior Performance Management Officer             |