



Data Quality Review

Newport City Council

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Summary report

Background

1. In 2012-13, we made the following proposals for improvement in relation to the Council's data quality processes:

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| P1 | The Council should address gaps and weaknesses in its data quality arrangements and ensure that they are consistently adopted across the Council, in particular: <ul style="list-style-type: none">• ensure an up-to-date list of data compilers is available to appropriate officers;• undertake refresher training for data compilers and other appropriate officers;• clarify roles and responsibilities of officers in data quality arrangements including the timing of Internal Audit's involvement;• develop, agree and communicate the processes for:<ul style="list-style-type: none">– establishing new performance measures;– amending performance measure definitions;– ensuring performance measure definitions are consistently and accurately described;– addressing audit amendments and qualifications; and– amending outturn figures after initial submission to the Welsh Government. |
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| P2 | Ensure that information provided for data quality review audit does not contain personal data and is sent over the appropriate channel. |
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Source: Wales Audit Office 2013

2. During the period November 2014 to December 2014, the Wales Audit Office carried out an examination of a sample of six of the Council's performance measures and operational data systems. The main questions that the review sought to answer were:
Are there robust processes and controls in place for governing the collection, processing and analysis of data?
Does the Council report accurate results?
3. Our conclusions are summarised in Appendix 1. Descriptors are based on the extent to which the Council has put in place, and is operating, effective processes and controls over the data systems that support performance measures.
4. This report provides an overview of the results of our review. It does not provide a conclusion on the accuracy of all of the out-turn figures included in the Council's published performance report. This is because the existence of sound data systems reduces, but does not eliminate, the possibility of error in reported data.

Review findings and conclusions

5. We examined six performance measures and data systems in our latest review; of which four were National Strategic Indicators (NSIs) and two were local performance measures. They covered the following improvement objectives, linked to the overall corporate plan, looking forward to 2014-15:
 - Improving Independent Living for Older People - **“A Caring City”** (Number of cases with no frailty intervention).
 - Supporting Older People Leaving Hospital - **“A Caring City”** (Rate of Delayed Transfers of Care).
 - Improving Outcomes for Looked After Children – **“A Fairer City”** (Care leavers who are in Education, Training or Employment).
 - Educational Attainment – **“A Learning and Working City”** (Number of Pupils achieving Level 2 Inclusive Threshold).
 - Supporting young People into Education, Employment or Training – **“A Learning and Working City”** (Number of graduates from Work Based Learning Academy progressing to further opportunity i.e. six months paid employment placement).
 - EDU/015a – Final Special Educational Needs statements issued in 26 weeks.
6. **Appendix 1** summarises our review of the Council’s data systems for the performance measures selected for review.
7. We found that:
 - performance management arrangements have improved but are not consistently applied across services and weakness remain in data quality systems; and
 - there are significant weaknesses in two of the data systems used to generate performance data, and minor weaknesses in two of the other systems.

Performance management arrangements have improved but are not consistently applied across services and weakness remain in data quality systems

8. At the time of the fieldwork, we assessed the Council’s response to the proposals for improvement that we made in 2013. The Council has made improvements to its performance management arrangements. However, the processes and controls designed to ensure data quality are not always being followed by service departments. The Council needs to ensure that its corporate arrangements for performance management are rigorously implemented by service departments.

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9. There is a list of named compilers and reviewers who are responsible for the NSI data collation and review within each of the service areas on the Council's intranet page. The list was up to date in relation to the indicators reviewed by the Wales Audit Office. There is more discrepancy with the local indicators. In some instances (for example, Social Services) the local indicators are compiled by the same data team that compile the NSI's, whereas within other services (for example Housing and Regeneration), the data compiler is the officer more broadly responsible for that area of work.
 10. Training is available to the data compilers, but it varies between those in dedicated data teams and those where the compiler has wider responsibilities. In Social Services, where the compiler was new for the 2013-14 year, the corporate performance team provided initial training on the Council's VIEWS system, as well as regular updates on guidance. In addition, training has also been provided by the Social Services Administration team in relation to the underlying Social Services databases such as SWIFT. In Education, the named data contact had received bespoke training after returning from a secondment. Refresher training had been delivered in October 2013 (and again in October 2014).
 11. There is a clear rationale and timescale for Internal Audit's work on the Performance Indicators (PIs) at the Council. Work on NSIs and Public Accountability Measures (PAMs) begins in the April after the financial year end, and the work on Local Indicators begins in the May. The selection process is based on analytical procedures, and correspondence with the corporate performance team. In the 2013-14 year, the Internal Audit function has looked at system weaknesses as well as substantive testing of the Performance data itself. A review of the summary of indicators reviewed by Internal Audit shows that six of the 20 indicators inspected had systematic errors, though these have been described as 'minor' by Internal Audit.
 12. There are inconsistencies between service areas in the level of manager that is the contact for PIs. For example, PIs in Education, the named contact for the PIs is the Deputy Chief Education Officer, whilst in other service areas, the named contact was the data compiler, being part of either a dedicated data team, or an officer with wider responsibility.
 13. Tools are available on the Council's intranet to develop definitions for new Local PIs. In addition, a 'FAQ' page available to staff members on the intranet contains information on how to address previous audit qualifications through the self assessment process. Whilst this corporate guidance is available, the individual indicators we reviewed did not demonstrate that specific action was being taken in response to their qualification.
 14. It was pleasing to note that all potentially sensitive information requested during our audit was only provided through a secure USB storage drive, as opposed to via e-mail as in previous years.

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15. The Council's control and review environment is built on a combination of mid-year control review, and year end data validation. Service areas complete a self-assessment by 31 December using the data and control operation for the first six months of the financial year. At the financial year end, the internal audit function then review a number of performance indicators to validate the accuracy of the data itself. The use of these two tools gives assurance over the accuracy of the data that is reported in respect of the Council's performance indicators. However, some local indicators are defined to include data that, whilst relevant to the financial year, can change in the period beyond 31 March. We found that the data held in the Council's service systems is not synchronised with the Council's performance management system – known as VIEWS. Consequently, the performance indicator value substantiated by the self-assessment is not what is held within VIEWS. We have made a Proposal for Improvement (P1.2) to the Council that their own internal information systems (VIEWS) reconcile with the final validated data.

There are significant weaknesses in two of the data systems used to generate performance data, and minor weaknesses in two of the other systems

16. We examined six of the Council's performance measures and the data systems that support them. We looked at four NSIs, and two are performance measures that the Council has developed itself. We chose these six measures for a number of reasons, but primarily as they form part of the evidence to support the delivery of the Council's Improvement Plan for 2014-15.
17. In undertaking a detailed review of the selected performance measures, we found that the following two measures had data systems that were fit for purpose and effectively run:
- EDU/017 – the Percentage of Pupils aged 15 at the preceding 31 August in Schools maintained by the local authority, who achieved the level 2 threshold including a GCSE grade A*-C in English or Welsh first language, and Mathematics; and
 - SCC/033(f) – the Percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.

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- 18.** We found significant weaknesses in the data systems used to generate the following two NSIs:
- SCA/001 – the rate of delayed transfers of Care for Social Care reasons per 1,000 population aged 75 or over. There are ineffective arrangements between the Council's Social Services and the Local Health Board to determine what constitutes a 'Social Care' reason for a delayed transfer. There have been procedural improvements since October 2013, and Social Services are now notified by Health Board of the delayed transfer of care cases, for Social Services to validate. However, the fact that the Health Board can still alter the submission after the validation process has been completed is a theoretical systemic weakness that can only be addressed by the Welsh Government as the owner of the delayed transfer of care information system.
 - EDU/015a – Final Special Educational Needs statements issued in 26 weeks. As in previous years, the Council insists upon using the incorrect definition to calculate the indicator. The Council uses the SEN Panel Date as the point at which to 'start the clock' as opposed to the date at which the child has come to the attention of the Council because it believes the 'comes to the attention' test is too vague. As in previous years, the Council is fully aware that they have persistently failed to comply the Welsh Government's definition for this NSI. We had previously highlighted to the Council that it knowingly failed to comply with the Welsh Government's definition for this NSI. We have now made a Statutory Recommendation that the Council must ensure that all National Strategic Indicator data is collected and published in accordance with the Welsh Government definitions.
- 19.** We found minor weaknesses in two other data systems. The Council must ensure that it has robust data collection arrangements for its own self-defined PIs and ensure that a complete audit trail of its internal processes for validating PIs data is retained:
- NEET10 – The Number of 16-24 year olds who graduate from the Work Based Learning Academy, progressing to further opportunity. The definition of this local indicator is potentially misleading, as it refers to 'Further Opportunity' as being 26 weeks. However the detailed guidance confirms that only one day need actually be undertaken, with the expectation being that it continues for 26 weeks. Furthermore, 'successful' cases are not included in the indicator until they are validated by the Council, by Working Links and by DWP (partner organisations). This means that at the date of data submission, the number of successful cases is understated. This is not a weakness of the data system per se, but the correct protocol for amending figures on VIEWS should be followed. We have made a Proposal for Improvement (P1.2) to the Council that their own internal information systems (VIEWS) reconcile with the final validated data.

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- CCAS/L/014 – Percentage of closed Frailty Interventions that do not require an ongoing package. The self assessment, and discussion with officers confirms that a reconciliation between the PI data and the separate Telescheduler system is undertaken, but there is no documentary evidence that the reconciliation is undertaken. We have made a Proposal for Improvement (P1.3) to the Council that a complete audit trail of the Council's own internal processes for validating PI data is retained.

Recommendation

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| R1 | The Council must ensure that all National Strategic Indicator data is collected and published in accordance with the Welsh Government definitions; particularly NSI. EDU/015a - Final Special Educational Needs statements issued in 26 weeks. |
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Proposals for improvement

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| P1 | <p>The Council must ensure that it has robust data collection arrangements for its own self-defined PIs that includes ensuring that:</p> <ul style="list-style-type: none">• the Council's corporate arrangements for performance management are being rigorously implemented by service departments;• the Council's own internal information systems (VIEWS) reconcile with the final validated data; and• a complete audit trail of the Council's own internal processes for validating PI data is retained. |
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Appendix 1

Summary of the results of our review

Descriptor	Indicators we reviewed that received this score	Comments
The data system is fit for purpose and effectively run.	<ul style="list-style-type: none">• EDU/017 – The Percentage of Pupils aged 15 at the preceding 31 August in Schools maintained by the local authority, who achieved the level 2 threshold including a GCSE grade A*-C in English or Welsh first language, and Mathematics.)• SCC/033(f) – The Percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	N/A
The data system is adequate but some improvements could be made.	<ul style="list-style-type: none">• NEET10 – The Number of 16-24 year olds who graduate from the Work Based Learning Academy, progressing to further opportunity.	The name of the indicator is potentially misleading, when it states “26+ weeks paid employment”. To qualify within the indicator, the individual needs only have attended for one day, with the employment expected to last for 26 weeks, whereas initial reading of the definition would lead the reader to understand that the individual had completed 26 weeks of paid employment. In addition, successful cases are not included until validated, meaning that the figure recorded on VIEWS is temporarily understated.

Descriptor	Indicators we reviewed that received this score	Comments
	<ul style="list-style-type: none"> L014 – Percentage of Frailty Interventions that do not result in an ongoing package. 	Though the data system is adequate in terms of ensuring the correct definition is used in calculating the indicator, the self assessment states that reconciliation is undertaken with the separate Telescheduler system to ensure the completeness of the data. Whilst the Council informs us that this is the case, there is no documentary evidence that the reconciliation is being undertaken.
The data system has some weaknesses which the Council is addressing.	<ul style="list-style-type: none"> SCA/001 - The rate of delayed transfers of Care for Social Care reasons per 1,000 population aged 75 or over. 	There are ineffective arrangements in place between the Council's Social Services, and the Local Health Board to validate which delays are as a result of Social Service reasons, and which are as a result of Health reasons. This is compounded by the fact the data is uploaded through the Welsh Government interface by the Health Board, and there are instances of delays changing from a Health reason to a Social Service reason after the validation meetings. Since October 2013, there have been improvements around the arrangements to the extent that Social Services now receive a list of all Social Services delays, to enable validation. However there are still instances of changes from Health to Social Service reasons, after the validation process.
The data system has some weaknesses which the Council must address.	<ul style="list-style-type: none"> EDU/015a - Final SEN statements issued in 26 weeks. 	As in previous years, the Council did not compile the data in accordance with the Welsh Government's NSI definition. Rather than starting the clock at the date that the child "comes to the authorities attention", the panel date is used. The Council is aware of the definition but have not applied it as they have stated that the "comes to the attention" test is too vague.
No system has been put in place to establish performance against the measure.	None.	N/A

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