Nothing but the truth?

A discussion paper

November 2009

audit commission

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

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Introduction

Introduction

1 The high-profile failure of public authorities to both safeguard Baby Peter in Haringey, and prevent the high number of deaths in Mid-Staffordshire NHS Foundation Trust, has directed attention to the accuracy and reliability of the data[i] underpinning local service delivery. It is not a matter of quantity; we have more data about services than we can realistically use. Yet the public lacks trust in the institutions that govern and serve it – and this mistrust extends to the information they provide.[ii]

2 The Audit Commission exists to reassure the public that local public bodies are spending their money well and achieving positive outcomes in local communities. The Commission has a role in assessing the quality of data in local public services and we have made a public promise to help improve it.

3 This paper sets out important issues as the basis for discussion on how to ensure data about local public services is fit for purpose. It asks if citizens, along with frontline staff, managers, politicians, central government and local public service regulators, can have confidence in the data they rely on. And if not, what needs to be done about it?

4 The Audit Commission welcomes comments on the issues raised in this paper. They should be sent to NBTT@audit-commission.gov.uk

i Data is numbers, words or images that is yet to be organised or analysed to answer a specific question. Information is produced through processing, manipulating and organising data to answer questions.

ii Ipsos MORI, *Who Do We Trust*, 2005, strongly links declining trust in certain public institutions and professions with public scepticism of official statistics. Six in ten do not feel that the government uses official figures honestly or that official figures are produced without political interference.

Chapter 2

The big picture

For local democracy to really flourish, people need to have good quality, comparable information

The Conservative Party

5 The quality and cost of frontline public services depend upon the decisions that many people make, from citizens and professionals, to politicians and inspectors (Ref. 1). These decisions need to be supported by relevant, good quality and well-presented information.

6 Information is at the top of the political agenda. Personalisation of services, giving citizens greater choice and control over what is provided to them and by whom, relies on it. Ed Mayo and Tom Steinberg's report to the government in 2007 argued that greater use of information could increase public engagement and access to public services (Ref. 2). The Cabinet Office's Power of Information taskforce has explored how this potential could be exploited by government. The Conservative Party has also been thinking hard about how information flows, and to whom.

For local democracy to really flourish, people need to have good quality, comparable information to make sure they know how councils are performing… A Conservative government will…require them [local government] to publish comprehensible and standardised information about the quality and quantity of frontline services. This data will be published online so that every citizen can assess the absolute and relative performance of their council.

The Conservative Party, *Control Shift: Returning Power to Local Communities*, February 2009

7 Using information well – analysing it, interpreting it, asking the right questions and making evidence-based decisions with it – is a precondition for achieving better public services. In *Is There Something I Should Know? Making the Most of Your Information to Improve Services* (Ref. 3), the Audit Commission explored how information can inform better decision making and improvement in local authorities.

8 Data that can be trusted is the foundation on which information is built. Lack of trust in data can eat away at public confidence in services, and the way we are governed. Crime statistics get a particularly bad press: even Sir Ian Blair, the former Metropolitan Police Commissioner, said there is 'almost no public faith' in them (Ref. 4).

9 The Audit Commission is one of a number of organisations giving independent assurance on the quality of data being used in public services. Others include the National Audit Office, the Care Quality Commission and the UK Statistics Authority, which was set up to maintain and enhance trust in official statistics. This work is important. A lack of confidence in data could well undermine the vision for the wider use of information by citizens, and in public services.

Chapter 3

Data matters

We could spend ten years on improving data quality

Head of Knowledge Management, council

10 The importance of good quality data in the public sector has never been higher. The consequences of poor data can be serious.

Poor data can undermine accountability and damage public trust

11 Good data empowers people. Without it, informed choice, accountability and vibrant local democracy cannot be achieved. Yet, as part of a programme to test the accuracy of NHS waiting lists in 2002, our auditors found widespread accidental misreporting of waiting times, though they found deliberate misreporting at only three trusts (Ref. 5). Nine out of ten trusts gave cause for concern in at least one indicator of performance.

Poor data can weaken frontline service delivery

12 Good data empowers professionals working at the frontline. Yet many customers continue to suffer because data is poor. A 2005 Cabinet Office report, quoted by Sir David Varney, charts the 44 contacts over 180 days a bereaved family had with public bodies to update their records. Even after the 180 days, many issues had still not been resolved. As part of its assessment of how well the bodies it audits use their resources, the Audit Commission looks at whether they have arrangements in place to ensure good data.[i] In the most recent assessment, fewer than 5 per cent of local authorities had excellent arrangements, while 12 per cent of performance indicators that we tested were of such poor quality as to be inadmissible.

When our CRM [customer relations management] system was developed it was all about answering the phones and not about data quality. If a user can't find someone then we create another record – as a result one person features 67 times on one system. We have 300 people allegedly over 100 years old – this is because the default date of birth is 1900. We could spend ten years on improving data quality.

Head of Knowledge Management in a council, from *Is There Something I Should Know? Making the Most of Your Information to Improve Services*, July 2009

i The Audit Commission appoints auditors to local authorities; NHS bodies; police authorities; other principal bodies, including fire and rescue authorities, national parks authorities and probation boards; and local councils (parish and town councils).

Poor data can lead to financial loss and poor value for money

13 Judgements balancing performance, cost and customer needs depend on reliable figures. As part of the Payment by Results (PbR) data assurance framework, the Audit Commission has painted the first comprehensive picture of the data underpinning financial, clinical and commissioning decisions in the NHS (Ref. 6). The error rate in a principal data source for NHS payment, activity planning and commissioning varied from 0.3 per cent to 52 per cent. The gross financial error from the sample equated to £3.5 million. In the second year of this work there was only modest improvement. The average error rate in 2008/09 was still 8.1 per cent, compared with 9.4 per cent the previous year (Ref. 7).

Poor data can leave the vulnerable at risk

14 Good data enables better management of individual cases and allows partner organisations to coordinate their activities around it. A review by the Information Commissioner highlights the risks to vulnerable children from public bodies holding inaccurate, missing or out-dated data about their circumstances and contact with professionals (Ref. 8). This can lead to:

- mistaken identity;
- 'missed alarms' (Mid-Staffordshire NHS Trust) and 'false alarms' (Orkney); and
- incorrect inferences drawn from ambiguous, incomplete or misleading information.

The Baby Peter case has again drawn attention to this problem.

Poor data can undermine partnership working

15 Good data supports consistency and common standards so that organisations can compare data with each other and work together. The Commission's report, *Don't Stop Me Now: Preparing for an Ageing Population*, looked at public services for older people most at risk, such as those living alone or with no access to a telephone. To target services effectively it found that councils, GPs, hospitals, voluntary and community groups and the pension service all need to share their data, which needs to be reliable.

Poor data can confuse rather than clarify the relationship between local public bodies and central government

16 The quality of the relationship between local public bodies and central government depends on good data as the basis for planning, resourcing, prioritising and scrutinising services. As envisioned by Lord Darzi, the NHS should have quality of care at its heart (Ref. 9). From April 2010, healthcare providers working for or on behalf of the NHS must publish quality accounts. These will feature measures of safety such as cleanliness and infection rates; measures of patients' experiences such as satisfaction, dignity and respect; and measures of outcomes that include patients' views on the success of treatments. However, 'quality cannot be effective as the organising principle of the NHS without good data to underpin it' (Ref. 10).

Poor data can impair the effectiveness of regulation

17 Good data also underpins effective, risk-based regulation. To reduce the regulatory burden, regulators of local public services now rely more on the data and information that local bodies themselves use to plan and deliver their services locally. Regulators use this to assess the quality of services, outcomes and value for money. They use local data to assess the chances of service failure, to determine risks and to target inspection. This is one of the main principles on which the new Comprehensive Area Assessment is based. But regulators need to have confidence in data if it is to work.

What is good quality data?

18 Good quality data is accurate, valid, reliable, timely, relevant and complete. Based on existing guidance and good practice, these are the dimensions reflected in the voluntary data standards produced by the Audit Commission and the other UK audit agencies (Ref. 11).[i]

- 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 based on the information needs of the body and data collection processes matched to these requirements.

19 Data quality is not an absolute. The dimensions are broad and do not stand alone. They may well have to be traded off against each other, according to how the data will be used. For example, a degree of accuracy might have to be sacrificed to produce data more quickly, if this is a priority. Such decisions can only be made in the light of local circumstances, and must be informed by professional judgement.

i These are endorsed by Audit Scotland, Northern Ireland Audit Office, Wales Audit Office and CIPFA, and have the strong support of the National Audit Office.

Figure 1. **Users and uses of public sector data**

Users				
Professionals and frontline staff	**Service managers**	**Corporate managers, directors and members**	**National government and regulators**	**Citizens**
Uses				
Service delivery	Performance management	Performance monitoring	Strategy and policy development	Choices about services
Citizen interaction	Operational resource allocation	Strategic resource allocation	Performance monitoring	Democracy
	Service benchmarking	Strategy and policy development	National resource allocation	
		Organisational benchmarking	Regulatory assessment	

20 The priority for local public bodies has often been to ensure the quality of the data needed for top-down performance management. Unwittingly, the requirements of submitting data nationally have sometimes eclipsed the requirements of frontline service delivery and public need. Industries have grown around the submission of statutory data returns. This focus needs to shift. Data generation should be a by-product of normal business, not an end in itself. The starting point should be 'what data does the frontline need to deliver its business well, and for us to know that is happening?' Careful thought then needs to be given to what quality this data need to be, and how the different dimensions may need to be traded against each other, so the data is fit for the purpose for which it is intended.

Data should be collected and reported…on the principle of 'getting it right first time'…with only limited, if any, manual intervention

Audit Commission

21 Responsibility for the quality of data unambiguously rests with the organisation producing it.[i] Assessing the quality of financial data is relatively straightforward. Professional accounting standards are uniform, penalties apply if they are breached and the law says a specific individual must sign off data quality. Financial accounts are subject to international standards of quality assurance with detailed senior-level assurance internally, as well as rigorous formal external audit to ensure that the figures are not materially misstated and present a true and fair picture of the financial position. Financial data is seen as essential to the business, so the price of assuring it is deemed worth paying.

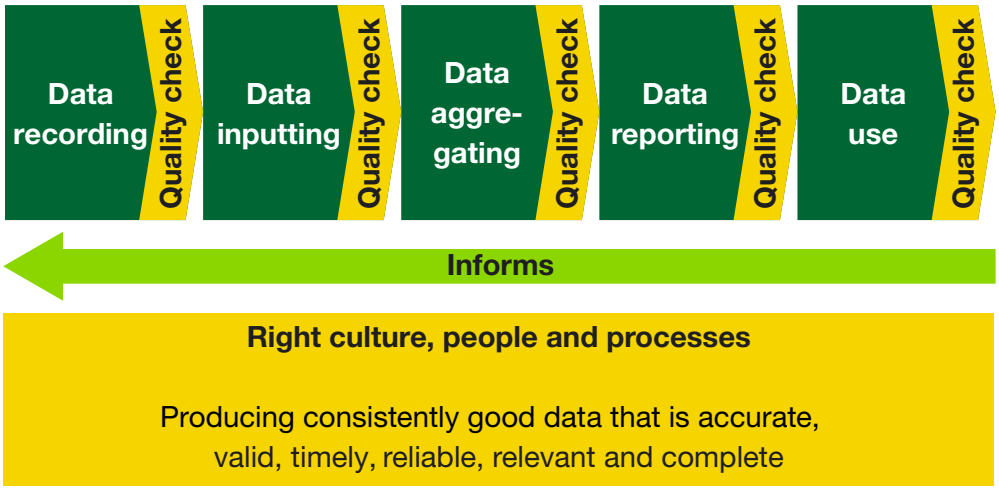
22 When it comes to non-financial data, however, matters are not so straightforward or uniform. Local public bodies produce hundreds of data sets for which there are multiple professional approaches and standards for collection, recording and reporting. Penalties for failing to meet standards are rare. Internal and external verification is, at best, patchy, and quality control by senior staff may often take the form of merely ticking a box. Bodies may not see data as essential to the business and, as a result, may invest too little in thinking about the quality they need, and ensuring it is up to scratch.

23 Producing and using good quality data entails having the right culture, people and processes to support it.[ii] At each stage in the data chain, shown in Figure 2, local public bodies should have a means of systematically assuring the quality of their data, be it in the form of internal audits, peer scrutiny, automated checking for unexpected inconsistencies and variances, carefully set-up systems (such as self-righting systems) or senior management sign-off.

i 'Before performance information is reported externally or submitted to external auditors for review, it should be subject to scrutiny and approval by senior management and those charged with governance…The responsibility for applying data quality standards, collecting data that is fit for purpose and where appropriate conforms to prescribed definitions, and reporting performance information that is reliable and accurate, rests with audited bodies.' Audit Commission, *Statement of Responsibilities of Auditors and Audited Bodies*, 2008.

ii The data quality standards set out the detail of this under the headings of governance and leadership; policies, systems and processes; people and skills; and data use and reporting.

Figure 2. **The data chain**



24 The quality of data should be assured as close to the point of origin as possible. Errors get more difficult to detect and rectify as data moves along the chain and out to other organisations, whether reported from a council or health trust to a local strategic partnership or a government department. Mistakes can become compounded and data may well have already been used to make key decisions by the time the errors are noticed.

Data should be collected and reported…on the principle of 'getting it right first time'…with only limited, if any, manual intervention. The aim should be to avoid waste in the form of time and money spent on duplicated recording, cleansing data, interfacing between different information systems, matching and consolidating data from multiple databases and developing or maintaining multiple, often outdated, systems'

Audit Commission, *Improving Information to Support Decision Making: Standards for Better Quality Data*, November 2007

25 Data submitted to regional and national bodies – such as local public service regulators, government offices and central government departments – is often subject to a further process of quality assurance retrospectively. PbR has shown that this can be effective, providing independent and objective verification of the quality of data and revealing patterns that may only appear when comparing data between different organisations. However, given the hundreds of data systems and millions of individual pieces of data involved, no national body can give assurance on the quality of all the data. They can only take a snapshot of the quality of a small amount of data at a specified time. There is no substitute for robust quality assurance at the local level.

Chapter 5

What's going wrong locally?

26 Over the years, the Audit Commission has looked at the quality of data in local councils, health trusts and fire and police authorities. While improvements can be tracked over time, the overall picture is worrying. Local public bodies routinely produce and use data that is of poor quality for their intended purpose. When the Audit Commission collected best-value performance indicator results, for example, over 50 per cent of figures typically had to be changed following further work by our staff. The reasons for poor data quality are common across different sectors and are outlined below.

Culture

Complacency and lack of leadership

27 Senior managers, non-executive directors and elected members often take for granted the quality of the data their organisation produces, and fail to scrutinise it. Our April 2009 report *Figures You Can Trust: A Briefing on Data Quality in the NHS* showed that, despite recognising the need to improve data auditing and review processes, few boards appear to be taking the issue seriously (Ref. 10). We did find improvement in the data produced by police authorities when we tracked it over four years, and credited some of this to senior staff determination to champion data quality, both in strategy and day-to-day operations (Ref. 12).

Lack of accountability and engagement of staff

28 Data quality is often not at the heart of day-to-day operations, and a common obstacle to achieving consistently high-quality data is the perception that this is not an important part of a person's job. Responsibility is commonly delegated to a specialist, rather than across agents in the data chain. *Is There Something I Should Know* reported that those at the aggregating or reporting stage sometimes spend 80 per cent of their time on data quality problems that should, and could, have been rectified earlier. The PbR data assurance framework found that a culture of good data quality depended on the engagement of frontline clinical staff (Ref. 6). Data quality improved when clinicians and coders were involved in designing systems and processes, and understood that payments to a trust could be seriously affected if data was poor.

Insufficient incentives to improve data quality

29 However, those gathering data are typically not the users of it. Incentives therefore need to be built in for both individuals and departments to improve data quality. Our work on PbR in the NHS found that having data that met the requirements of clinicians had a positive impact on its quality. Members of staff across the data chain should have data quality incorporated into their personal performance objectives. Local public bodies should take time to think how they could more fully exploit the data that they have.

Data has a positive impact in the NHS

People

Insufficient training and development for staff and board members

30 *Figures You Can Trust* discovered that board members may not have the knowledge and expertise to ask the right questions and to challenge on data quality (Ref. 10). Our assessment of NHS waiting lists concluded that inadequate training for staff contributed to poor data quality, a finding echoed in our risk-based reviews of information management and governance in NHS trusts (Ref. 5).

Poor quality source documentation

Case recording was criticised in over half of council inspections

Commission for Social Care

31 The special Joint Area Review of the London Borough of Haringey in November 2008 found that 'the standard of record keeping on case files across all agencies is inconsistent and often poor… Police and health service files are often poorly organised and individual cases are difficult to follow. Health services files include hand-written notes which are sometimes illegible and do not identify the author. The standard of record-keeping in the health records of looked-after children and young people is poor and some entries are inaccurate' (Ref. 13). Work by the Commission for Social Care Inspection into the quality of care practice with people experiencing abuse found something similar.

Case recording was criticised in over half of council inspections. When a number of staff or agencies are involved in supporting someone who has experienced abuse, good recording is necessary for continuity of support.

Commission for Social Care Inspection, *Safeguarding Adults*, November 2008

The PbR data assurance framework found that bad source documentation, such as illegible or poorly structured case notes, was the primary factor in error rates.

Inconsistent recording and inputting

32 Even when the right policies and procedures are in place, people still have to follow them. For example, to produce reliable and comparable data on racial incidents and anti-social behaviour, police need to record the status of a caller as a victim, witness or third party. Yet in our reviews of police authorities we found staff within the same force recorded events differently – as did different forces. The PbR data assurance framework found inconsistencies in inputting data: some clinical coders worked from discharge summaries rather than full case notes, lacked access to additional information systems and suffered from insufficient information being included on electronic patient records.

Processes

Inadequate policies and procedures

33 Half of the NHS trusts we reviewed for waiting list accuracy had out-of-date or inadequate written policies and procedures for handling waiting list information. A common finding in our reviews of data quality in local government has been the lack of robust policies and procedures both corporately and, more commonly, at service level, to ensure good quality data. This can lead to different assumptions being made by different people producing figures at the same level in the data chain.

Ineffective ICT

34 In over half of the sites we checked for waiting list accuracy, ineffective or poorly configured and integrated ICT systems contributed to mistakes. Often the wrong date would be entered when patients were added to a waiting list, as the ICT system had been programmed to default to the date the entry was made.

Lack of integration into risk, performance and financial frameworks

35 Police authorities improved their data quality when it became a mainstay of financial, performance and risk management. Our briefing on data quality in the NHS confirms that 'where trusts had identified the quality of data as a risk, its prominence at board level and subsequent discussions increased' (Ref. 7). But it also found little evidence of effective systematic challenge of data quality, either at board level or below.

Putting it right locally

Questions for discussion

i. What could be done to enable senior managers, non-executive directors and elected members to discharge their responsibility for good data quality effectively? What tools and support would help them to do this?
ii. What are the common features of good local assurance of data quality? How can best practice be spread?
iii. Would a single standard for data quality across all local public bodies help? What would it need to look like? Who would implement it and how?
iv. What incentives for good data quality work best locally?
v. How could peer support help tackle common problems – for example with ICT, policies and procedures? How could this best be coordinated?
vi. How could national bodies support training and development?

Chapter 6

What's going wrong nationally?

36 Local public bodies produce data in a national context. Government departments set a policy framework, often specifying performance measures and standards for councils and other local organisations to follow. Local organisations along with regulators and professional bodies, produce definitions, guidelines, checklists and training. Many of these bodies also assure the quality of local data submitted to them, to ensure it is of good enough quality for their own purposes. However, work by the National Audit Office on Public Service Agreement (PSA) data in central government departments appears to confirm that there are similar problems at national level about the quality of data and the associated risks (Ref. 14).

37 The investment of local public bodies in submitting data to national bodies is significant. Research for the Department of Communities and Local Government in 2006 indicated that the typical cost of reporting data externally was approximately £1.8 million for a council (Ref. 15). It also judged that councils spend over 80 per cent of their reporting effort on this, with only 20 per cent on what are termed 'local systems'.

38 The questions that national bodies should ask when requesting data from local bodies are the same that should be asked locally – 'what data does the frontline need to deliver its business well, and what data do we need in order to know this is happening?' In asking these two questions, national bodies should be mindful of the local impact of nationally imposed data collection. So what is happening nationally that could explain poor data quality?

Confusion about responsibility for the quality of locally produced data

39 Within a typically complex web of assurance, review and validation by government departments, regulators, professional associations and local bodies, agencies can forget that the responsibility for the quality of data produced lies with the organisation that first produced it. National quality assurance is not a replacement for local assurance. National assurance can offer independent verification as to the effectiveness of local assurance. However, when local quality assurance is effective, external review should be a backstop, involving light-touch monitoring and occasional intervention.

Unclear data definitions and guidance

40 Insufficiently specific guidance and definitions can be interpreted differently, breeding errors and inconsistencies and leading to non-comparable figures. In Haringey, families with more than one child did not always have separate case files opened for siblings (Ref. 14). As a result, the number of children allocated to a social worker could not be reliably counted, leading to an inaccurate picture of caseloads. Such problems are exacerbated in partnership working, and data quality takes a back seat as partners struggle to agree specific definitions such as age bands and which population statistics to use.

The number of children allocated to a social care worker could not be reliably counted

Requiring and producing data that is unlikely to be useful locally

41 If data is useful locally, it is more likely to be right. In the NHS we found that 'developing information and data that meet the requirements and needs of clinicians' makes it more likely that people will use the data and therefore want it to be right (Ref. 7). Local bodies have an incentive to ensure data is of good quality if it is useful to them, and they are aware of its ultimate purpose. Government departments need to match as closely as possible the data they require nationally with that which is needed to deliver services locally. For example, statutory returns may require overhead costs to be included in overall figures. When released, these are of limited use locally. The question a local manager might ask is, 'when I write the cheque for this care package, how much is the cheque being written for in the trust next door?' Timing is a key factor, for the amount of time taken to quality assure some data nationally can mean it is of limited use locally.

The validated national data is so old that some of the children are now in primary school

Audit Commission regional staff member

'There have long been issues on the weight given to validated and un-validated data. The classic is teenage conceptions. The validated national data is so old that some of the children are now in primary school. However, locally there is always more up-to-date data.'

Audit Commission regional staff member

42 The National Audit Office's ongoing work on the quality of data underpinning PSA targets supports this conclusion. It has found few good examples of national reporting that would meet the demands of public transparency and, in particular, the provision of real-time data. Some systems show time lags in data reporting of several years (Ref. 14).

Providing insufficient incentives to encourage better data quality

43 Within PbR, money flows between government and local health services on the back of data about activities and costs. This has been a powerful incentive, and has seen data standards driven up as a result. There may well be scope to apply similar mechanisms in other services and sectors. Under Comprehensive Performance Assessment, the Audit Commission penalised councils if their data did not meet the required standard. While this approach is mechanistic, it did result in authorities taking data quality more seriously than they may otherwise have done. Positive incentives, giving back useful data in return, are also effective; the Audit Commission's well-used value-for-money profiles being a good example.

Lack of a common and consistent standard for data quality across national bodies

44 Government departments, regulators, professional associations and other national bodies all assure data submitted to them in their own way. The National Archives recently catalogued over 100 pieces of guidance and standards relating to all aspects of data and information management.[i] The Cabinet Office's *Information Matters* strategy calls for change: 'Common standards, formats and language ensure consistency in approach to the capture and collection of information, while quality assurance and metadata ensure accuracy, validity and reliability' (Ref. 16). This approach should apply to the standards by which locally produced data is assured by all national bodies.

i The National Archives provides overall leadership in developing information management across central government and the wider public sector.

Insufficient coordination between national bodies

45 No single body oversees the quality of data produced by local public bodies, and support and guidance are piecemeal. There is not a clear or coordinated approach to reviewing and improving the quality of local data. Even on a sectoral basis the situation is complex. In health, for example, the Department of Health, regulators, professional associations, the General Social Care Council and the NHS Information Centre for Health and Social Care, all play a part.

Getting it right nationally

Questions for discussion

i. How could the complex national web of data quality assurance for local public bodies be simplified?

ii. Does there need to be a common approach among national bodies to assuring locally produced data, along broad principles and common across sectors?

iii. Is there a need for a single overseer and coordinator of national work to improve data quality in local public bodies, or sector by sector? Would this also be a single point of contact for local public bodies to feed back data-quality issues nationally?

iv. What could professional associations in all sectors do to improve the quality of data used?

v. What incentives could be built into national frameworks and programmes to improve data quality?

Chapter 7

Options for improvement

Options for improvement

46 The Audit Commission has reviewed the quality of data in local government, health trusts, and fire and police authorities using a variety of approaches over time. The appendix details our work, both with individual local bodies and drawing out the learning from this nationally.

47 Additional work could be undertaken to drive further improvements in data quality in local public bodies. Some would be achievable within current resources although other improvements, particularly those involving assessment, would require additional funding.

Assessment

48 Independent assurance increases the credibility of local data and drives local improvements in its quality. But reviews need to be revisited over a number of years if improvements in data quality are to be sustained. Increasingly, our auditors have moved to reviewing an organisation's arrangements to underpin the delivery of consistently good quality data for decision making by reviewing the culture, people and processes. This has been primarily through the use of resources assessment, using spot checks of selected performance indicators and data flows as a test. One option would be to supplement this with mandated spot checks on specified data (auditors' work is currently based on a risk assessment). This would provide breadth, though not necessarily depth, of assessment. It would focus on priorities, such as the concerns identified with social care data through the Baby Peter case review.

49 A second option would be to introduce a mandatory programme of intensive reviews of data quality in local government, health trusts, and fire and police authorities, either to replace or supplement the spot checks in the use of resources assessment. Independent reviewers would examine the production and management of specified data in detail, across all of the bodies involved, through a rolling programme of spot checks, short-notice inspections or random sampling. This would provide a deeper assessment of data quality, promoting consistency across bodies within and across sectors, and focusing on current risks and priorities. It could also help to refine national guidance where this is considered to contribute to poor quality data.

50 A third option would be a stand-alone programme of reviews of data quality in local public bodies commissioned by public service regulators or central government departments. This could be either a one-off exercise or a rolling review programme, focusing on key data for delivering at the frontline. It would complement existing departmental arrangements for the assurance of local data, and the work of the National Audit Office. It would provide assurance on the robustness of the arrangements in place in local bodies to ensure good quality data, promoting the collection of consistent and reliable data within them.

51 Within the Commission, data quality is a feature of the use of resources assessment but is a relatively minor aspect of our other assessment and inspection methodologies. All methodologies could be reviewed to build in more time and rigour in relation to the quality of data, though this may present a tension with the move towards regulation focusing on outcomes rather than processes.

Building and sharing knowledge

52 High-level self-assessment and improvement tools could be developed for local bodies and their partners to judge and improve the quality of their data. These could either focus on the organisational and/or partnership arrangements in place to ensure consistently good data, or focus on particular key data sets.

53 In the health service and the private sector, data quality dashboards have been used as a tool to assess the quality of key data on an ongoing basis and ensure it is:

- complete and accurate;
- comprehensive and covers all services; and
- compliant with published data standards.

Similar tools could be developed for use in other sectors, such as local government, potentially based on information from independent assessments.

54 National research could be undertaken to look in-depth at particular data sets, with the aim of producing tools such as checklists and benchmarks to help local public bodies improve their quality.

55 The absence of detailed data quality standards is a problem with some data sets. Standards could be developed in priority areas, where gaps are identified.

Influencing

56 All public bodies could receive support to develop their local data-quality assurance frameworks, supplemented by targeted review work focusing on priority, high-risk data.

Chapter 8

Conclusion

57 Good practice guidance and advice in relation to data quality currently sits across a number of organisations. In local government there is an IDeA community of practice for data quality, and the Electronic Service Delivery toolkit includes some resources. On a regional basis, Capital Ambition's Data Connects forum facilitates the sharing of good practice on data quality among local authorities in London. There is potential for good practice to be brought together more systematically through, for example, the Improvement Network.

58 A determined attempt to improve the quality of locally produced data gets results. We found that nine out of ten police authorities had good or excellent data quality in 2007, compared with only three in ten in 2004.

59 Local public bodies produce data in a national context, and national bodies also have a major role to play in helping improve the quality of data used in public services. However, national quality assurance is both time consuming and expensive, and no single national body can give assurance on the quality of all the data held by the organisation submitting it. Responsibility for the quality of data unambiguously rests with the organisation producing it, and there remains much that can be done at a local level by local public bodies and their partnerships to improve.

60 The aim of this paper is to begin a conversation with our stakeholders about what needs to be done to improve data quality in local public services, and what some of the options are to enhance effectiveness. We look forward to hearing what you have to say.

Appendix

Appendix. **The Audit Commission's recent work on data quality**

Local	Use of Resources (2009 onwards)
	Risk-based spot checks on performance indicators (2009 onwards)
	Risk-based data quality reviews in local government and fire authorities (up to 2009 – now replaced by above)
	Developing and applying good governance tools (current)
	Information management and governance reviews (current in NHS)
	Review of waiting list accuracy (2003)
	Reviews of data quality in police authorities (2004-07)
	PbR data assurance (ongoing)
	National Fraud Initiative data quality (ongoing)
	Figures You Can Trust (NHS, 2009)
	In the Know discussion paper (2008)
	National study on better use of information (2009)
	Voluntary data quality standards (2007)
National	Council self-assessment tool for social services performance information (2003)

	Data recording	Data inputting	Data aggregating	Data reporting	Data use	Culture, people and processes
				■	■	■
	■	■				
	■	■	■	■		■
				■	■	■
	■	■	■	■	■	■
	■	■		■		
	■	■		■	■	■
	■	■		■		
	■	■				■
				■	■	■
			■	■	■	
				■	■	■
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