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Runnymede
BOROUGH COUNCIL

Standards and Audit Committee

Tuesday, 23 January 2024 at 7.30 pm

Council Chamber - Civic Centre

Third Supplementary Agenda

tiaa

Runnymede Borough Council

Assurance Review of Data Quality

2023/24

Executive Summary

OVERALL ASSESSMENT

REASONABLE ASSURANCE

- Adequate & effective governance, risk and control processes
- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Poor data quality poses several risks including inaccurate, untimely data and inappropriate decision making.

KEY STRATEGIC FINDINGS

The system of internal controls relating to Data Quality were adequate and operating effectively. The following improvements are required to ensure that risks are managed, and process objectives achieved.

- Specific Business Centre policies and procedures, including what and where the data is being collated, distributed as well as how the Business Centre is ensuring that the data complies with the Data Quality Standard, needs to be documented/formulated.
- Aspects relating to Data Quality need to be incorporated as part of the Data Protection training that is being provided to all staff.

GOOD PRACTICE IDENTIFIED

The Information Governance Framework does outline the Data Quality Standards which all Business Centre should adhere to. In addition, it outlines the various roles and responsibilities relating to Information Governance.

SCOPE

The review focused on the adequacy and effectiveness of the arrangements in place at the Council relating to data quality. The audit focused on the following areas:

- Follow up of recommendations made in the previous Data Quality report.
- Policies and procedures are in place to govern the management of systems.
- Responsibilities for data quality are clearly defined, with appropriate training in place; and
- Data is captured in accordance with relevant data quality requirements (e.g., accurate, valid, reliable, timely, complete, and relevant), with appropriate verification controls in place.

ACTION POINTS

Urgent	Important	Routine	Operational
0	2	0	1

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Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Discussion with the Corporate Head of Law and Governance (The Senior Information Risk Owner) confirmed that while there are Data Quality Standards as stated as per the Information Governance Framework, each Business Centre should have policies and procedures in place to ensure adherence to the Data Quality Standards with the Information Governance Group, providing advice as and when required. It was noted, as part of the audit testing that in 3 out of 5 cases they were specific procedures notes relating to the Key Performance Indicators selected. In addition, there are no specific Business Centre policies and procedures identifying what data was being collated and distributed and how the various Business Centres were ensuring that the data complies with the Data Quality Standard.	Specific Business Centre policies and procedures identifying what data is being collated and distributed and how the Business Centre is ensuring that the data is in compliance with the Data Quality Standard be documented/formulated.	2	*A template will be created based on the principles contained in the Council's Information Governance Framework relating to data quality.* *Services will be required to complete the template setting out how standards will be met and setting a date by when they will be met.*	*On the 01/02/2024 template will be issued with a requirement for completion and return by the 01/08/2024 to allow for Business Units to identify what data they collect and share and devise systems for ensuring data quality.*	*Corporate Head of Law and Governance*

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	Discussions with the Corporate Head of Law and Governance (The Senior Information Risk Owner) confirmed that training specifically relating to Data Quality has not been included as part of the Training and Development programme. However, some aspects are briefly covered as part of the Data Protection training. In addition, while specific training relating to Data Quality has not been received by the Senior Information Risk Owner (SIRO), familiarity with various aspects of Data Quality was confirmed.	Aspects relating to Data Quality to be incorporated as part of the Data Protection training that is being provided to all staff, to ensure all staff are familiar with the Data Quality Standards set out in the Information Governance Framework.	2	*The Council's Data Protection Officer is currently engaged in reviewing the compulsory Data Protection Module staff have to undertake. The topic of Data Quality will be added to that module.*	*01/04/2024*	*Data Protection Officer*

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.		2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.		3	ROUTINE	Control issue on which action should be taken.

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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	Discussion with the Housing Business Development and Policy Manager were held relating to two statutory returns the Local Authority Housing Statistics (LAHS) and the Local Authority Data Return (LADR). The following was noted: • There were documented procedure/guidance in place. The guidance notes were considered to be up to date and comprehensive. However, information relating to which systems the data had been collated from had not been incorporated as part of the guidance/procedure notes. • In relation to verification checks, the Housing Policy & Performance Officer (PPO) is responsible for co-ordinating the Council's response to the Local Authority Housing Statistics. The Housing Business Development and Policy Manager conducts the various validity checks, which involves a comparison against the previous return, before the returns are submitted.	More details relating to which systems the data had been collated from to be incorporated as part of the guidance/procedure notes pertaining to the Local Authority Housing Statistics (LAHS) and the Local Authority Data Return (LADR).	*This was actioned immediately, and the document now references the IT systems from where the data is extracted.*

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1, & 2	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In Place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	1

Other Findings

Data Quality measures how well a dataset meets the criteria for accuracy, completeness, validity, consistency, uniqueness, timeliness and fitness for purpose and is therefore a key aspect of Information Governance. The Corporate Head of Law and Governance who is the Councils Senior Information Risk Owner confirmed that there are no specific policies relating to Data Quality however, there is an overarching Information Governance Framework, last reviewed in August 2022, which guides the Council in relation to the creation, communication, storage, uses and distribution of the various information. The Information Governance Framework has been ratified and is available on the Runnymede website "Staff Pages". The Information Governance Framework was reviewed. It was noted that the main aspects outlined as part of the Framework were as follows:

- The Definition and Importance of Information Governance incorporating aspects of Data Quality such as the information being available to the right people at the right time.
- The purpose of the Framework incorporating aspects of Data Quality such as how the council creates, communicates, stores, uses and distributes the information.
- Roles and Responsibilities relating to Information Governance which would include Data Quality.
- The Council Vision and Strategy relating to Information Governance.

Other Findings

Discussions with the Corporate Head of Law and Governance confirmed that there were no clear responsibilities outlined pertaining to Data Quality but however the Information Governance Framework does outline the various roles and responsibilities relating to Information Governance which would encompass Data Quality as follows:

- Overall responsibility for the efficient administration of the Information Governance lies with the Council.
- The Senior Information Risk Owner is responsible for ensuring that information governance is embedded into the organisation and that the risks to corporate information are mitigated.
- The Information Governance Officer is responsible for overseeing the information governance arrangements within the Council.
- The Information Champions are responsible for liaising with the Senior Information Risk Owner and the Information Governance Officer on matters concerning the administration of the Information Governance Framework and there will be at least one representative from each service area.
- Managers are responsible for ensuring that staff under their direction are aware of the policies, procedure and guidance relating to Information Governance.
- Staff should adhere to the policies, procedures and guidance that are laid down by the Council relating to information governance.

In addition, there is an Information Governance Group. The remit of the Information Governance Group was reviewed, and it was noted that the Information Management Team meets with the Information Champions quarterly to discuss corporate and departmental data protection / information governance issues.

A list of Information Champions identified within the organisation was obtained. Discussions with a sample of three Information Champions identified (The Corporate Head of Customer, Digital and Collection Services, Customer Services and Parking Services Manager and Accountant) confirmed that the System Administrators within the organisation were responsible for data quality and adhering to the Information Governance Framework. The Information Champions mainly dealt with the maintenance and disposal of information within the Council and not the quality of the data.

Discussions with the Corporate Head of Law and Governance and a review of the Information Governance Framework confirmed that the Runnymede Council has adopted the following Data Quality Standard:

- Accuracy: Data should be sufficiently accurate for its intended purposes, representing clearly and in sufficient detail the interaction provided at the point of activity.
- Validity: Wherever possible the Councils computer systems should be programmed to only accept valid entries.
- Reliability: Data should reflect stable and consistent data collection processes across collection points and over time, whether using manual or computer-based systems or a combination.
- Timeliness: Data should be captured as quickly as possible after the event and should be available for the intended use within a reasonable time period.
- Relevance: Data should be periodically reviewed for requirements to reflect changing needs.
- Completeness: The Data requirements should be clearly specified based on the information needs of the Council, and data collection processes matched to these requirements.
- Documented Procedures: Appropriate procedures and guidance relating to the various data collected should exist so that staff can be trained and supported in their work.

Discussions with the Information Governance Officer confirmed that there is a Data Protection Policy which was last updated in November 2023. The Data Protection Policy was obtained and reviewed. It was noted that section 3.4 of the policy refers to Data Quality specifically in relation to integrity and retention of information. In relation to data integrity the policy refers to the following "Personal data held should be directly relevant to the reason the information was collected and not excessive".

In relation to Retention of Information the policy refers to the following " Information will only be held for as long as is necessary after which the details will normally be deleted or fully anonymised so that the individual cannot be identified. Where details of individuals are stored for long-term archive or historical reasons, it will be done within the requirements of the legislation.

The Data Protection policy also refers to the Information Governance Framework and therefore the Data Quality Standards.

Other Findings

Discussions with the Corporate Head of Law and Governance confirmed that concerns relating to Data Quality can be raised either through the organisation's complaints procedure or through the information Governance Group. The Information Governance Officer confirmed that in the year 2023/24 to date, no complains relating to Data Quality has been received.

In the previous report no recommendations were raised. However, they were two Operational Effectiveness Matters raised. One relating to The Information Governance Framework being made available on the Runnymede website. The Information Governance Framework is now available on the Staff Pages therefore this recommendation is considered to be implemented. The second one relating to the documentation of guidance/procedures for Key Performance Indicators. Testing as part of the audit confirmed that this has been partially implemented. (Relevant recommendation has been raised as part of the Key Findings and Management Action Plan).

Poor data quality poses several risks, including:

- Negative consequences, financial and other, as a result of submitting inaccurate or misleading data in statutory or regulatory returns.
- Misleading external and internal impressions of organisational performance.
- Reputational damage as more information is made available under the government's transparency agenda.
- Inappropriate decision-making and inefficient service provision.

The organisation risk management process is currently being reviewed and therefore there is no Corporate Risk Register at present. In addition, the various Business Centre Plans are also currently being reviewed.

The Corporate Head of Law and Governance (The Senior Information Risk Owner) confirmed that as part of the reviewed risk management process it is likely that the risks associated with Data Quality will be owned by the Information Governance Group however, the mitigation measures required to be implemented will need to be actioned by the respective Business Centres.

The Head of Business Planning, Projects and Performance confirmed responsibility for monitoring of the Councils Key Performance Indicators, collating the data relating to the various performance indicators each quarter and presenting the figures to the Corporate Management Committee.

In addition, the Key Performance Indicators are reviewed yearly by the various Business Centres with respect to relevant legislation and then a conversation is held with the Head of Business Planning, Projects and Performance, Procurement Manager. The Key Performance Indicators are than submitted to the Member working party and the Corporate Management Committee for review. The Key Performance Indicators for 2024/25 were submitted to the March 23 and April 23 Corporate Management Committee.

A sample of five Key Performance Indicators was selected as follows:
- Average Number of calendar days to re-let a void property (H2);
- Number of Households in Bed and Breakfast for more than 2 weeks (H4);
- Percentage of major planning applications processed to deadline in each quarter (P1);
- Percentage of Bins Collected (ES3);
- Percentage of Lost Customer Service Calls per quarter (CDCS2).

For each of the above Key Performance Indicators discussions were held with the relevant members of staff to establish the following:
- What Guidelines/Procedure Notes have been documented/formulated.
- The data collection and verification process.
- Training received.

The following was noted:

Other Findings

Average number of calendar days to re-let a void property (H2) and Number of Households in Bed and Breakfast for more than 2 weeks (H4)

Discussions with the Housing Business Development and Policy Manager confirmed that for both the Key Performance Indicators there were relevant guidelines/procedures notes. A copy of the procedure/guidance notes was obtained, and it was noted that the guidance notes were comprehensive and included aspects on how/where the data should be obtained, and that the data is reported monthly to the Housing Committee and quarterly as part of the Council Key Performance Indicator to the Corporate Management Committee.

In relation to the process, for both the Key Performance Indicators the reports are generated from the Northgate System (now NEC). The performance lead produces the report, and the Housing Business Development and Policy Manager signs the reports off.

With regards to training, The Housing Business Development and Policy Manager did both the returns in and therefore provided on the job training for the performance lead.

Percentage of major planning applications processed to deadline in each quarter (P1)

Discussions with the Development Manager confirmed that relevant guidelines/procedures have been documented. A copy was obtained and reviewed. It was noted that the guidelines were quite comprehensive and outlined aspects/tasks that needed to be conduct on a weekly basis and quarterly basis, which is than reported quarterly as part of the Councils Key Performance Indicators to the Corporate Management Committee.

In relation to the process the report is generated from the Northgate M3/Assure. In addition, a backup report is run on the Crystal System to ensure that the data run from the Northgate M3/Assure is accurate. The report is then signed off by the Development Manager.

In relation to training, four people within the team have been recently trained. A practice run took place last month with the manager overseeing the process.

Percentage of Bins Collected (ES3)

Discussions with the Direct Services Organisation Manager confirmed that the information is obtained from the Bartec system. The Bartec system captures all the recorded missed bins and then a three-monthly sum up is done. Since the system is simple to follow, there were no procedure notes and only on the job training had been provided.

Percentage of Lost Customer Service Calls per quarter (CDCS2)

Discussions with the Corporate Head of Customer, Digital and Collection Services and Customer Services and Parking Services Manager confirmed that there were no documented procedures but a report was produced from the NTT system. The report is than compared to the information produced as per the daily white board for reasonableness. The report is than signed off by the Corporate Head of Customer, Digital and Collection Services. Since the system is simple to follow, there were no procedure notes and only on the job training had been provided.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Out of scope	-	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	In place	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

Discussions with the Corporate Head of Law and Governance with regards to sustainability measures confirmed that most of the Data reported is obtained/collated by producing a system report and therefore most of the process is paperless.

With regards to good practice, the Information Governance Framework does outline the Data Quality Standards which all Business Centre should adhere to. In addition, it outlines the various roles and responsibilities relating to Information Governance which would encompass Data Quality.

Scope and Limitations of the Review

1.   The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2.   The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3.   The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4.   The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5.   We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6.   The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	25th July 2023	25th July 2023
Draft Report:	28th November 2023	16th January 2024
Final Report:	17th January 2024	

Client:	Runnymede Borough Council		
Review:	Data Quality		
Type of Review:	Assurance	Audit Lead:	Laila Somji - Auditor

Outline scope (per Annual Plan):	The review focused on the adequacy and effectiveness of the arrangements in place at the Council relating to data quality. The audit focused on the following areas: • Follow up of recommendations made in the previous Data Quality report. • Policies and procedures are in place to govern the management of systems. • Responsibilities for data quality are clearly defined, with appropriate training in place; and • Data is captured in accordance with relevant data quality requirements (e.g., accurate, valid, reliable, timely, complete, and relevant), with appropriate verification controls in place.	
Detailed scope will consider:	**Directed** Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation. Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register. Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	**Delivery** Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner. Sustainability: The impact on the organisation's sustainability agenda has been considered. Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.
Requested additions to scope:	(if required then please provide brief detail)	
Exclusions from scope:	None	

Planned Start Date:	25th July 2023	Exit Meeting Date:	14/11/2023	Exit Meeting to be held with:	Mario Leo (Corporate Head of Law and Governance (The Senior Information Risk Owner)

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N

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