



**BROMSGROVE DISTRICT COUNCIL**

**MEETING OF THE PERFORMANCE MANAGEMENT BOARD**

**FRIDAY, 18TH MAY 2007, AT 2.00 PM**

**COMMITTEE ROOM, THE COUNCIL HOUSE, BURCOT LANE, BROMSGROVE**

**MEMBERS:** Those Members appointed to the Board at the Annual Council Meeting to be held on 15<sup>th</sup> May 2007.

**AGENDA**

1. Election of Chairman
2. Election of Vice-Chairman
3. Apologies
4. Minutes (Pages 1 - 4)
5. Data Quality Strategy (Pages 5 - 36)
6. Improvement Plan Exception Report Update - Period 12 06/07 (Year End) (Pages 37 - 52)

**K. DICKS**  
**Chief Executive**

The Council House  
Burcot Lane  
BROMSGROVE  
Worcestershire  
B60 1AA

9<sup>th</sup> May 2007

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## BROMSGROVE DISTRICT COUNCIL

### MEETING OF THE PERFORMANCE MANAGEMENT BOARD

FRIDAY, 13TH APRIL 2007

PRESENT: Councillor J. A. Ruck (Vice-Chairman, in the Chair), Councillor Mrs. S. J. Baxter and Councillor Mrs. J. D. Luck

Observers: Councillors Mrs. J. Dyer M.B.E. and Mrs. M. M. T. Taylor

Officers: Mr. H. Bennett, Mr. A. Coel and Mr. A. Jessop

#### 81/06 APOLOGIES

Apologies for absence were received from the Chairman, Councillor P. M. McDonald, Councillors Miss D. H. Campbell JP and C. B. Lanham (Board Members) and Councillor Mrs. C. J. Spencer (Observer - Portfolio Holder).

#### 82/06 MINUTES

The Minutes of the Meeting of the Board held on the 23rd March 2007 were submitted.

**RESOLVED:** that, subject to the substitution of the word "plans" for the word "reports" in resolution (2) to Minute No. 76/06 (Council Plan), the Minutes be confirmed and signed as a correct record.

#### 83/06 HOUSING STRATEGY ACTION PLAN 2006-2011 - PROGRESS REPORT

Following the award of a "Fit for Purpose" accreditation from the Government Office in March last year for the Council's new Housing Strategy document for the period 2006-2011, the Head of Strategic Housing submitted an update report outlining progress that had been made one year on against the Action Plan set out in that document. In this regard, it was reported that there were 104 Actions contained within the Plan and that, of these Actions, 67% were shown with a green light, 23% as amber, and 10% as red.

#### **RESOLVED:**

- (1) that, on the Action headed "Develop in-house skills of Planning Officers upon Urban designs and the construction of Development Briefs/Consider sharing services with other Councils to achieve savings", the Head of Strategic Housing liaise with the Head of Planning and Environment Services to determine whether this matter should be given a revised date, or whether it should be deleted from

- the Action Plan as it was considered no longer relevant due to a change in circumstances; and
- (2) that, in all other respects, the Progress Report be noted.

**RECOMMENDED:** that, on future reports, actions should be prioritised (perhaps by the inclusion of an additional column showing High, Medium or Low Priority).

84/06 **DETERMINATION OF PLANNING APPEALS**

Following the request made at the February Meeting (Minute 68/06 refers), a report from the Head of Planning and Environment Services was submitted on the issue as to whether there was any correlation between the increase in the number of planning applications called to the Planning Committee in certain Wards of the District and planning appeals.

**RESOLVED:** that the Report be noted.

85/06 **IMPROVEMENT PLAN EXCEPTION REPORT - FEBRUARY 2007 UPDATE**

Consideration was given to the report on the Improvement Plan for February 2007, together with the corrective action being taken, as set out in the appendix to the report.

**RESOLVED:**

- (1) that the revisions to the Improvement Plan Exception Report, together with the corrective action being taken, be noted; and
- (2) that it be noted that, from 90 actions highlighted for February, 70% of the Plan was on target (green), 0% was one month behind (amber), and 14.4% was over one month behind (red) - with 15.5% of actions having been re-scheduled or suspended, with approval.

**RECOMMENDED:** that, on the issue of communications, on future occasions when senior officers of the Council are away en-bloc on a management "away day", or there are similar training sessions involving a number of officers from one department, these dates/occasions be communicated to Members in advance.

86/06 **PERFORMANCE REPORTING - FEBRUARY 2007 (PERIOD 11)**

A report on the Council's performance as at 28th February 2007 (Period 11) was submitted.

**RESOLVED:** that the Board notes -

- (1) that 48% of indicators are improving or stable as at 28th February 2007 (58% if those indicators unable to be reported on were taken out);
- (2) that 46% of indicators are achieving their targets as at 28th February 2007 (65% if those indicators unable to be reported on were taken out);

- (3) that 59% of indicators were projected to out-turn on or above target at the year-end (67% if those indicators unable to be reported on were taken out);
- (4) and celebrates the successes as outlined in Section 4.5 of the Report, and
- (5) potential areas for concern set out in Sections 4.6 and 4.7 of the Report and the corrective action being taken.

**RECOMMENDED:** that the Head of Street Scene and Waste Management Services be requested to respond to the question as to whether the first Green Waste collection round after the winter break took longer than normal, and/or whether any extra collection time was to be factored-in to future timetables.

The meeting closed at 3.10 p.m.

Chairman

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## BROMSGROVE DISTRICT COUNCIL

18 MAY 2007

### PERFORMANCE MANAGEMENT BOARD

#### DATA QUALITY STRATEGY

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Head of Service	Hugh Bennett Assistant Chief Executive

#### 1. SUMMARY

To propose a Data Quality Strategy and action plan.

#### 2. RECOMMENDATIONS

- 2.1 That the Board notes the attached Data Quality Strategy and Action Plan and makes any recommendations it deems appropriate to Executive Cabinet.

#### 3. BACKGROUND

- 3.1 Accurate data is essential to support the decision making processes. The Audit Commission now judges each council on a four point scale for various elements of data quality and reports this in the Annual Audit Letter. Bromsgrove Council currently scores 1 for some elements and 2 for others. The objective of the strategy is to improve our score for all elements to level 3 within the next twelve months, at which time a decision will be made as to whether to aim for level 4 statuses.

#### 4. DATA QUALITY STRATEGY

- 4.1 In order to effectively implement the strategy it will be necessary to have a publicity campaign and also a training programme. Training is currently scheduled in the outline training plan commencing in quarter 2.

#### 5. FINANCIAL IMPLICATIONS

- 5.1 No financial implications

## 6. LEGAL IMPLICATIONS

6.1 No Legal Implications

## 7. CORPORATE OBJECTIVES

7.1 Performance reporting and performance management contribute to achieving the objective of improving service performance.

## 8. RISK MANAGEMENT

8.1 There are no risk management issues

## 9. CUSTOMER IMPLICATIONS

9.1 None

## 10. OTHER IMPLICATIONS

Procurement Issues: None.
Personnel Implications: None
Governance/Performance Management: see 7.1 above
Community Safety including Section 17 of Crime and Disorder Act 1998: None
Policy: None
Environmental: None
Equalities and Diversity: None

## 11. OTHERS CONSULTED ON THE REPORT

Portfolio Holder	Yes
Acting Chief Executive	Yes (at CMT)
Corporate Director (Services)	Yes (at CMT)
Assistant Chief Executive	Yes
Head of Service	Yes (at CMT)
Head of Financial Services	Yes (at CMT)



Head of Legal & Democratic Services	<b>Yes</b> (at CMT)
Head of Organisational Development & HR	<b>Yes</b> (at CMT)
Corporate Procurement Team	<b>No</b>

## **12. APPENDICES**

Data Quality Strategy attached

## **13. BACKGROUND PAPERS**

None

## **CONTACT OFFICER**

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## **BROMSGROVE DISTRICT COUNCIL**

### **DATA QUALITY STRATEGY**

Version	2
Author	John Outhwaite, Senior Policy & Performance Officer, Corporate Communications, Policy & Performance team

## Foreword by the Leader and Assistant Chief Executive

Public services need accurate performance information to manage services. As increasing reliance is placed on performance information, the need to demonstrate that the underlying data is reliable has become more critical.

Successful authorities have recognised data quality as a corporate priority and have taken action to embed strong arrangements for managing the quality of the data they collect and use.

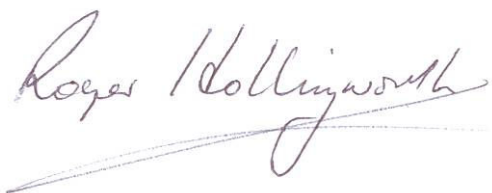
Audit Commission research shows that in many authorities the quality of financial information is generally higher than that of performance information, because finance data is collected according to professional accounting rules and is subject to strong internal controls and a formal audit regime. The quality of non-financial performance information can be more variable, because internal controls for the recording and preparation of the underlying data are often less developed.

The risk in not identifying and addressing weaknesses in performance data quality, or the arrangements that underpin data collection and reporting activities, is that performance information may be misleading, decision making may be flawed, resources may be wasted, poor services may not be improved, and policy may be ill-founded. There is also a danger that good performance may not be recognised and rewarded.

Increasingly, organisations working in partnership need to share data or rely on data from other providers. To be confident of the quality of this data, a data sharing protocol, statement, or service level agreement is needed.

Staff at all levels within the organisation need the appropriate knowledge, competencies and capacity for their roles in relation to data quality, recognising that they are the key to recording accurate and reliable data.

The Council has therefore decided to develop and implement this Data Quality Strategy in order to improve the quality of our performance data in line with good practice.



Leader of the Council



Assistant Chief Executive

## CONTENTS

Page number

1	Introduction
2	Priorities
3	Awareness
4	Definitions
5	Input
6	Verification
7	Systems
8	Output
9	Presentation

Appendix 1 – Data Quality Action Plan

Appendix 2 – Data Quality Responsibilities Matrix

Appendix 3 – Audit Commission Key Lines of Enquiry

# Bromsgrove District Council's Performance Data Quality Strategy

## 1. Introduction

- 1.1 The purpose of this strategy is to set out an approach to improving the quality of Performance Indicator data. Consistent, high-quality, timely and comprehensive performance information is vital to support good decision-making and improved service outcomes.
- 1.2 Performance information is increasingly being used by external bodies to assess our performance, often as an alternative to inspection, and this trend is causing external bodies to place a bigger emphasis on data quality. In particular, the external audit approach of checking calculations and systems reports is evolving into a more challenging scrutiny of systems controls.
- 1.3 The Audit Commission published a set of Key Lines of Enquiry for data quality in 2006 which are used to give each authority a score of between 1 to 4 for data quality, this is reported in the Annual Audit Letter. They have also just (March 2007) published a consultation document "Improving information to support decision making: standards for better quality data". Currently Bromsgrove Council scores between 1 and 2, the outcome of implementing the action plan contained in this strategy should be that our score will rise to 3 in the next 12 months. Thereafter decisions will be made about whether to plan to proceed to level 4.
- 1.4 There are a number of principles that underpin good data quality. It is important to consider these sequentially because if any of these principles are not adhered to, inaccuracies are likely to creep in, and adherence to subsequent principles will not be able to rectify the position:
  - **Awareness:** everyone recognises the need for good data quality and how they can contribute;
  - **Definitions:** everyone knows which PIs are produced from the information they input and how they are defined;
  - **Input:** there are controls over input, especially that information is input on an ongoing basis; rather than stored up to be input later;
  - **Verification:** there are verification procedures in place as close to the point of input as possible;
  - **Systems and Procedures :** are fit for purpose and staff have the expertise to get the best out of them;
  - **Output:** performance indicators are extracted regularly and efficiently and communicated quickly; and

- **Presentation:** performance indicators are presented, with conclusive evidence, in such a way as to give an easily understood and accurate picture of our performance, whoever the audience.
- 1.4 The first five of the above principles are where we need to focus our attention. The following sections look at each of these principles in more detail, an action plan is included at Appendix 2

## **2. Priorities**

- 2.1 The priority areas for improvement are around the capture and point of entry of performance data. Priority will be given to ensuring that staff gathering performance data and those inputting performance data understand the importance of accuracy of information and also understand the purpose of the data they are gathering and/or entering.
- 2.2 PI definitions and processes for capturing and calculating the PI need to be documented.
- 2.3 There is a need for some Internal Audit work to be done and there will be an annual report to PMB on progress against the action plan.

## **3. Awareness**

- 3.1 Data quality is the responsibility of every member of staff entering, extracting or analysing performance data. Every officer should be aware of his or her responsibilities with regard to data quality. The commitment to data quality will be communicated clearly throughout the Council to reinforce this message.
- 3.2 Responsibility for performance data should be reflected in job descriptions and the appraisal process. Departments are encouraged to ensure that suitable appraisal targets and paragraphs in job descriptions are included, appropriate to the level of involvement staff have in the PI process.
- 3.3 There is collective responsibility for performance data quality, but it is necessary to be clear about what actions and responsibilities are allocated to specific individuals and teams in order to implement this strategy. A summary of this is included as Appendix 1, and it is also reflected in the text that follows and in the action plan.

## **4. Definitions**

- 4.1 All officers should have an appropriate level of understanding of any PIs affected by the performance data they contribute.

- 4.2 BVPIs have nationally set definitions. It is important that every detail of the definition is applied.
- 4.3 For local PIs we need to have a clear definition and ensure that there are procedures in place to collect and report the data in an agreed format. In particular, we need to be clear about whether target and outturn figures refer to a snapshot or cumulative position.
- 4.4 Every PI should have a named officer, with a named deputy, who is responsible for collecting and reporting the information. This ensures that there is consistency in the application of definitions and use of systems for providing the data.

## **5. Input**

- 5.1 There must be adequate controls over the input of performance data. The aim should be 100% accuracy 100% of the time. It is important that officers have clear guidelines and procedures for using systems and are adequately trained to ensure that information is being entered consistently and correctly.
- 5.2 A key requirement is that data should be entered on an ongoing basis, not saved up to be entered in a block at the end of a period. This reduces the error rate and the need for complex verification procedures.
- 5.3 Controls should also be in place to avoid double-counting. These should be designed according to the nature of the system, in particular where more than one person inputs performance data. A likely control will be an absolutely clear division of responsibility setting out who is responsible for what data entry.
- 5.4 Systems must also record all relevant information. Individual systems need to be evaluated to determine whether additional controls are necessary. There is more information about how to carry out this type of evaluation in section 7.

## **6. Verification**

- 6.1 Performance data requirements should be designed along the principle of 'getting it right first time'. Nevertheless, even where there are strong controls over input, errors can creep in. Where it is needed, a verification procedure should exist close to the point of performance data input. The frequency of verification checks will need to be aligned with the frequency of performance data reporting.
- 6.2 The simplest verification system might be a review of recent performance data against expectations, or a reconciliation of systems-produced data with manual input records. Depending on the complexity of the system, it might be necessary to undertake more thorough verification tasks, such as:



- data cleansing, e.g. to remove duplicate records or to fill in missing information;
  - sample checks to eliminate reoccurrence of a specific error, eg checking one field of data that is pivotal to a PI against documentation, for a sample of cases;
  - test run of report output, to check the integrity of the query being used to extract data; and
  - spot checks, e.g. on external contractor information.
- 6.3 Particular attention needs to be paid to data provided by external sources. A number of PIs are calculated using information provided by contractors and partners and the Council must work with them to ensure that such data is accurate, as responsibility for the PI remains with the Council.
- 6.4 When entering into contracts with service providers it is essential that, wherever relevant, there is a requirement to provide timely and accurate performance information, and that we are clear with the contractor about their responsibilities for performance data quality and how we will be checking the information they provide.
- 6.5 It might not always be possible to alter existing contracts so that contractors are fully committed to providing an agreed quantity of performance data. In this case, the performance data must be treated as high-risk and thought must be given to establishing a system of checks and measures to ensure that we are confident about the accuracy of this data.
- 6.6 Responsibility for data verification will lie within Departments, but Internal Audit and/or the Communications, Policy and Performance team can offer advice and guidance about verification procedures and processes.

## **7. Systems and procedures**

- 7.1 Responsibility for maintaining robust systems and procedures for performance data lies within Departments.
- 7.2 A central record of performance indicators will be maintained by the Communications, Policy and Performance team which will include:
- the identity of the data quality lead (and deputy)
  - The PI definition
  - a summary of data quality and verification actions undertaken;
  - risk assessment undertaken
- 7.3 Each PI should have a named officer responsible for data quality issues. There should also be a named substitute officer who can deputise to

maintain the day-to-day work of capturing and processing performance data. The responsible officer will ensure that:

- The PI has a clear definition and a set of written procedures exists for the purpose of capturing and calculating performance information. This will be recorded on the PI certificate.
- Users are adequately trained, where appropriate by having a formal training programme which is periodically evaluated and adapted to respond to changing needs
- there is security of access and amendment of data.
- periodic tests of the integrity of performance data are undertaken
- information management and support is available to users
- changes to processes and procedures are made where necessary (for instance to accommodate amendments to PI definitions)
- there are adequate audit trails to demonstrate the validity of the performance calculations
- actions recommended by system reviews (e.g. by the external auditors) are implemented

7.4 There are a number of conditions that might lead to a PI being considered high risk, and every PI needs to be considered against these factors. The risk assessment will be updated annually by the Communications, Policy and Performance team in consultation with Departments. 'High risk' conditions will include:

- a high volume of data/transactions
- technically complex PI definition/guidance
- problems identified in previous years
- inexperienced staff involved in data processing/PI production
- system being used to produce a new PI
- PI's which rely on data from external sources

7.5 The purpose of undertaking a risk assessment is to target limited resources at the areas that require most attention. A programme of improvement will be put together focusing on high-risk PI's.

7.6 Responsibility for delivering the improvements will lie within Departments, but support will be available from the Communications, Policy and Performance team and Internal Audit, see Appendix 1 for more detail.

## **8. Output**

8.1 Best use can be made of performance data if it is produced and communicated on a timetable that allows for management action. A

reporting timetable will be produced each year by the Communications, Policy and Performance team.

- 8.2 It is important that performance information is subject to scrutiny and challenge before being passed up the line for management action. This can be undertaken at several stages in the process. The most likely instances will be either a verification check on output reports (described in paragraph (see 6.2 above), or a Departmental review meeting of performance data (e.g. at DMTs prior to the monthly performance report to CMT).

## **9. Presentation**

- 9.1 During external audits, there should be at least one other officer who is able to provide advice and information on the PI in the absence of the lead officer. This is an important control to ensure that audit work proceeds smoothly.
- 9.2 When information is presented for external audit, another officer must review working papers to confirm that the definition has been followed, the calculations are correct and the indicator is supported by a full audit trail.
- 9.3 A PI certificate must be completed for all BVPI's and all local PI's that are corporately reported. The PI certificate should contain, or refer to, supporting information necessary for an external audit of the PI.

No	Theme	Action	How	Who	When	Priority
1	Awareness	Ensure that responsibility for data quality is part of job descriptions and the PDR process.	Departments will need to check and rectify any gaps. Revised JD's to be seen by CCPP team. HR to audit PDR's for a sample of nominated employees in 2008	Departments, CCPP	By Q2 2007 and incorporated into PDR's in 2008	M
2	Awareness	Develop and deliver awareness training and more specific training for staff responsible for data quality	Awareness seminars and training sessions scheduled in training plan	Communications, Policy and Performance team with HR	Quarter 2 2007/08 onwards	M
3	Definitions	Ensure that, when making submissions on nationally reported PIs, the definition has been followed.	This will be achieved by completion and review of PI certificates	All PI compilers and those responsible for PI data quality	April 07 to June 07, thereafter January to June in subsequent years	H

No	Theme	Action	How	Who	When	Priority
4	Definitions	Ensure that all local PI's (whether reported corporately or not) have specific definitions and counting rules.	PI certificate format will be reviewed/amended as necessary for local PI's.  Certificates will be used for local PI's for 2007 onwards	Performance Plus sub-group  All PI compilers and those responsible for PI data quality supported by Communications, Policy and Performance team	End Jun 07 Corporately reported PI's. End Sep 07 others  thereafter January to June in subsequent years	H
5	Definitions	Ensure that all PI's have a documented procedure for the gathering of PI data and calculation of the PI	Guidance will be provided by CCPP team (in conjunction with ICT).	PI data quality lead	By end Q3 2007/08	H
5	Definitions	Ensure that all relevant staff have an understanding of PI definitions calculated from data they input/analyse/extract	Training (where this is not already the case)	Departmental PI data quality leads	Ongoing	H
6	Verification	Ensure that data provided by external contractors meets requirements for reporting performance.	Depending on individual circumstances this might be achieved by making provision in contracts or by direct action such as documented spot checks	Performance managers/officers; Communications, Policy and Performance team; Internal Audit (as part of appropriate scheduled audits)	Ongoing	M

No	Theme	Action	How	Who	When	Priority
7	Verification	Ensure that all future contracts specify requirements of contractors to provide performance data	Procurement procedures to be reviewed and revised if necessary	Procurement team supported by Communications, Policy and Performance team	Quarter 2 2007	M
8	Verification	Ensure that the council has a programme of data validation to support accurate performance reporting.	Programme to be implemented by PI data quality leads, with central record kept by the P&I team	Communications, Policy and Performance team; performance managers/officers Internal Audit (as part of appropriate scheduled audits)	July 07 and ongoing	M
9	Systems and Procedures	Ensure that data controls are robust.	Specific measures will depend on the system and will be the responsibility of the data quality lead for each system to address.	All PI compilers and those responsible for PI data quality supported by Internal Audit & Communications, Policy and Performance team	July 07 and ongoing	M
10	Systems and Procedures	Ensure that all PI's have a nominated person and deputy responsible for data quality	Data gathering exercise	Heads of Service supported by Communications, Policy and Performance team	Mar 07 and updated regularly	H

No	Theme	Action	How	Who	When	Priority
11	Systems and procedures	Undertake an annual risk assessment of PI's.  Develop an appropriate programme of improvement	Council risk methodology	Communications, Policy and Performance team with PI data quality leads.  Relevant PI data quality leads	Sep to Oct each Year  Ongoing	H
12	Output	Ensure that appropriate scrutiny of PI's is undertaken at, for instance, DMT's, prior to submission of performance information to CMT	Visits and briefings at DMT's	DMT's visited/supported by Communications, Policy and Performance team	April 07 and ongoing	M
13	Presentation	Ensure that PI certificates are completed for all PI's	Guidance already issued – implemented in 2006 supported by workshops	All PI compilers/reviewers and PI data quality leads supported by Communications, Policy and Performance team	April 07 – June 07 and subsequent years	H

### Matrix of Data Quality responsibilities

<b>All with responsibility for inputting data and calculating performance measures</b>	<b>PI data quality leads</b>	<b>Departments (HoS responsible overall but will discharge responsibility via DQ leads)</b>	<b>Communications, Policy and Performance team</b>	<b>Internal Audit</b>
<p>Knowledge of relevant PI definitions and guidance</p> <p>Input accurate information</p> <p>Up-to-date record keeping (not entered in a block)</p>	<p>Maintain a robust data quality environment</p> <p>Identify and rectify gaps in data quality</p> <p>Training/guidance of departmental staff</p> <p>Provide information to Communications, Policy and Performance team so central record is kept</p>	<p>Overall responsibility for the reliability of performance information presented at CMT</p>	<p>Maintain list of PI's and PI certificates</p> <p>Co-ordinate risk assessment of PI's liaising with IA and DQ leads</p> <p>Co-ordinate programme of systems work, liaising with IA and DQ leads</p> <p>Communicating the commitment to DQ</p>	<p>Support improvement on individual systems</p> <p>Incorporate DQ issues in routine audit work</p>



<b>1. GOVERNANCE AND LEADERSHIP</b> <b>Has the body put in place arrangements at a senior level to secure the quality of data used to manage and report on performance?</b>		
<b>Key line of enquiry</b> 1.1 Responsibility for data quality is clearly defined.		
<b>Audit Focus</b> Evidence that: <ul style="list-style-type: none"> <li>• there is top level commitment to data quality; and</li> <li>• the body acts on this commitment, to secure the quality of its data.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b> <ul style="list-style-type: none"> <li>★ Responsibility for data quality has been assigned within the organisation.</li> <li>★ The organisation’s commitment to data quality (for example, the importance of, and arrangements for, securing the quality of key data) is outlined in key strategic documents, such as the corporate plan.</li> </ul>	<b>Level 3</b> <ul style="list-style-type: none"> <li>★ An individual at top management level has overall strategic responsibility for data quality.</li> <li>★ The corporate commitment to data quality is communicated clearly, reinforcing the message that all staff have a responsibility for data quality.</li> <li>★ Accountability for data quality throughout the organisation is clearly and formally defined and is part of the corporate performance appraisal system for those defined as responsible and accountable for data quality.</li> <li>★ Issues relating to data quality are considered by or reported to those charged with governance.</li> </ul>	<b>Level 4</b> <ul style="list-style-type: none"> <li>★ Data quality is seen as being ‘part of the day job’, and is fully integrated into planning, monitoring and reporting processes in the organisation.</li> <li>★ There is a member lead for data quality issues and there is evidence that this role is undertaken effectively.</li> <li>★ Members have received training on the importance of data quality and the body’s specific approach to managing the associated risks.</li> </ul>

<p><b>Key line of enquiry</b> 1.2 The body has clear data quality objectives.</p>		
<p><b>Audit Focus</b></p> <p>Evidence that:</p> <ul style="list-style-type: none"> <li>• there is a strategy for data quality which includes specific data quality objectives; and</li> <li>• there is a plan for delivery of these objectives.</li> </ul>		
<p><b>Criteria for Judgement</b></p>		
<p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>★ Objectives for data quality management are developing, but may not yet be formalised in a strategy or plan.</li> <li>★ The organisation is working to improve data quality, but there may be no defined milestones, targets or monitoring.</li> <li>★ The organisation has begun to focus on data quality, but this work has so far been driven departmentally rather than corporately.</li> </ul>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>★ A formal strategy for data quality is in place and has been approved by the Board. The strategy covers all departments and functions.</li> <li>★ The corporate objectives for data quality management are linked to business objectives.</li> <li>★ The strategy has an associated delivery plan, with clearly identified actions, responsibilities and timescales to support improvement. This is reflected in the corporate plan.</li> <li>★ The organisation communicates its commitment to data quality to staff at all levels.</li> <li>★ All departments have set data quality objectives.</li> </ul>	<p><b>Level 4</b></p> <ul style="list-style-type: none"> <li>★ Challenging data quality objectives have been set, and are being achieved.</li> <li>★ The organisation has undertaken a review of staff awareness of data quality issues.</li> </ul>

<b>Key line of enquiry</b>		
1.3 The body has effective arrangements for monitoring and review of data quality.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• there is a framework in place for monitoring performance in relation to data quality; and</li> <li>• there is a formal programme of review of data quality.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ Monitoring and review of data quality has been undertaken, although this has primarily been on an ad hoc basis.</li> <li>★ Reports are produced as a result of these reviews which are submitted for top management attention.</li> <li>★ The organisation has begun to consider data quality as part of its corporate risk management arrangements.</li> <li>★ The organisation can demonstrate that it has taken action to address the results of internal and external data quality reviews.</li> </ul>	<ul style="list-style-type: none"> <li>★ There is a framework for monitoring data quality, with regular formal reporting on key measures of data quality to those charged with governance, enabling them to challenge the integrity of data.</li> <li>★ There is a formal programme of data quality review, which is proportionate to risk and reported to those charged with governance. This includes reporting on the accuracy of data supporting key performance indicators.</li> <li>★ Data quality is embedded in corporate risk management arrangements, with regular assessments of the risks associated with unreliable and inaccurate information.</li> <li>★ Data is subject to robust scrutiny by those charged with governance and is subject to approval prior to external reporting.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation undertakes benchmarking exercises to review the effectiveness of its own monitoring and review arrangements.</li> <li>★ The organisation is able to demonstrate that it satisfies all internal and external requirements (where applicable) in relation to the quality of its data.</li> <li>★ The organisation can demonstrate that it has taken action to address key variances in relation to data quality.</li> <li>★ Examples of good practice in securing data quality are publicised to all relevant staff.</li> </ul>

<b>2. POLICIES</b>		
<b>Has the organisation defined its expectations and requirements in relation to data quality?</b>		
<b>Key line of enquiry</b>		
2.1 A policy for data quality is in place, supported by a current set of operational procedures and guidance.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• a formal policy for data quality is in place;</li> <li>• policies are applied in practice; and</li> <li>• operational procedures and guidance meet users' needs.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ A data quality policy, or set of policies, is in place at the operational level. The policies have been designed to support the data quality objectives.</li> <li>★ The data quality policy has been approved by senior management at least at a departmental level.</li> <li>★ There are a number of procedures and guidance notes in place but these do not yet cover all aspects of data collection, recording, analysis and reporting, or are not in place in all business areas.</li> </ul>	<ul style="list-style-type: none"> <li>★ There is a comprehensive current data quality policy in place. This covers data collection, recording, analysis and reporting and has been implemented in all business areas.</li> <li>★ The policy meets any relevant national standards and requirements, as well as defining local practices and monitoring arrangements.</li> <li>★ The policy is supported by a comprehensive and current set of operational procedures and guidance.</li> <li>★ The policy and procedures are reviewed at least annually and updated when needed.</li> </ul>	<ul style="list-style-type: none"> <li>★ The policy covers data quality requirements in relation to partnership working, where relevant.</li> <li>★ The organisation can demonstrate that operational procedures and guidance have been developed with staff fully involved in the process.</li> </ul>

<b>Key line of enquiry</b>		
2.2 Policies and procedures are followed by staff and applied consistently throughout the organisation.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>processes are carried out in line with established policy and procedures.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>All relevant staff are aware of the data quality policy, operational procedures and guidance and have access to the documents.</li> <li>Training on the policy and procedures takes place.</li> </ul>	<ul style="list-style-type: none"> <li>All staff are able to access the policies, procedures and guidance. Where possible this is supported by information systems.</li> <li>Mechanisms are in place to monitor compliance with the policies and procedures, and the results are reported to top management.</li> <li>Instances of failure to comply with corporate policies and procedures and national standards, or poor performance against data quality targets, are investigated and corrective action taken.</li> <li>The organisation can demonstrate that it is proactive in informing staff of any policy or procedure updates on a timely basis.</li> </ul>	<ul style="list-style-type: none"> <li>Each department has been assigned a data quality champion who regularly reviews and reports on compliance with the relevant policies and procedures.</li> <li>The champion is effective in rectifying any non-compliance and can demonstrate an impact on data quality.</li> </ul>

<b>3. SYSTEMS AND PROCESSES</b>		
<b>Are there effective systems and processes in place to secure the quality of data?</b>		
<b>Key line of enquiry</b>		
3.1 There are appropriate systems in place for the collection, recording, analysis and reporting of the data used to monitor performance, and staff are supported in their use of these systems.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• systems (manual or computerised) produce data which is fit for purpose.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ There may be some minor weaknesses in the systems for data collection, recording, analysis and reporting of performance information, but action is being taken to address these.</li> <li>★ The organisation recognises the importance of these systems, whether manual or computerised, operating on a 'right first time' principle. Some work is needed to achieve this.</li> <li>★ Support for staff using these systems is provided, but improvements could be made (e.g. by making support more accessible or responsive).</li> <li>★ Any internal or external reviews of the systems have not identified significant weaknesses.</li> </ul>	<ul style="list-style-type: none"> <li>★ There are systems in place for the reporting of corporate performance information which is based on data which is accurate, valid, reliable, timely, relevant and complete.</li> <li>★ Systems and processes operate according to the principle of 'right first time' rather than employing extensive data cleansing or manipulation processes to produce the information required.</li> <li>★ Arrangements for collecting, recording, compiling and reporting data are integrated into the wider business planning and management processes of the organisation, and support staff in their day-to-day work.</li> <li>★ Adequate support is provided for all staff using the organisation's systems and processes. User guides and help desk services are provided.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation undertakes regular reviews to ensure that outputs are timely, accurate, clear and in a format convenient to users.</li> <li>★ The organisation consults with staff when developing or implementing systems.</li> </ul>

<b>Key line of enquiry</b>		
3.2 The body has appropriate controls in place to ensure that information systems secure the quality of data used to report on performance.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• data is produced without the need for subsequent intervention, manipulation or correction.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ Appropriate controls are in place for both manual and computerised systems, particularly where there is a dependency on spreadsheet systems.</li> <li>★ The organisation has some arrangements in place to review the effectiveness of controls.</li> <li>★ High-level reviews of data are carried out before reporting to directorate management and beyond, but this is not consistent across the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>★ Performance information systems have built-in controls to minimise the scope for human error or manipulation, and prevent erroneous data entry, missing data, and unauthorised data changes (e.g. the use of system validation on key data items).</li> <li>★ Controls are reviewed at least annually to ensure that they are working effectively. Results of annual reviews are reported to top management.</li> <li>★ Data is subject to departmental checks and management review for each reporting period before being reported to top management.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation can demonstrate that it is proactive in strengthening performance information system controls rather than merely reacting to issues when detected.</li> </ul>

<b>Key line of enquiry</b>		
3.3 Security arrangements for performance information systems are robust, and business continuity plans are in place.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>performance information systems are secure, allowing the organisation to function under adverse circumstances.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>Security arrangements, including access control, are in place for the organisation's business critical performance information systems.</li> <li>There are procedure notes/manuals in place for the organisation's business critical performance information systems.</li> <li>A business continuity plan is in place to provide protection for records and performance data which are vital to the continued effective functioning of the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>Procedure notes/manuals are in place for all performance information systems identified as being business-critical and these are reviewed and updated as appropriate.</li> <li>The organisation regularly tests its performance information systems to ensure that processes are secure and reports to top management.</li> </ul>	<ul style="list-style-type: none"> <li>The organisation can demonstrate that it has carried out detailed scenario planning for its performance information systems and made changes to address any weaknesses identified.</li> </ul>



<p><b>Key line of enquiry</b> 3.4 An effective management framework for data sharing is in place.</p>		
<p><b>Audit Focus</b></p> <p>Evidence that:</p> <ul style="list-style-type: none"> <li>the organisation has high standards in relation to the data it shares internally and externally.</li> </ul>		
<p><b>Criteria for Judgement</b></p>		
<p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>★ All instances of internal and external data sharing have been identified, but formal protocols have yet to be developed.</li> <li>★ There is a framework in place for identifying and complying with all relevant legal, compliance and confidentiality standards.</li> </ul>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>★ A formal set of quality requirements is applied to all data used by the organisation which is shared externally, or which is provided by a third-party organisation. These quality requirements could be in the form of a data sharing protocol, contract or service level agreement.</li> <li>★ There are protocols in place for sharing key data internally.</li> <li>★ There are processes in place to validate data from third parties.</li> </ul>	<p><b>Level 4</b></p> <ul style="list-style-type: none"> <li>★ The organisation can demonstrate that it has implemented high standards of data management governance, for example in relation to partnership working.</li> </ul>

<b>4. PEOPLE AND SKILLS</b>		
<b>Does the organisation have the resources in place to secure data quality?</b>		
<b>Key line of enquiry</b>		
4.1 The body has communicated clearly the responsibilities of staff, where applicable, for achieving data quality.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• specific skills and responsibilities in relation to data quality have been identified; and</li> <li>• staff understand their role in achieving data quality; and are putting the theory into practice.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ The organisation has undertaken an assessment of the data quality skills that it has in place across the workforce and identified potential gaps.</li> <li>★ Staff are clear about their responsibilities in relation to data quality.</li> </ul>	<ul style="list-style-type: none"> <li>★ Roles and responsibilities below the strategic level in relation to data quality are clearly defined and documented, and are incorporated into job descriptions.</li> <li>★ These roles and responsibilities for data quality are applied consistently throughout the organisation.</li> <li>★ Data quality targets and standards are set and staff are assessed against these.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation can demonstrate that it has an effective internal network of data quality champions that have successfully driven improvement throughout the organisation.</li> <li>★ The organisation can demonstrate that it has made assessments of how well staff understand their roles and responsibilities with regard to data quality.</li> </ul>

<b>Key line of enquiry</b>		
4.2 The organisation has arrangements in place to ensure that staff with data quality responsibility have the necessary skills.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>the organisation has provided training to ensure that staff have the necessary skills and knowledge in relation to data quality.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ Staff with specific responsibilities for data input or data quality have received data quality training.</li> <li>★ There is evidence of review of the current data quality training provision but this has yet to be developed corporately.</li> <li>★ Some departments are addressing weaknesses identified from data quality reviews through training but this has yet to be developed corporately.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation has trained all staff to ensure they have the necessary skills to ensure the effective collection, recording, analysis and reporting of data.</li> <li>★ Any weaknesses identified through internal or external reviews of data quality are adequately addressed through the training programme or briefing sessions.</li> <li>★ There is regular update training for staff to ensure the latest changes in data quality procedures, guidance and systems are disseminated and acted upon in a timely manner.</li> <li>★ There are corporate arrangements in place to ensure that data quality training provision is periodically evaluated and adapted to respond to changing needs.</li> </ul>	<ul style="list-style-type: none"> <li>★ The organisation can demonstrate that it has identified future developments that may impact on data quality staff skills and capacity and is proactively managing these.</li> </ul>

<b>5. DATA USE</b>		
<b>Are there effective arrangements and controls in place for the use of data by the organisation?</b>		
<b>Key line of enquiry</b>		
5.1 The body has put in place arrangements that are focused on ensuring that data supporting performance information is also used to manage and improve the delivery of services.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>• reported performance information is actively used in the decision making process.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>★ Reported data is fed back to those who generate it to reinforce understanding of the way it is used.</li> <li>★ Performance information is regularly used, to identify deviations from planned performance.</li> <li>★ There is timely action on performance shortfalls, and follow-up to ensure action has been taken.</li> </ul>	<ul style="list-style-type: none"> <li>★ Data used for reporting to those charged with governance is also used for day-to-day management of the organisation's business.</li> <li>★ Reports are prepared on an exception basis so that areas where action is needed are clearly identified.</li> <li>★ There is evidence that management action is taken to address service delivery issues identified by data returns and performance information reports.</li> <li>★ Reports include an element of prediction rather than merely being a record of historical events.</li> <li>★ Data is used not only to measure the volume of activity delivered but also to assess the quality of the service provided.</li> </ul>	<ul style="list-style-type: none"> <li>★ Senior management routinely and actively use data supporting performance information is used to plan and allocate resources.</li> <li>★ Members have available to them high level information with which they can assess delivery of services in relation to agreed plans.</li> </ul>

<b>Key line of enquiry</b>		
5.2 The body has effective controls in place for data reporting.		
<b>Audit Focus</b>		
Evidence that:		
<ul style="list-style-type: none"> <li>information used to report on performance is subject to a system of internal control and validation.</li> </ul>		
<b>Criteria for Judgement</b>		
<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
<ul style="list-style-type: none"> <li>Definitions are generally applied correctly to all data items.</li> <li>All data returns are supported by an audit trail, although there may be some weaknesses.</li> <li>There is evidence that controls are exercised over data to verify its accuracy.</li> <li>Reported data is generally submitted on a timely basis. Instances of data not being submitted on a timely basis are fully investigated and reported to management.</li> </ul>	<ul style="list-style-type: none"> <li>Data returns are supported by a clear and complete audit trail.</li> <li>Information which is used for external reporting is subject to rigorous verification, especially where errors may lead to loss of income.</li> <li>All data is subject to senior approval prior to external reporting.</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence that members and senior officers follow up on action taken to address identified problems to ensure that the action has been implemented and has been effective.</li> </ul>

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## BROMSGROVE DISTRICT COUNCIL

18 MAY 2007

### PERFORMANCE MANAGEMENT BOARD

#### **IMPROVEMENT PLAN EXCEPTION REPORT [MARCH 2007]**

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Officer	Hugh Bennett Assistant Chief Executive

#### **1. SUMMARY**

- 1.1 To report to the Performance Management Board to ask them to consider the attached updated Improvement Plan Exception Report for March 2007.

#### **2. RECOMMENDATION**

- 2.1 That the Performance Management Board considers and approves the revisions to the Improvement Plan Exception Report, and the corrective action being taken.
- 2.2 That the Performance Management Board notes that for the 90 actions highlighted for March within the plan 58 percent of the Improvement Plan is on target [green], 2 percent is one month behind [amber] and 13.3% percent is over one month behind [red]. 26 percent of actions have been re scheduled [or suspended] with approval.

#### **3 BACKGROUND**

- 3.1 The Council overhauled its Recovery Plan in July 2006 in order to give the plan a more outward focus e.g. performance indicators, customer issues, strategic priorities etc. The new plan, renamed the Improvement Plan, was agreed by Cabinet on 2<sup>nd</sup> August 2006.
- 3.2 The full Improvement Plan will provide background information only and will be emailed to Members of the Performance Management Board. The Improvement Plan will also be posted onto the Council website at the address at the end of this report.

#### **4. PROGRESS IN March 2007**

- 4.1 Overall performance as at the end of March 2007 is as follows: -

**March 2007**

**February**

<b>RED</b>	<b>12</b>	<b>13.3%</b>	<b>RED</b>	<b>13</b>	<b>14.4%</b>
<b>AMBER</b>	<b>2</b>	<b>2.2%</b>	<b>AMBER</b>	<b>0</b>	<b>0.0%</b>
<b>GREEN</b>	<b>52</b>	<b>58%</b>	<b>GREEN</b>	<b>63</b>	<b>70.00%</b>

Where: -

	<b>On Target or completed</b>
	<b>Less than one month behind target</b>
	<b>Over one month behind target</b>
	<b>Original date of planned action</b>
	<b>Re-programmed date.</b>

- 4.2 Out of the total of 90 actions for the month, 24 actions have been Deleted, suspended or the timescales have been extended this amounts to 26% of the plan.
- 4.3 An Exception Report detailing corrective actions being under taken for red and amber tasks is attached at **Appendix 1**

## **5. FINANCIAL IMPLICATIONS**

- 5.1 No financial implications.

## **6 LEGAL IMPLICATIONS**

- 6.1 No Legal Implications.

## **7. CORPORATE OBJECTIVES**

- 7.1 The Improvement Plan relates to all of the Council's four objectives and ten priorities as approved on the 19<sup>th</sup> September Full Council.

## **8. RISK MANAGEMENT**

- 8.1 The risks associated with the Improvement Plan are covered in the corporate and departmental risk registers.

## **9. CUSTOMER IMPLICATIONS**

The Improvement Plan is concerned with strategic and operational issues that will affect the customer.

## **10 OTHER IMPLICATIONS**

Procurement Issues: Delivery of the Improvement Plan involves various procurement exercises.
Personnel Implications: See Section 18 of the Improvement Plan.
Governance/Performance Management: See Section 4 of the Improvement Plan.
Community Safety including Section 17 of Crime and Disorder Act 1998: See sections 12.2 and 12.3
Policy: See Section 4 of the Improvement Plan.
Environmental: See Section 8 of the Improvement Plan.
Equalities and Diversity: See Section 3 of Improvement Plan.



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## 10 OTHERS CONSULTED ON THE REPORT

Portfolio Holder	<b>Yes</b>
Chief Executive	<b>Yes</b>
Corporate Director (Services)	<b>Yes</b>
Assistant Chief Executive	<b>Yes</b>
Head of Service <i>(i.e. your own HoS)</i>	<b>Yes</b>
Head of Financial Services <i>(<u>must</u> approve Financial Implications before report submitted to Leader's Group)</i>	<b>Yes</b>
Head of Legal & Democratic Services <i>(for approval of any significant Legal Implications)</i>	<b>Yes</b>
Head of Organisational Development & HR <i>(for approval of any significant HR Implications)</i>	<b>Yes</b>
Corporate Procurement Team <i>(for approval of any procurement implications)</i>	<b>No</b>

## 11 APPENDICES

Appendix 1 Improvement Plan Exception Report March 2007

## 12 BACKGROUND PAPERS:

Full Improvement Plan for March will be e- mailed to all Members of the Performance Management Board and can be found at [www.bromsgrove.gov.uk](http://www.bromsgrove.gov.uk) under meetings Minutes and Agendas where there is a direct link to the Improvement Plan.

### CONTACT OFFICER

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Tel: (01527) 881668

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>1.1</b>	<b>Public Perception</b>					
<b>Ref</b>	<b>MARCH 2007 Action</b>	<b>Colour</b>	<b>Corrective Action</b>	<b>Who</b>	<b>Original Date</b>	<b>Revised Date</b>
1.1.4	Develop questions for first Customer Panel survey		Questions with SNAP awaiting formatting	HB	October 31 Oct 06	31 March 07

Ref.	Action	Lead													Corrective Action
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
<b>1.1</b>	<b>Public perception</b>														
1.1.4	Develop questions for first Customer Panel survey	HB													Questions with SNAP awaiting formatting

Page 40

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

Public perception						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.1.5	Undertake survey		Survey now planned for May 2007	HB	October 31 Oct 06	May 2007

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
<b>1.1</b>	<b>Public perception</b>															
1.1.5	Undertake survey	HB													Survey now planned for May 2007.	

Public perception						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.1.6	Feed back results		This will depend on the contractor, but within 4-6 weeks.	HB	October 31 Oct 06	June 2007

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
<b>1.1</b>	<b>Public perception</b>															
1.1.6	Feedback results.	HB													This will depend on the contractor but within 4-6 weeks.	

Page 41

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>1.5</b>	<b>Modernise Council Brand</b>					
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.5.2	Draft brand style guide and review completed		Mini style guide review tabled at CMT on 27 March 2007. Any further work will depend on the corporate ability to fund graphics support to finalise and implement it. A further report is going to CMT on 01 May 2007.	HB	October 31 Oct 06	1 May 07

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
<b>1.5</b>	<b>Public perception</b>															
1.5.2	Draft brand style guide and review completed	HB														Mini style guide tabled at CMT on 27 March 2007. Any further work will depend on the corporate ability to fund graphics support to finalise and implement it A further report is going to CMT on 01 May 2007.

Page 42

<b>1</b>	<b>Modernise Council Brand</b>					
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.5.3	Agree actions with CMT		See above	HB	October 31 Oct 06	1 May 07

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
<b>1.5</b>	<b>Modernise Council Brand</b>														
1.5.3	Agree actions with CMT	HB													See above

<b>1.5</b>	<b>Modernise Council Brand</b>					
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.5.4	Agree style guide with the Leader.		See 1.5.2	HB	October 31 Oct 06	31 May 07

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
<b>1.5</b>	<b>Public perception</b>														
1.5.4	Agree style guide with the Leader.	HB													See 1.5.2

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>1</b>	<b>Modern Council Brand</b>					
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.5.5	Further actions are dependant on the outcomes of the review.		See 1.5.2	HB	October 31 Oct 06	31 May 2007

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
<b>1.5</b>	<b>Modernise Council Brand .</b>															
1.5.5	Further outcomes are dependant on the review.	HB														See 1.5.2

Page 44

## Exception Report for MARCH 2007 Improvement Plan

## Appendix 1

3 Service Plans						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
3.3.3	Undertake first Customer Panel Survey.		Survey will now take place in w/c 14 May 2007.	HB	October 31 Oct 06	w/c 14 May 2007

Ref.	Action	Lead													Corrective Action
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
3 Service Plans															
3.3.3	Undertake first Customer Panel Survey.	HB													Survey will now take place w/c 14 May 2007.

7						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
7.1.6	Publish agreed business plans after budget finalised .		Plans complete but some tidying up required before being put on the Intranet. The Council plan will be published externally	HB	October 31 Oct 06	31.May 2007

Ref.	Action	Lead													Corrective Action
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
7 Performance Plus															
7.1.6	Publish agreed plans after budget finalised .	HB													Plans complete but some tidying up required before being put on the Intranet. The Council plan will be published externally

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>7</b>						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
7.3.5	Establish Project Team to review Performance Plus		Project team established with Cabinet report on forward plan	HB	October 31 Oct 06	July 2007

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
<b>7</b>																
7.3.5	Establish Project Team to review Performance Plus.	HB														Project team established with Cabinet report on forward plan

Page 46



# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>10</b>	<b>Hostel Accommodation.</b>					
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
10.3.3	Draw up plans for re modelling remaining hostels at Sidemoor and Rubery and submit planning application.		Awaiting submission of plans by BDHT. Delay created by revision to method of approach. A meeting took place on the 21 Feb.07 to agree procedure at officer level. Report to Cabinet 4 April 2007 to clear revised approach.	PS DH MD	30 Nov 06	04.April 2007

Ref.	Action	Lead													Corrective Action
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	
<b>10.</b>	<b>Hostel Accommodation</b>														
10.3.3	Draw up plans for re modelling remaining hostels at Sidemoor and Rubery and submit planning application.														Awaiting submission of plans by BDHT. Delay created by revision to method of approach. A meeting took place on the 21 Feb.07 to agree procedure at officer level. Report to Cabinet 4 April 2007 to clear revised approach.

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

<b>10</b>	<b>Hostel Accommodation .</b>					
<b>Ref</b>	<b>MARCH 2007 Action</b>	<b>Colour</b>	<b>Corrective Action</b>	<b>Who</b>	<b>Original Date</b>	<b>Revised Date</b>
10.3.5.	Provide Council with a financial analysis of re modelling of 2 hostels.		See 10.3.3. Will be incorporated in report to Cabinet April 4 2007	PS DH MD	30 Nov 06	4 April 07

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
<b>10.</b>	<b>Hostel Accommodation.</b>														
10.3.5	Draw up plans for re modelling and submit planning application														See 10.3.3 above comments. Will be incorporated in report to Cabinet April 4 2007

Page 48

Improved Financial Management and Improved Services						
21.2 DWP Performance Standard / Performance Measures						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
21.2.5	Percentage of cases for which the calculation of the amount of benefit due is correct PM6 – 98%-99%.		Accuracy as reported by the DWP at 92 % for Oct -Dec This is a 3.2% decrease on July-Sept. The decline is disappointing to the team and the errors vary and do not reflect a specific training need. The teams have completed training competency forms and we have a trainer on site 3 days per week to address any issues. Although the performance in accuracy remains at the lowest standard, it represents a low rating in the DWP standard [6%] and in this quarter, the 8% incorrect consisted of 10 errors with a weekly value of £48.76 paid incorrectly. The Benefits Manager continues to stress the importance of accuracy within the team and will be increasing the management checks again after the year-end.	JLP	31 Oct 06	30 April 07

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

Ref.	Action	Lead	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
<b>21.2</b>	<b>DWP Performance Standard / Performance Measures</b>														
21.2.5	Percentage of cases for which the calculation of the amount of benefit due is correct PM6 – 98%-99%.	AB/ HL													Accuracy as reported by the DWP at 92 % for Oct –Dec. This is a 3.2% decrease on July-Sept. The decline is disappointing to the team and the errors vary and do not reflect a specific training need. The teams have completed training competency forms and we have a trainer on site 3 days per week to address any issues. Although the performance in accuracy remains at the lowest standard, it represents a low rating in the DWP standard [6%] and in this quarter, the 8% incorrect consisted of 10 errors with a weekly value of £48. 76 paid incorrectly. The Benefits Manager continues to stress the importance of accuracy within the team and will be increasing the management checks again after the year-end.

# Exception Report for MARCH 2007 Improvement Plan

# Appendix 1

21.2 DWP Performance Standard / Performance Measures						
Ref	MARCH 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
21.2.19	PM19 % of appeals submitted to the tribunal service within 3 months 90%-95%		A number of appeals were outstanding outside the three-month period. This has now been cleared, but because the appeals were outside the deadline this has not influenced the figures: however now the backlog has been cleared, we can expect to see an improvement in April 2007.	JLP	31 Oct 06	30 April 07

Ref.	Action	Lead													Corrective Action	
			July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
21.2	DWP Performance Standard / Performance Measures															
21.2.19	PM19 % of appeals submitted to the tribunal service within 3 months 90%-95%															A number of appeals were outstanding outside the three-month period. This has now been cleared, but because the appeals were outside the deadline this has not influenced the figures: however now the backlog has been cleared, we can expect to see an improvement in April 2007.

Page 51

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