



WALES **AUDIT** OFFICE
SWYDDFA **ARCHWILIO** CYMRU

Data Quality Review

Caerphilly County Borough Council

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Status of report

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Summary report

The Council has data validation arrangements in place which it is continuing to improve but these need to be consistently applied and embedded across the organisation

1. During the period June 2013 to July 2013, the Wales Audit Office carried out an examination of a sample of performance measures and operational data systems at Caerphilly County Borough Council (the Council). The main questions that the review sought to answer were:
 - Is the Council using appropriate data to allow progress on priorities and improvement objectives to be reported and published?
 - Are there robust processes and controls in place for governing the selection, collection, processing and analysis of data?
 - Does the Council report accurate results?
2. Our approach to data quality review aims to move the emphasis over time from substantive testing of all data systems and performance measures towards testing, and where appropriate placing reliance on, the Council's own arrangements for data quality assurance. We discussed this approach and shared our methodology with the Council on 29 May 2013.
3. We examined the Council's data systems supporting six performance measures in our review. One was a National Strategic Indicator (NSI) and five were local performance measures. They were:
 - NSI LCS/002b: the number of visits to local authority sport and leisure facilities during the year per 1,000 population where the visitor will be participating in physical activity;
 - customer satisfaction of face-to-face contact at customer service centres;
 - customer satisfaction – what do users/visitors to leisure centres think about the service they receive;
 - ASPI 03: the percentage of Adult Services assessments started on time;
 - percentage drop-off rate between strike 1 and 4 of the anti-social behaviour process; and
 - number of participants in the CCBC apprenticeship scheme.
4. These measures relate to the following 2012-13 Council improvement objectives:
 - ensure the citizens of Caerphilly County Borough understand why, when and how to engage with us, and the impact their engagement will have in helping us to improve services;
 - sustain the range of employment opportunities for residents;
 - promote benefits of a healthy and active lifestyle;

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- adults who are in the social care system are able to lead full, active and independent lives; and
 - make Caerphilly a safer place to live.
5. We concluded that the Council has data validation arrangements in place which it is continuing to improve but these need to be consistently applied and embedded across the organisation.
 6. We reached this conclusion because:
 - the Council has continued to improve the development of more outcome-based measures but the basket of evidence being used is still limited;
 - the Council has good systems in place to produce performance indicator data, but the consistency of application is mixed; and
 - we qualified two performance indicators at the Council; a further two indicators were qualified across Wales due to issues with data provided nationally by external bodies, not due to the Council's processes.
 7. Our conclusions are summarised in **Appendix 1**. Descriptors are based on the extent to which the Council has put in place, and is operating, effective processes and controls over the data systems that support performance measures.
 8. This report provides an overview of the results of our review. It does not provide a conclusion on the accuracy of all of the out-turn figures included in the Council's published performance report. This is because the existence of sound data systems reduces, but does not eliminate, the possibility of error in reported data.

The Council has continued to improve the development of more outcome-based measures but the basket of evidence being used is still limited

9. In the *Improvement Assessment Letter* issued in April 2012 we noted that the Council had updated some of its outcomes and corresponding measures to be more outcome focused but it recognised that there is a need to 'develop measurements to better judge the beneficial impact of this work'. It is pleasing to find, therefore, that the Council has continued to make improvements in this area.
10. The audit of the Council's Improvement Plan (the Plan), known as *Caerphilly Council's Improvement Objectives for the year 2013/14*, found that the links between the outcomes it aspires to achieve and the measures it will use to determine its progress for each of its improvement objectives are clearer than they have been in the past.
11. However, the majority of measures adopted by the Council continue to be quantitative and there are limited examples of more qualitative measures or wider types of evidence being selected to determine progress. We have previously encouraged the Council to use a wider basket of evidence to demonstrate progress with its improvement objectives.

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12. We are aware that the Council is in the process of reviewing and refining its approach to self-evaluation and is being supported by the Welsh Local Government Association to do this. Using an appropriate range of information will be a key element of its approach, both as a matter of course during the year and to report end of year performance. We will report further on this in our *Improvement Assessment Letter* in November.

The Council has good systems in place to produce performance indicator data, but the consistency of application is mixed

13. As part of the audit, we examined the arrangements the Council has in place for collecting and quality assuring its performance data. We found that the Council has a data collection, validation and assessment process in place managed by the Council's corporate Performance Management Unit (PMU). The PMU coordinates the collection and reporting of the NSIs via Ffynnon. All NSIs and indicators relating to the Council's Improvement Objectives have named responsible officers.
14. The PMU undertakes quality assurance checks every year and uses a performance indicator risk assessment tool previously used by the Wales Audit Office to determine those indicators which will be tested. The PMU also uses the Wales Audit Office performance indicator audit guidance to undertake its testing. The process in place is sound but, given that we qualified two out of the six indicators we audited this year, including one NSI, it needs to be more robust. There is no involvement of Internal Audit in this quality assurance testing process. Nevertheless, this is the first year in the past three years that we have qualified any indicators at the Council.
15. Whilst the process for validating the NSIs is well defined, the process for local measures is being further refined. For example, the PMU is currently working with services to draw up definitions templates for local measures. These templates have a similar format to the definitions guidance for national indicators. Our audit found that having clear definitions and adhering to them was a particular area for improvement. It was also an area for improvement at other councils.
16. The Council has a well-embedded process for challenging and setting targets. Services set targets through the Service Improvement Planning process. These are challenged initially by the Directorates and the PMU but also by the Scrutiny Committees. Guidance on target setting has been provided by the PMU. Performance against targets is monitored by Scrutiny Committees and intervention levels are set on Ffynnon which essentially represent a minimum acceptable standard of performance. If performance falls below this intervention level, the system automatically signals the need for further investigation.
17. We also focused on two service areas as part of the audit this year, Social Services and Leisure, in order to develop an understanding of their data validation arrangements.

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- 18.** We found that both services have clear arrangements in place and work with the PMU to review and improve these. However, we found areas for improvement in both service areas but it was evident that the systems and arrangements were more embedded within Social Services, primarily due to the increased regulatory focus in this area and the use of more sophisticated data software. We qualified the Leisure NSI this year and also identified an area for improvement with the local leisure indicator we audited. Further details about this are set out in [Appendix 1](#).

We qualified two performance indicators at the Council; a further two indicators were qualified across Wales due to issues with data provided nationally by external bodies, not due to the Council's processes

- 19.** For two of the indicators we examined, the data system was fit for purpose and effectively run. A further two performance indicators had adequate systems in place, although some improvements could be made. We identified weaknesses relating to adherence to definitions with the two remaining indicators which were subsequently qualified.
- 20.** We qualified the two following indicators:
- National Strategic Indicator LSC/002b: number of visits to local authority sport and leisure centres during the year per 1,000 population where the visitor will be participating in physical activity; and
 - local indicator: number of participants in the Council's apprenticeship scheme.
- 21.** The Welsh Government changed the definition of LSC/002b to include usage figures for pre-booked external sports and leisure facilities. We appreciate that this change was made towards the end of the year and the Council was not able to implement these changes in time, but has now done so. With both of the qualified indicators, we found that the calculations did not fully meet the relevant definitions/descriptions and the indicators could not be recalculated at the time of the audit. Further details can be found in [Appendix 1](#).
- 22.** In addition, the Wales Audit Office has reservations about the robustness of data sourced nationally by the Welsh Government for the following two NSIs and, therefore, decided to universally qualify these indicators for 2012-13:
- SCA/001 – the rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over; and
 - PLA/006b – the number of additional affordable housing units provided during the year as a percentage of all additional housing units provided during the year.

Proposals for improvement

23. Some areas for improvement are noted in [Appendix 1](#) for the indicators where the data system is adequate but some improvements could be made, and where qualification points were raised. In summary:

P1 The Council should address the areas for improvement identified from our audit relating to individual indicators, specifically to consider:

- Whether a 12-month rolling average, which was used for a social services indicator we reviewed, is the most useful basis to assess current performance during the year. When reported to scrutiny during the year, the period of measurement should be made clear.
- Whether there is an alternative way to measure the performance of the anti-social behaviour process in a simpler and more intuitive way.

P2 The Council should ensure that its data validation processes are consistently and robustly applied across the organisation. Intrinsic to this is the need to have clear definitions in place for all local measures, and for the Council to undertake detailed checking to ensure that calculations are fully compliant with these definitions.

Appendix 1

Summary of the results of our review

Descriptor	Indicators we reviewed that received this score	Qualifications/comments
<p>The data system is fit for purpose and effectively run.</p>	<p>Customer satisfaction of face-to-face contact at customer service centres.</p>	
	<p>Customer satisfaction – what do users/visitors to leisure centres think about the service they receive.</p>	<p>We recommended that the definition template should be updated to fully reflect the data being collected, which the Council has already addressed.</p>
<p>The data system is adequate but some improvements could be made.</p>	<p>ASPI 03: percentage of Adult Services assessments started on time.</p>	<p>We carried out a high-level review of this indicator and found that the data system was reasonable and the calculation was correct. It was noted that the definition did not clearly explain the period being measured. We understand that the service has already updated the definitions for this and other indicators accordingly.</p> <p>This indicator is calculated as a 12-month rolling average, which was not made clear in reports to scrutiny during the year. This period of measurement should be made clear in scrutiny reports, and the Council should consider whether a 12-month rolling average is the most useful basis to assess current performance during the year.</p>
	<p>Percentage drop-off rate between strike 1 and 4 of the anti-social behaviour process.</p>	<p>We reviewed the calculation for this indicator and found that it was correct in accordance with the definition set out by the Council. However, the way that the calculation was set out meant it was not straightforward to understand how the drop-off rate had been calculated. The Council should consider if there is an alternative way to measure performance in a simpler and more intuitive way.</p>

Descriptor	Indicators we reviewed that received this score	Qualifications/comments
<p>The data system has some weaknesses which the Council is addressing.</p>	<p>Number of participants in the CCBC apprenticeship scheme.</p>	<p>We qualified this indicator because the figure that was produced is a count of the number of new placements created in 2012-13, not the number of participants. The system for this indicator showed the position at the time of viewing, which may have been correct when the figures were produced, but the indicator could not be recalculated retrospectively at the time of the audit.</p> <p>The Council had already developed a new set of indicators for 2013-14 for its new Passport apprenticeship scheme, with a new set of definitions, which will be recorded in the HR system (iTrent). These have replaced the 2012-13 indicator and should address the qualification point going forward.</p>
	<p>LCS/002b (NSI): the number of visits to local authority sport and leisure facilities during the year per 1,000 population where the visitor will be participating in physical activity.</p>	<p>The Welsh Government changed the definition of this NSI to include usage figures for pre-booked external sports and leisure facilities. The Council used the original definition, which excluded these activities. We appreciate that this change was made towards the end of the year. The Council also included usage figures for some items that did not meet the definition of physical activity (eg, use of saunas, showers and some memberships), and used a slightly different method for calculating the usage figures for table tennis bookings. Discrepancies in the reporting system meant it was not possible to recalculate the indicator during this audit. As a result, we qualified this indicator. We understand that, subsequent to the audit, the Council has recalculated this performance indicator to address the qualification points.</p>

Descriptor	Indicators we reviewed that received this score	Qualifications/comments
No system has been put in place to establish performance against the measure.	No indicators.	

Note: The Wales Audit Office had reservations about the robustness of data sourced nationally by the Welsh Government for SCA/001 (Delayed Transfers of Care) and PLA/006b (Affordable Housing Units Provided) and, therefore, decided to universally qualify these indicators for 2012-13.



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