Audit Summary Report

January 2007

audit commission

Data Quality Audit

Milton Keynes Council

Audit 2005/2006

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Introduction

1 The Audit Commission has developed a new approach to the audit of data quality and performance indicators in local government to enable it to meet its responsibilities under the Code of Audit Practice. The results of this work are used to:

- enable auditors to deliver their value for money conclusion as one of the twelve criteria set by the Audit Commission (specifically the arrangements for 'monitoring and reviewing performance, including arrangements to ensure data quality'); and
- inform and support various parts of the Audit Commission's CPA function including corporate assessment and service assessments.

Background

2 Public services need reliable, accurate and timely information with which to manage services, inform users and account for performance. Service providers make many, often complex, decisions about their priorities and the use of resources. Service users and members of the public more widely, need accessible information to make informed decisions. Regulators and government departments need information to satisfy their responsibilities for making judgements about performance and governance.

3 Much time and money is spent on the activities and systems involved in collecting and analysing the data which underlies performance information, yet there remains a prevailing lack of confidence in much of this data. As increasing reliance is placed on this information in performance management and assessment regimes, the need for reliable data has become more critical.

4 Good quality data is the essential ingredient for reliable performance and financial information to support decision making. The data used to report on performance must be fit for purpose, and represent an organisation's activity in an accurate and timely manner. At the same time there must be a balance between the use and importance of the information, and the cost of collecting the required data to the necessary level of accuracy.

5 Public bodies can improve the quality of their data by identifying the performance information that is important to them and their stakeholders, and securing the quality of the data to support these information needs. This is more likely if the performance information is routinely used for the day to day planning and management of services, and the people who collect the data understand its importance.

Audit approach

6 The audit approach comprises three stages as follows.

Stage 1	Management arrangements A review to determine whether proper corporate management arrangements for data quality are in place, and whether these are being applied in practice. The findings contribute to the auditor's conclusion under the Code of Audit Practice on the audited body's arrangements to secure value for money (the VFM Conclusion).
Stage 2	Completeness check A review of the arithmetic completeness and acceptability of data supporting the 19 BVPIs and non BVPIs specified by the Audit Commission, and selection of a sample for review at stage 3 based on risk assessment.
Stage 3	Data quality spot checks In-depth review of a sample of PIs to determine whether arrangements to secure data quality are delivering accurate, timely and accessible information.

7 The purpose of the work on management arrangements is to focus on the corporate arrangements for data quality, not to examine systems for producing performance indicators, nor to assess the accuracy of recording of individual indicators. It includes assessment of our cumulative audit knowledge, document reviews, interviews and discussions.

8 The review of management arrangements requires the auditor to reach a 'score' (1 to 4) for each KLoE and an overall score (1 to 4).

9 The extent of work at stage 3 is influenced by our findings from stage 1. Stage 3 requires detailed reviews of a sample of the specified performance indicators.

Main conclusions

10 The Council's management arrangements for data quality meet minimum requirements with an overall score of 2. Data quality systems and processes are adequate but they are not yet being applied consistently particularly for non BVPIs. The Council also has adequate arrangements for the governance, monitoring and review of data quality, although these are neither formalised in an overarching data quality strategy nor outlined in key strategic documents.

11 Our review and spot checks of eleven specified PIs concluded that nine had been fairly stated and two were not fairly stated.

Management arrangements (stage 1)

12 Our overall assessment at Stage 1 was that the Council's management arrangements for data quality meet minimum requirements with an overall score of 2. This represents a 'Medium' risk in terms of determining the number of PIs to be selected for in-depth review at stage 3.

13 The Council has adequate arrangements for the governance, monitoring and review of data quality, although these are neither formalised in an overarching data quality strategy, nor are they clearly defined within key strategic and policy documents.

14 The Council's data quality policy framework is weak with no data quality policy or set of policies in place. Responsibility for data quality is implicit and is not explicitly defined. Data quality objectives are being developed in some areas. Monitoring and review of data quality is undertaken and procedures are driven by a clear timetable.

15 The Council's data quality systems and processes meet minimum standards but are not being applied consistently There are systems in place for the timely collection, accurate recording, analysis and reporting of data. BVPI data is collected using a data collection form which is completed and authorised at service level and then passed on to corporate staff for checking, monitoring and reporting. Arrangements for assuring the accuracy and quality of BVPI data are clear and are supported by procedures and guidance, and operate within the Council's performance management framework. These procedures are followed by corporate PI staff, departmental PI co-ordinators and a PI co-ordinators network.

16 Appropriate controls and business continuity plans are in place to ensure that the Council's information systems are secure. Controls are in place for both manual and computerised systems, including where there is a dependency on spreadsheet systems. Security arrangements, including access control, are in place for the organisation's business critical performance information systems.

17 The Council are working with their partner Hyder Business Services (HBS) to develop and implement a new Performance Information Management System which will enable data for all departments within the Council to be accessed through a single source. It is important for the Council to use this new performance management system to improve data quality and accuracy of reporting.

18 Protocols for data sharing have been developed in key areas such as social services and children's services but there is no overarching protocol covering either internal or external data sharing. The Council has an appropriate framework for identifying and complying with all relevant legal, compliance and confidentiality standards.

19 The Council has not undertaken a formal assessment of the data quality skills that it has in place across the workforce and identified potential gaps, although this is done on an ad hoc basis. Staff are clear about their responsibilities in relation to data quality but, with the exception of PI co-ordinators, roles and responsibilities in relation to data quality are not incorporated into job descriptions. Members are aware of data quality issues and the importance of accurate data but no training has been given. There is no specific data quality training in place except for links with training on systems and procedures.

20 There are effective arrangements and controls in place for the use of data. Performance information is used to identify deviations from planned performance, and there is timely action on performance shortfalls and follow-up to ensure action has been taken. Data supporting reported performance information is routinely used for day to day management of the business. Members use high level information to assess delivery of services in relation to agreed plans. Reported data is submitted on a timely basis.

Recommendations	
R1	*The development and implementation of a specific Council wide data quality strategy linked to business objectives and the performance management framework would raise the profile of data quality across the Council and help to ensure greater consistency.*
R2	*Ensure operational policies are developed to support data quality objectives. This should include procedures to review and verify data quality.*
R3	*Ensure that responsibility for data quality for all relevant staff is made explicit through arrangements such as performance management and regular monitoring arrangements and is reflected through staff appraisals.*
R4	*Ensure that data quality issues are reflected in training and development across the Council. This should include relevant training courses regarding systems, processes and skills for both Members and officers.*
R5	*Ensure that the new Performance Management Information System is implemented across the Council and that it has data quality as a vital and integral component.*
R6	*Develop a data sharing policy covering both internal and external data.*

Completeness check (stage 2)

21 This stage of our audit identified an error in the calculation of the PI re 'percentage of planned to responsive repairs'. Void repairs were treated as planned but they should be responsive. The PI was recalculated and was then assessed as being fairly stated.

22 Our review of the arithmetic completeness and acceptability of data supporting the nineteen BVPIs and non BVPIs specified by the Audit Commission found seven to be complete and within anticipated tolerances, one where the Council was unable to provide any data (private sector unfit properties made fit) and four BVPIs and seven non BVPIs where further detailed review was needed at stage 3 (Appendix 1).

Data quality spot checks (stage 3)

23 We carried out an in-depth review, using a series of audit tests, of a sample of PIs to determine whether arrangements to secure data quality are delivering accurate, timely and accessible information.

24 We concluded that nine PIs had been fairly stated and two were not fairly stated for the reasons detailed below.

Percentage of total private sector homes vacant for more than six months (HIP HSSA)

25 The Council Tax system is used to identify vacant properties but our testing identified a number of properties that were occupied at 1 April 2006 but were still classified as vacant and included in the vacant properties listing. We were unable therefore to gain any assurance and reach a conclusion as to the accuracy of this PI as calculated.

Speed in fixing street lights (BV 215)

26 We were unable to carry out any detailed testing on this indicator as the Council's contractor did not retain documentation supporting the date on which repairs under BV215a were completed and the Council itself only retained documentation for BV215b for the current financial year. We were unable therefore to gain any assurance and reach a conclusion as to the accuracy of this PI as calculated.

27 The issues raised from our detailed review of PIs are set out in Appendix 3 to this report. Key recommendations arising from the failures outlined above have been repeated below.

Key recommendations from DQ spot checks
Review all properties classified as vacant on the Council Tax system and ensure that this is consistent with the evidence available.
Increase the frequency of inspection of void properties and use the results of the review of the Council Tax list to target high risk properties.
Put in place a protocol covering the retention of documentation by both the Council and its contractors to ensure that evidence to support all PIs is readily available.

Appendix 1 – PIs for detailed review at stage 3

Culture	PI description
C12a	Stock turn
C13	Cost per library visit
C14	Assessment of users 16 and over of their library service
Housing	
KPI 2	Service users who have moved on in a planned way from temporary living arrangements
HIP BPSA	Average relet times
HIP HSSA	Repeat homelessness
HIPHSSA	Percentage of total private sector homes vacant for more than six months
BV 183a	Average time in temporary accommodation - B&B
BV 183b	Average time in temporary accommodation - Hostels
Environment	
BV 109	Planning speed
BV 215	Speed in fixing street lights

Appendix 2 – Action plan

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
7	R1 The development and implementation of a specific Council wide data quality strategy linked to business objectives and the performance management framework would raise the profile of data quality across the Council and help to ensure greater consistency.	3	Mike Hood, Corporate Manager (Improvement and Performance)	Agreed	Data Quality Strategy objectives will be included in a revised 'Performance Management Framework' document to be shared with all managers and staff involved in the production and use of data.	March/ April 2007
7	R2 Ensure operational policies are developed to support data quality objectives. This should include procedures to review and verify data quality.	3	Mike Hood, Corporate Manager (Improvement and Performance)	Agreed	Included in the above document.	March/ April 2007
7	R3 Ensure that responsibility for data quality for all relevant staff is made explicit through arrangements such as performance management and regular monitoring arrangements and is reflected through staff appraisals.	3	Mike Hood, Corporate Manager (Improvement and Performance)	Agreed	Included in the above document. In addition, all those PIs reported in the council plan and for CPA a DQA questionnaire will be included in the new revised PI submission form.	March/ April 2007
7	R4 Ensure that data quality issues are reflected in training and development across the Council. This should include relevant training courses regarding systems, processes and skills for both Members and officers.	3	Morag Shaw, Head of HR and Corporate Directors	Agreed	Corporate Training will ensure the importance of data quality is highlighted in any appropriate training courses they are asked to provide.	Ongoing

Page no.	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
7	R5 Ensure that the new Performance Management Information System is implemented across the Council and that it has data quality as an integral component.	3	Mike Hood, Corporate Manager (Improvement and Performance) and Corporate Directors	Agreed	Implementation training has just been undertaken with regard to the implementation of the Performance Indicator Monitoring system from April 2007. As part of the training the issue of data quality and the accuracy of data being entered have been addressed.	Training completed January 2007
7	R6 Develop a data sharing policy covering both internal and external data.	2	Corporate Policy and Performance Team and Corporate Directors	Agreed	Due to the diverse performance information sharing requirements, the responsibility for this will be with the appropriate officers. A general good practice guidance note will be developed by the Corporate Policy and Performance team and made available to all services.	June/July 2007

Appendix 3 – Action plan (stage 3)

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
Culture						
Library Stock Turn						
R7 EX.74 K.3.PS	The figures for stock at 31 March 2006 do not include items either allocated to a borrower awaiting collection or on loan to a borrower but where there has been no response to an overdue letter. This appears to be inconsistent with the CIPFA definition of stock which includes items 'currently on loan and those available on open shelves'.	Revise stock figures to include items allocated to a borrower awaiting collection and items on loan to a borrower but where there has been no response to an overdue letter.	High	Agreed. Revised figures provided giving a PI of 6.0, accepted as fairly stated. We have always included items on loan and overdue, but not those long overdue and unlikely to be returned as we regarded them as unlikely to be available; following the recommendation means a change of policy at local level.	2005/06	Teresa Carroll, Co-ordinating Librarian Central Library
R8 EX.83 K.3.PS	There was no evidence that information on stock levels or issues provided by Buckinghamshire County Council (BCC) is either subject to review of accuracy/reasonableness by Milton Keynes library staff, or that assurance is gained from audit/checking procedures carried out by BCC.	Put in place procedures to gain assurance as to the accuracy/reasonableness of stock level/issue figures provided by Buckinghamshire County Council. Possible actions could include detailed analytical review and including assurance measures within the joint arrangement with BCC.	High	From autumn 2007 we will have a new library MIS and will therefore be extracting the data ourselves instead of relying on Bucks CC. With new MIS we will develop new procedures for verification With this new system currently being developed it seems unreasonable to put procedures in place for such a short period.	2006/07	Teresa Carroll, Co-ordinating Librarian Central Library

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
R9 EX.75	Both the numerator (stock issues) and denominator (stock) figures for this indicator include single periodicals. In accordance with the definition only bound periodicals should be included.	Recalculate the indicator to exclude issues and stock of single periodicals.	Low	Agreed. Revised figures provided giving a PI of 6.0, accepted as fairly stated. MK and other library authorities buy and loan single issues of current magazines, for reasons of social inclusion and currency of information, and we hope that the definition will be changed at some stage to include them	2005/06	Teresa Carroll, Co-ordinating Librarian Central Library
Library cost per visit						
R10 EX.84 K.5.PS	The Council could not provide copies of procedures/guidance issued to staff as to how to carry out the sample visitor counts on which the visits figure was based. As a result, we could not verify that the process ensured that visitor numbers were correctly identified.	Issue comprehensive guidance notes to staff responsible for carrying out visitor counts and retain copies to support the process for capturing data used to calculate the PI.	Medium	Agreed. The visit count for 2006/07, based on a sample week in October 2006, has already taken place, so we cannot action this for this year. The visit count forms circulated in October 2007 will include full guidance notes. Practice has been that experienced senior staff, who have carried out visit counts previously, explained the procedure and the importance of accurate recording to new staff and reminded other staff.	2007/08	Teresa Carroll, Co-ordinating Librarian Central Library
R11 EX.70 K.5.PS	Information received by the Controlling Librarian in respect of visitor numbers and income/expenditure is not subject to validation of accuracy/reasonableness. Our audit work identified significant variances when compared with 2004/05 which required further investigation.	Put in place validation processes (such as Analytical Review v prior year) on submitted figures for library visitor numbers and income/expenditure to ensure that they are reasonable.	High	Accepted. The Library Service will take up the matter of the income/expenditure figures with the Finance department.	2006/07	Teresa Carroll, Co-ordinating Librarian Central Library

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
R12 EX.71 K.5.PS	Non-library visits are not excluded from the denominator (total visits) for this indicator. Rooms at Central MK Library are used by ACE and external bodies and the entry and exit of users would be included in the visit figures. These visits should be separately identified and excluded for the sampling period.	Revise procedures for visitor counts to ensure that non-library related visits are quantified and excluded from calculated visit figures.	Medium	Not agreed. This would mean keeping a separate record of people using the small meeting rooms (the ACE suite at the corner front of the building has a separate entrance, so those visitors are not counted in the Library total). In the week commencing 2 October 2006, there were 12,241 visitors to the Central Library and if even 100 of that number (and that is a high estimate) were going only to the meeting rooms that would be less than 1 per cent.	N/A	Teresa Carroll, Co-ordinating Librarian Central Library
R13 EX.92 K.5.PS	The Net Revenue Expenditure figure on the CIPFA return was not prepared on a basis consistent with BVACOP. Difference of £72k between final accounts figures and the CIPFA return.	Ensure that financial data in the CIPFA Return is prepared on a basis consistent with BVACOP and the Final Accounts.	Medium	Accepted. The Library Service will talk to colleagues in the Finance department.	2006/07	Teresa Carroll, Co-ordinating Librarian Central Library
R14 EX.93 K.5.PS	Analytical Review of breakdown of Net Revenue Expenditure figure in CIPFA Public Library Stats return identified major inconsistencies between the allocation of expenditure between categories in 2004/05 and 2005/06. Indications were that the latter figures were misstated.	Review the allocation of Library income/expenditure figures on SAP to categories within the CIPFA return to ensure that it is consistent.	Medium	Accepted. The Library Service will talk to colleagues in the Finance department.	2006/07	Teresa Carroll, Co-ordinating Librarian Central Library

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
Assessment of users 16 and over of their library service (PLSS 7)						
R15 EX.69 K.6.PS	The Council was unable to supply working papers in respect of the Adult PLUS survey carried out in 2003 (on which the 2005/06 indicator was based). We reported that the PI was fairly stated based on the survey results but that there was insufficient supporting documentation in respect of the processes applied in its compilation.	Retain documentation supporting the process behind the compilation of performance indicators.	High	Agreed. 006 PLUS survey carried out in October 2006, and all working papers retained in format recommended by CIPFA.		Teresa Carroll, Co-ordinating Librarian Central Library
Housing						
Service users who have moved on in a planned way from temporary living arrangements (KPI 2)						
R16 EX.81 K.7.PS	There is no evidence that the Council had reviewed the data provided by Service Providers in respect of this indicator to satisfy itself that it was complete and accurate. ODPM/DCLG's guidance advises authorities that they need to 'carry out audits to check on the quality of the data supplied by providers, as part of their contract monitoring responsibilities. This will include examining records of who has used a service and destination details. Providers will need to ensure that they retain appropriate evidence for audit visits'. We reported that this PI was fairly stated but that there was insufficient supporting documentation.	Carry out and retain documentation of action taken to validate the accuracy of returns by Service Providers	High	The Authority has indicated that it has put arrangements in place during 2006/07.	2006/07	Tracey Chapman, Supporting People Co-ordinator

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
R17 EX.82 K.7.PS	The indicator was not correctly stated as it was based on incomplete data (ie some quarterly returns were not loaded onto SPOCC) and data relating to the wrong time period (ie 2006/07).	Recalculate indicator based on complete data and correct time period. Also, put in place procedures to ensure that all returns are loaded to SPOCC and the associated data included in the calculated PI.	High	Revised report provided 12 October 2006, giving indicator of 66.85 per cent.	2006/07	Tracey Chapman, Supporting People Co-ordinator
Average relet times						
R18 EX.66 K.8.PS	The original data provided for this indicator related to the wrong period and was therefore incorrect.	Revised indicator to be submitted using the correct time period.	High	Revised data provided. PI amended to 45.87.	2005/06	Clare Dowds, Letting Manager
R19 EX.76 K.8.PS	In a sample of 20 cases tested the void start dates were incorrect in all cases. 16 cases had the date the keys were handed in, instead of the day following per the HIP indicator instructions. 4 cases where the tenant had given notice to quit and the final day of the notice was used as the void start date instead of the day following receipt of the keys from the tenant.	The correct void start date should be used. The errors noted had a non material effect on the PI which was reported as fairly stated.	High	Our practices reflected new BVPI 212 (effective from 2006/07) in taking the void as end of tenancy. By using day key received which was routinely Monday, for the tenancy ending at midnight on Sunday we showed more accurately the time keys with us and available even if this meant additional void days.		Clare Dowds, Letting Manager
R20 EX.77 K.8.PS	The Council used the incorrect end of void date in cases where the tenant collected the keys after the tenancy date.	The correct end date must be used. ie the date the tenant collected the keys if it is later than the tenancy date. The errors noted had a non material effect on the PI which was reported as fairly stated.	High	Agreed Guidelines were issued during the period to advise that keys should not be issued later than start of tenancy, except in exceptional cases, at the request of the incoming tenant. These cases were very rare and guidance will be reissued to reiterate.	2006/07	Clare Dowds, Letting Manager

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
R21 EX.86 K.8.PS	In a sample of 20 cases, one was found where the final rent debit date did not correspond to the start date of the void period.	The termination and void dates should be reviewed for consistency.	High	Agreed This case had a change of rent following a case being presented that the tenant had left earlier than originally accepted. This decision was taken after the year end figures were reported. To avoid reoccurrences of this nature we will look at the system for ensuring that any such fundamental changes taken at a local level to be fed through and therefore reflected in amended figures.	2006/07	Clare Dowds, Letting Manager
Repeat homelessness						
R22 EX.72 EX.94 K.9.PS	A sample of ten repeat homelessness cases was selected out of a total of twelve cases reported on the quarterly P1E returns, to test that they were correctly classified. Testing of the sample found the following. • One file could not be found (case122844). • In seven cases the evidence of previous applications within two years could not be verified as these files were not provided. • In two cases the original period of homelessness was not within two years.	All files relevant to PI indicators must be retained as evidence to support the PI in question.	High	Agreed. Alternative evidence provided to show that the criteria for repeat homelessness had been met. Case files are now retained as appropriate.	2006/07	Fred Hottinger, Senior Homelessness Officer

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
R23 EX.68 K.9.PS	The data included in the indicator figure extracted from the quarterly P1E returns did not agree to the numbers provided for the year as a whole. This was probably due to those cases that were rejected as being unintentionally homeless and accepted on appeal. These cases were excluded from the returns.	All relevant cases should be included in the returns.	High	Agreed.	2006/07	Fred Hottinger, Senior Homelessness Officer .
R24 EX.73 K.9.PS	A sample of ten homelessness cases was selected to test whether all cases of repeat homelessness had been identified, for which one file was not provided (case 130141). As this file was not provided we were unable to confirm the accuracy of this indicator.	All files must be retained to support the relevant indicator.	High	Agreed. Case files are now retained as appropriate.	2006/07	Fred Hottinger, Senior Homelessness Officer
Percentage of total private sector homes vacant for more than six months						
R25 EX.85 K.11.PS	The Council did not provide the papers for the private sector properties, vacant for over six months at the start of the audit.	All PI documentation should be provided for the start of performance indicator verification process.	High	Accepted. Papers will be provided in future within stated timelines.	2006/07	Roger Cooper, Senior Environmental Health Officer
R26 EX.99 K.11.PS	The Council does not have a robust system for identifying vacant properties. From a total sample of 50 cases tested six were found to be occupied at 1 April 2006 and therefore incorrectly classified as vacant. As a result, assurance cannot be gained about the accuracy of the reported indicator.	RESERVATION – PI UNFAIRLY STATED Review all properties classified as vacant on the Council Tax system and ensure that this is consistent with the evidence available. Increase the frequency of inspection of void properties and use the results of the review of the Council Tax list to target high risk properties.	High		2006/07	Roger Cooper, Senior Environmental Health Officer

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
Average time in temporary accommodation (BV183a&b)						
R27 EX.67 K.13.PS	Data used to compile the indicator was seen to include the same client/time period twice and to include one stay in Bed & Breakfast prior to 1 April 2004.	Recalculate indicator excluding duplicated client and pre 1 April 2004 stay in B&B.	Low	PI amended but no change to figure reported.	2005/06	Fred Hottinger, Senior Homelessness Officer
R28 EX.97 K.13.PS	BV183a: We identified the following non-material errors in this indicator: • one stay in Bed and Breakfast should not be recorded as it occurred after the Council's homelessness duty ended; • one application file could not be produced; and • one date incorrect.	Ensure that supporting documentation to substantiate all information feeding into the indicator is retained and that data is accurate and complete.	Medium	Agreed. Case files are now retained as appropriate.	2006/07	Fred Hottinger, Senior Homelessness Officer
R29 EX.98 K.13.PS	BV183b: The indicator was found to be incorrectly stated. From testing of the twenty cases included in the population: • one file could not be produced; • ten start/end dates were found to be incorrectly stated; and • one client was incorrectly included in indicator.	Recalculate the indicator based on correct start/end dates.	High	Agreed. Revised calculation provided 18 October 2006. PI unchanged.		Fred Hottinger, Senior Homelessness Officer

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
Environment						
Rectification of street lighting faults (BV 215a&b)						
R30 EX.78 EX.79 K.14.PS	We were unable to carry out any detailed testing on this indicator as the Council's contractor did not retain documentation supporting the date on which repairs under BV215a were completed and the Council only retained documentation for BV215b for the current financial year. As a result we could not gain assurance as to the accuracy of the reported indicator.	RESERVATION – PI UNFAIRLY STATED Put in place protocol covering the retention of documentation to support this indicator	High	Agreed Our contractor is now keeping all supporting repair data (which will be for a two year period) for BV 215a and the councils street lighting department will be keeping data for BV 215b for a two year period.	2006/07	Chris Hales, Technician, Highway Services
R31 EX.95 K.14.PS	Staff are not issued with guidance as to the recording of faults onto Highlight Plus, leading to the risk that faults are incorrectly classified and not correctly reported in the elements of this indicator.	Provide staff recording street lighting faults with clear documented guidance as to the recording of such items. As the Council is in the process of moving to a new computer system for managing street lighting, this is an opportune time to implement this.	Medium	Agreed New data base went live on 1 December 2006 and a working procedure for this database is currently being finalised. Once agreed, guidance notes will be created to cover all required information.	2006/07	Chris Hales, Technician, Highway Services
R32 EX.96 K.14.PS	We were unable to identify whether data quality requirements were built into the contract with Aylesbury Mains.	Put in place procedures with the street lighting contractor to provide assurance as to the accuracy of data supplied by them in respect of repairs of street lighting faults. These should be built into the contract between the contractor and the Council.	Medium	Data accuracy has been built into the contract between the contractor and the council.		Chris Hales, Technician, Highway Services

File ref	Finding	Recommendation	Priority	Response	Target date	Responsible Officer
General						
R33 EX.80 EX.100 K.8.PS	The indicators submitted were not all signed off by relevant senior service managers (eg housing PIs).	All indicators should be reviewed and signed off by the relevant Senior Service Manager.	High	Agreed PI co-ordinators and Policy and Performance team will carry out checks to ensure all PIs are signed off by relevant officers.	2006/07	Corporate Policy and Performance Team