

South Ribble Council &
Chorley Council

Final
Internal Audit Report

Review of Data Quality

2023/2024

Audit Assurance: Adequate
Auditor: Linsey Roberts/David Holgate
Date Issued: 14th August 2023



Cert No: 20128
ISO 9001



WORKING TOGETHER

Reason for the Audit & Scope	
1	<p>The Council is committed to delivering high quality and value for money services for its residents. The achievement of this is measured and reported through its performance management framework. It is essential that reported performance information is accurately presented. Performance information is used to aid decision making and is published.</p> <p>A sample of indicators (corporate, key and local) from the most recent reporting cycle will be reviewed to ensure that accurate information relative to those indicators is compiled, recorded, retained and reported.</p> <p>The review is included in the 2023/24 Annual Audit Plan approved by the Governance Committee on the 7th March (SRBC) and 15th March (CBC) 2023.</p>

Audit Objectives	
2	The overall objective of the audit is to obtain assurance that the Corporate Performance Framework, incorporating a Data Quality Guide is applied by Directorates to deliver robust and accurate indicator outturn figures.
3	The audit also assessed the effectiveness of the various other sources of assurances using the three lines of defence methodology.

Audit Assurance										
4	<p>Whilst this is the first shared review of data quality, the previous assurance ratings for the individual councils are shown below:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Chorley Council</th> <th>South Ribble Council</th> </tr> </thead> <tbody> <tr> <td>2021/22</td> <td>Adequate</td> <td>Adequate</td> </tr> <tr> <td>2019/20</td> <td>N/A</td> <td>Limited</td> </tr> </tbody> </table>	Year	Chorley Council	South Ribble Council	2021/22	Adequate	Adequate	2019/20	N/A	Limited
Year	Chorley Council	South Ribble Council								
2021/22	Adequate	Adequate								
2019/20	N/A	Limited								
5	The Head of Internal Audit is required to provide the Governance Committee with an annual audit opinion on the effectiveness of the overall control environment operating within the Council and to facilitate this each individual audit is awarded a controls assurance rating. This is based upon the work undertaken during the review and considers the reliance we can place on the other sources of assurance.									
6	Our evaluation of the reliance we can place on the three lines of defence is shown in Appendix A.									
7	<p>Directorates should ensure that robust data collection systems are in place to deliver reliable, timely and accurate data to decision makers.</p> <p>A significant amount of resource has been employed by the Policy and Performance Team to oversee, offer training/support to Directorates and further improvements have recently been introduced to further embed the Performance Management/Data Quality Framework, including:</p> <ul style="list-style-type: none"> • Development of service level dashboard and Performance and Policy Officer monthly meetings with heads of service; • Data quality training is now mandatory for all Collection/Responsible/Authorising Officers. <p>Disappointingly, despite the support provided and the ongoing quarterly data quality spot checking undertaken by the Performance & Policy Team, the review of Q4 (22/23) performance measures identified a significant number of issues. This can be seen in the table below and in the detailed tables in Appendix B and C.</p>									

In accordance with the Public Sector Internal Audit Standards, internal audit has been the subject of an independent external assessment, which concluded that the 'internal audit activity conforms to the Standards'

	Corporate Indicator		Key Organisational Indicator		Local Indicator	
	CBC	SRBC	CBC	SRBC	CBC	SRBC
Measures incorrectly reported, not calculated in accordance with procedures or error found	2	1	1	2	2	
Data Quality checks are not robust	2	2		2	2	
Definitions/procedures need to be strengthened	3	2	1	4	3	

8 Given the issues identified, set out in appendix B & C, it is for these reasons an overall **adequate** assurance rating has been awarded for this review.

Control Rating Key
Full – the Authority can place complete reliance on the controls. No control weaknesses exist.
Substantial - the Authority can place sufficient reliance on the controls. Only minor control weaknesses exist.
Adequate - the Authority can place only partial reliance on the controls. Some control issues need to be resolved.
Limited - the Authority cannot place sufficient reliance on the controls. Substantive control weaknesses exist

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AUDIT ASSURANCE

Three Lines of Defence

Audit Area	1 st Line	2 nd Line	3 rd Line	Internal Audit opinion
Data Quality	Directorate Responsible Officers & Authorising Officers	Perf. & Policy Team	Internal Audit	<p>Our sample testing identified that data collection is operating effectively within some service areas however this first line of defence cannot consistently be relied upon council wide.</p> <p>The second line of defence is identifying issues and is operating as intended.</p>

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MANAGEMENT ACTION PLAN

NO.	FINDING	AGREED ACTION	OFFICER & DATE
1.	<p>Directorates should ensure that robust data collection systems are in place to deliver reliable, timely and accurate data to decision makers.</p> <p>Whilst it is evident that Policy and Partnership Team have continued to provide training and ongoing support to directorates key issues were still found in the written procedures and calculations that need to be addressed. The issues found demonstrated that there is a need for greater oversight of the data collection system by the responsible officers, in conjunction with the authorising officers.</p> <p>Appendix B and C above outline the specific Directorate level issues arising from this review. Internal Audit will provide details of these key areas (separate from this report) to each responsible officer to ensure that they have knowledge of the specific control weaknesses identified and can undertake remedial action.</p>	<p>The Policy and Partnership Team will liaise with the teams identified to ensure that the specific concerns highlighted have been addressed prior to the quarter 2 reporting deadline.</p> <p>Additionally, the performance team going forward will be undertaking more regular health checks in accordance with their risk assessment.</p> <p>The focus will be on corporate priority indicators which have been given an adequate/limited assurance rating.</p> <p>The report findings will be taken to the next SLT .</p>	<p>Michael Johnson and Polly Patel October 2023</p>

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