MEASURING UP
HOW GOOD ARE THE GOVERNMENT'S
DATA SYSTEMS FOR MONITORING PERFORMANCE
AGAINST PUBLIC SERVICE AGREEMENTS?

JUNE 2010

Comprehensive Spending Review 2007 covering the period 2008-2011

Review of the data systems for Public Service Agreement 16 led by the Cabinet Office:

'Increase the proportion of socially excluded adults in settled accommodation and employment, education or training'

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Summary

Introduction

1. This report summarises the results of our examination of the data systems used by the Government in 2008-11 to monitor and report on progress against PSA 16.

The PSA and the Departments

2. PSAs are at the centre of Government's performance measurement system. They are usually three year agreements, set during the spending review process and negotiated between Departments and the Treasury. They set the objectives for the priority areas of Government's work.

3. This PSA is led by the Cabinet Office with data provided by the Department of Health, the Department for Children, Schools and Families and the Ministry of Justice. Each PSA has a Senior Responsible Officer who is responsible for maintaining a sound system of control across Departmental boundaries that supports the achievement of the PSA. The underlying data systems are an important element in this framework of control.

4. The most recent public statement provided by the Department on progress against this PSA was in the Cabinet Office Autumn Performance Report, published in December 2009.

The purpose and scope of this review

5. The Government invited the Comptroller and Auditor General to validate the data systems used by Government to monitor and report its performance. During the period from September 2009 to March 2010, the National Audit Office (NAO) carried out an examination of the data systems for all the indicators used to report performance against this PSA. This involved a detailed review of the processes and controls governing:

   - The match between the indicators selected to measure performance and the PSA. The indicators should address all key elements of performance referred to in the PSA;

   - The match between indicators and their data systems. The data system should produce data that allows the Department to accurately measure the relevant element of performance;

   - For each indicator, the selection, collection, processing and analysis of data. Control procedures should mitigate all known significant risks to data reliability. In addition, system processes and controls should be adequately documented to support consistent application over time; and

   - The reporting of results. Outturn data should be presented fairly for all key aspects of performance referred to in the target. Any significant limitations should be disclosed and the implications for interpreting progress explained.

6. Our conclusions are summarised in the form of traffic lights (see figure 1). The ratings are based on the extent to which Departments have:

   (i) put in place and operated internal controls over the data systems that are effective and proportionate to the risks involved; and

   (ii) explained clearly any limitations in the quality of its data systems to Parliament and the public.

7. The remaining sections of this report provide an overview of the results of our assessment, followed by a brief description of the findings and conclusions for each individual data system. Our assessment does not provide a conclusion on the accuracy of the outturn figures included in the Department's

public performance statements. This is because the existence of sound data systems reduces but does not eliminate the possibility of error in reported data.

Figure 1: Key to traffic light ratings

Rating	Meaning …
GREEN (fit for purpose)	The data system is fit for the purpose of measuring and reporting performance against the indicator
GREEN (disclosure)	The data system is appropriate for the indicator and the Department have explained fully the implications of limitations that cannot be cost-effectively controlled
AMBER (Systems)	Broadly appropriate, but needs strengthening to ensure that remaining risks are adequately controlled
AMBER (Disclosure)	Broadly appropriate, but includes limitations that cannot be cost-effectively controlled; the Department should explain the implications of these.
RED (Systems)	The data system does not permit reliable measurement and reporting of performance against the indicator.
RED (Not established)	The Department has not yet put in place a system to measure performance against the indicator

Overview

8. This PSA is supported by eight indicators. The indicators afford a reasonable view of progress against the PSA, within the confines of the available data. The background to the PSA is generally well explained in published performance reports, although there are a few minor limitations of the data set which should also be reported. More information is included within the 'Assessment of Indicators' section below.

9. The data to measure progress against each of the eight indicators is provided by other government departments. The Department of Health, the Ministry of Justice and the Department for Children, Schools and Families all operate data systems to capture the relevant information and report it back to the Social Exclusion Task Force in the Cabinet Office. The Cabinet Office has limited ability to influence the indicators, as it has little or no responsibility or resources to deliver directly, but must work to co-ordinate the efforts of other the departments at a strategic level.

10. The Department has appointed a Senior Responsible Officer for the PSA at Director-General level. The Cabinet Office also chairs the PSA Delivery Board, whose members comprise those other government departments who provide data and contribute to progress and performance against the PSA in other ways. The Board has agreed terms of reference and meets bi-monthly to consider progress and issues arising, including data quality.

11. The PSA indicators also form the Cabinet Office's Departmental Strategic Objective (DSO) 3a, which aims to improve the outcomes of the most excluded people in society. The Cabinet Office has processes in place to monitor progress against its DSOs on a regular basis, which were newly established in 2009. The Cabinet Office's Strategy, Planning and Performance team is responsible for analysing and challenging the reported results from DSO owners and the Cabinet Office's Operating Committee has recently begun a detailed challenge process for all DSOs, taking each in turn and calling the DSO owners to account. Prior to this, DSO owners appeared before the executive members of the main Cabinet Office Board, as part of the Accounting Officer's six monthly Unit reviews. To date, the Operating Committee has not specifically considered issues around data quality.

12. Figure 2 summarises our assessment of the data systems.

Figure 2: Summary of assessments for indicator data systems

No	Indicator	Rating
1	Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in suitable accommodation.	GREEN (fit for purpose)
2	Proportion of offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence.	AMBER (Systems)
3	Proportion of adults in contact with secondary mental health services in settled accommodation.	RED (Not established)
4	Proportion of adults with learning disabilities in settled accommodation.	RED (Not established)
5	Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in employment, education of training.	GREEN (fit for purpose)
6	Proportion of offenders under probation supervision in employment at the end of their order or licence.	AMBER (Systems)
7	Proportion of adults in contact with secondary mental health services in employment.	RED (Not established)
8	Proportion of adults with learning disabilities in employment.	RED (Not established)

13. Our main conclusions on the PSA are:

- The Cabinet Office is dependent on a number of other government departments to provide data to measure progress against the PSA. It is reliant on government departments and agencies working together to actually deliver the services and support to the excluded individuals in order to report progress and success against the indicators themselves. The Cabinet Office has a strategic role in delivery of the PSA, but has no resources to directly affect results and performance.

- The current performance monitoring arrangements within the Cabinet Office have been introduced over the past year, and some aspects, such as the detailed challenge of DSOs at the Department's Operating Committee, have yet to fully mature. The risk that these new arrangements pose to the data systems affecting the PSA are, however, mitigated by the role and activities of the PSA Delivery Board.

Assessment of indicator set

14. In undertaking the validation we read the documentation associated with the PSA and met with the staff responsible for the PSA within the Cabinet Office to consider whether the indicators selected to measure progress were consistent with the scope of this PSA. We conclude that the indicators selected afford a reasonable view of progress, within the confines of the available data. However, the limitations of the data are not clearly reported in all cases.

15. The ambit of the PSA is wide, looking at 'socially excluded adults', but the indicators supporting it focus on just four specific groups of people at risk of social exclusion. In addition, the indicators are biased towards measuring those groups who are already in contact with support services, and are already most likely to receive help. However, the indicators chosen reflect the available datasets. The Cabinet Office considered collecting data for other at-risk groups during the development of the PSA, but did not find this to be practical or possible. These limitations are well explained in relation to the PSA, both in the Delivery Plan, which sets out more of the background to the PSA, and the Autumn Performance Report.

16. The 'education and training' part of the PSA is only being measured for one of the four groups; care leavers at age 19. This is because the end goal for all groups is that they should find stable employment. The Cabinet Office did not want to create incentives for people within the other groups to be sent on endless courses with no prospect of employment, just so targets could be met. However, education or training is an appropriate outcome for the care leavers group given their age. The decision not to measure 'education or training' for the other three groups is a sound one which could be more clearly reported alongside the data in the Autumn Performance Report.

17. One issue with the indicator set is the fact that it does not take into account an individual's housing or employment situation prior to the event for which, or the time at which, they are being measured. The indicators are not, therefore, necessarily measuring the effectiveness of the various agencies and support services to help find accommodation and employment for socially excluded individuals. For example, an employed individual committing a non-serious offence and being sentenced to a supervision order only could already be in settled and suitable accommodation. There is, therefore, a risk that the figures reported give a slightly misleading picture of performance. The fact that this individual leaves their probation period with employment is not a measure of the impact of the probation service.

18. The PSA is highly ambitious and requires significant inter-department cooperation to achieve. The fact that the data systems themselves have been designed by different government departments has led to a slight anomaly in the definition of 'employment' across the indicators and this limitation should also be more clearly reported alongside the data in the Autumn Performance Report.

19. One interpretation of the PSA is that a socially excluded person should be in both 'settled accommodation' and 'employment, education or training' to count towards the targets. However, this was never the Cabinet Office's intention, and whilst the data is available to perform such an analysis it could not be published because the small number of people in some groups in some local authorities may make it possible to identify individuals.

FINDINGS AND CONCLUSIONS FOR INDIVIDUAL DATA SYSTEMS

The following sections summarise the results of the NAO's examination of each data system.

Indicator 1 - Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in suitable accommodation

Conclusion: Green (Fit for purpose)

20. We have concluded that the data system underlying this indicator is fit for the purpose of measuring and reporting performance against the indicator.

Characteristics of the data system

21. This indicator is defined under NIS 61 and it is a National Statistic. The data used to calculate performance against this indicator is taken from the 'Looked After Children' survey provided to the Department for Education (DfE) by local authorities (LAs) as a mandatory return.

22. The indicator measures the percentage of former care leavers aged 19 (as at 31 March each year) who were deemed to be living in suitable accommodation at that date out of the total amount of people that had been looked after on the 1 April in their 17th year. This indicator defines suitable accommodation, for example 'supported lodgings'.

23. LAs have access to a secure online portal which they use to submit data relating to looked after children. Once data is received by the DFE, it is initially validated through a computer program, which produces a report for the LA and the DFE which lists data that could be invalid. This review is focused on data which shows either a variance from prior year or is outside preset expected parameters. The DFE reviews the report and the data detailed and contacts each LA to establish if the data highlighted is valid or an error.

24. Once the data has been validated it is sent to an external contractor who uses it to calculate the indicator for each LA in accordance with the stated definitions.

25. The DFE also calculates the indicator for each LA based on data received. Any variances between the DFE's expectation and the figures provided by the external consultant are investigated and resolved.

Findings

26. We noted that sufficient controls were in place over the process both in terms of receiving data from the Local Authorities, and also in relation to following up all 'formula calculation' queries with the external consultant.

27. A report by the UK Statistics Authority in October 2009 concluded that the data process supporting this indicator was broadly compliant with all areas of the Statistics Authority Code of Practice. This report contained a number of minor suggestions for improving the process, which focused on the engagement with wider users of the data system and

information publishing processes. The DFE should ensure that it puts in place a timetable for implementation of all recommendations made within this report.

28. During our work we noted that the DFE undertakes a number of regular discussions throughout the year with key stakeholder groups to deal in a timely fashion with any emerging issues in the process. These involved a Working Group meeting with the data provider and internal staff and a Project Board meeting with wider stakeholders such as LAs. However we noted that these meetings were not formally minuted.

Indicator 2 - Proportion of offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence

Conclusion – Amber (Systems)

29. We have concluded that the data system underlying this indicator is broadly appropriate, but needs strengthening to ensure that the remaining risks are adequately controlled.

30. The current data system used to report against this indicator relies on manual entries from each of the probation areas. While a central team undertakes a high level review, this is focused on data compatibility and completeness. There is no validation that the data collated are accurate.

Characteristics of the data system

31. The data system used to report against this indicator is the Offender Assessment System (OASys) National Reporting (ONR) System. Each of the 42 local probation areas has a separate version of the database. Data are extracted from these databases and collated in a central server. A File Transfer Protocol process draws the files to a central team where they are cleansed.

32. Offenders included in the measure are those aged over 18 who had a probation assessment completed at either the termination of their community order or at the end of their licence. Prior to termination of supervision the probation officers meet with the offenders and discuss the progress they have made. The results of the termination assessment ensure the accommodation section of OASys is up to date.

Findings

33. At the local probation area level, probation officers fill in offender information on the ONR System throughout the term of the offender's supervision, including an accommodation score. The accommodation section has a number of sections which must be scored 0, 1 or 2 depending on the risk (with 0 being no issue). Detailed guidance is given to officers, which helps to ensure that an appropriate score is chosen.

34. The data from the probation areas are then collated. Previously this was done within the National Offender Management Service; however, this has now been contracted out to SunGard. There are various validations carried out as the data are pulled together from the 42 probation areas:

- Each document is checked before extraction to ensure it is valid. For example if data are missing details are written to a log as an error;

- When the data are first extracted from the local databases they are checked for corruption;

- The data then passes through a cleansing programme which checks whether the field values are from the acceptable list and if not these are blanked out, logged and monitored for patterns. If there is a known substitute for them then the field values are replaced; and

- Finally, the data passes through a quality check which compares the number of rows loaded against files used to load data to make sure that no data have been lost in the loading process.

Indicator 3 - Proportion of adults in contact with secondary mental health services in settled accommodation

Conclusion: Red (Not Established)

35. We have concluded that the data system underlying this indicator is broadly appropriate, as data collection is based on an existing data collection, but that key elements of it have yet to be fully established. The data system is managed by the Department of Health, which is concerned about the quality of the data in relation to this indicator, due to a possible lack of comparability of data arising from a change in Care Programme Approach (CPA) recording. In order to establish a robust baseline, the Department has decided, in agreement with the Cabinet Office, to conduct a one-off voluntary survey of Mental Health Trusts focussing on the month of February 2010. At the time of our review it was too early to determine how successful this survey has been.

36. The Cabinet Office considers, however, that the quality of the data underpinning this indicator has improved since the baseline data was issued. It notes, for example, that although the information was not available at the time of our review, the proportion of client records where the status of a client's employment or settled accommodation outcomes are known has increased from 30% in the 2008-09 data to between 58-60% as at the third quarter of 2009-10.

37. We also noted that although the data passes through cleansing and quality checks, there is no formal validation in place to verify the accuracy of the data input. Such checks would ensure that all data are compatible and that complete data have been uploaded for each local probation area.

Characteristics of the data system

38. The principal data system recording an individual's access to mental health services is the existing Mental Health Minimum Dataset (MHMDS). Data are provided by mental health

trusts. Following the introduction of the indicators, an additional four questions were added to the dataset in order to provide the necessary information to be able to measure progress against the indicators. Under normal circumstances, mental health trusts will submit quarterly and annual returns to the NHS Information Centre through the Secondary Uses Service (SUS) system. However, delays in SUS have meant that the NHS Information Centre have established an interim data flow to ensure that data are still available.

39. Activity episodes data are input to local data systems in the first instance. However, the minimum requirements for the data to be maintained are set out in the MHMDS manual produced by the NHS Information Centre. The NHS Information Centre supplies a blank database (known as the Intermediate Database (IDB)), which trusts populate and submit to the Mental Health Bureau managed by Connecting for Health. Connecting for Health use a set of Business Rules (collectively known as the MHMDS Assembler) to compile information from each Trust's data in a standard way for submission.

Findings

40. A data set change notification was forwarded to mental health trusts providing guidance on the new collection fields, and was implemented with effect from April 2008.

41. Data validation checks are carried out by the Mental Health Bureau. Submissions are entered in test form until they meet required standards and any highlighted quality issues resolved before a live submission is made.

42. The NHS Information Centre intends to perform checks on data and will provide reports on data quality. In theory they will be able to triangulate data to the number of reviews of care packages undertaken. Data will also be fed back at a local level which should provide a further check on accuracy. However, at the time of our fieldwork it was too early in the development of the indicator to evidence these checks.

43. There has been a change of policy guidance which has a bearing on the number of individuals covered by this indicator. There is also a risk to data comparability, year on year, due to a potential change in the ability to capture the denominator population being measured. In March 2008, the Department of Health revised guidance on the Care Programme Approach (CPA), which applies to a package of care for those with serious mental health problems. Previously there were two CPA levels, standard and enhanced. However, this has been changed so that a single CPA category (new CPA) exists which is broadly equivalent to the old enhanced CPA. Guidance has been issued to make it clear that the indicator applies to those recorded as being on enhanced CPA (since there was insufficient time to change data systems to record only "new" CPA. There should not be a significant effect on data consistency from this change.

44. In order to establish a robust baseline, the Department has decided, in agreement with the Cabinet Office, to conduct a one-off voluntary survey of Mental Health Trusts focussing on the month of February 2010. At the time of our review, it was too early to determine how successful this survey has been.

Indicator 4 - Proportion of adults with learning disabilities in settled accommodation.

Conclusion: Red (Not Established)

45. We have concluded that the data system underlying this indicator is broadly appropriate, as data collection is based on an existing data collection, but that key elements of it have yet to be fully established. There may also be some risks to data quality that cannot be mitigated or cost effectively controlled, which will require disclosure when results are reported. Data collection only started in October 2008, and while the NHS Information Centre published initial data in October 2009, this showed large variations in performance between local authorities. The Centre considers this could be because this was the first time that data was collected and may also have arisen because data was only collected for 6 months and then grossed up for a full year. The Autumn Performance Report 2009 has reported that no baseline had been produced.

Characteristics of the data system

46. The primary data system is the Adult Social Care Combined Activity Return (ASC-CAR) which is a new collection of data combining elements of the previous Supported Residents collection (SR1) with new tables relating to the new data items from October 2008. Councils with Adult Social Services Responsibilities (CASSRs) will collect the data and returns will be submitted to the NHS Information Centre, which will validate and aggregate the data.

Findings

47. The new data items were collected for the period 1 October 2008 to 31 March 2009 and grossed up for the first year. The NHS Information Centre chaired a working group for statistics collections with representatives from key stakeholders, including the Departments involved. There was a requirement to give CASSRs six months' notice prior to the start of collection of new data. Therefore, the first collection only covered a 6 month period and was grossed up by the NHS Information Centre to provide an annual total for 2008-09. From 2009-10 the data will be for the whole year.

48. The indicator is calculated as the number of adults who have had reviews or assessments within the specified period who are in settled accommodation divided by the total number of adults known by the Council to have a learning disability. The numerator will change from quarter to quarter, especially towards the end of the year when the number of reviews is generally higher. However, the denominator should stay roughly the same as the population of adults with learning disability remains stable.

49. The NHS Information Centre published initial data in October 2009, which showed large variations in performance between local authorities. The Centre considers this could be because this was the first time that data was collected and may also have arisen because data was only collected for six months and then grossed up for a full year.

50. Year on year the number of reviews carried out could also increase because of the financial incentives for CASSRs of performing against National Indicators.

51. The NHS Information Centre has provided guidance to all CASSRs for data collection. The returns require additional underlying information, which should confirm that the PSA definitions are being complied with. Frequently asked questions are published on the NHS Information Centre's website on an ongoing basis.

52. Local authorities have different IT systems with an estimated 20 to 30 different systems in total. The tables for the data collection will be available as an internet based tool. There will be automatic validation of the data on receipt. The NHS Information Centre will check the errors highlighted by the automatic validation and perform further checks on the data such as ensuring the totals agree; year on year checks; and checks to other data such as the number of reviews carried out.

53. Within local authorities, a manager has a separate password to allow them to check the data. They can also cross check the data to other local records held.

54. There are some potential risks to data quality. Local authorities have financial incentives under local area agreements to perform against National Indicators. However, the NHS Information Centre has the underlying data so can investigate any anomalies.

Indicator 5 - Proportion of former care leavers aged 19, who had left care aged 16 or over, who are in employment, education of training

Conclusion: Green (Fit for purpose)

55. We have concluded that the data system underlying this indicator is fit for the purpose of measuring and reporting performance against the indicator.

Characteristics of the data system

56. This indicator is defined under NIS 148. LAs have access to a secure online portal, which they use to submit data relating to looked after children. Once data are received by the Department for Education (DfE) they are initially validated through a computer program, which produces a report for the LA and the DFE which lists data that could be invalid. This review is focused on data which shows either a variance from prior year or is outside pre-set expected parameters.   The DFE reviews the report and the data detailed, and contacts each LA to establish if the data highlighted is valid or an error.

57. Once the data has been validated it is sent to an external contractor who uses it to calculate the indicator for each LA in accordance with the stated definitions.

58. The DFE also calculates the indicator for each LA based on data received. Any variances between the DFE's expectation and the figures provided by the external consultant are investigated and resolved.

Findings

59. We noted that sufficient controls were in place over the process both in terms of receiving data from the Local Authorities, and also in relation to following up all 'formula calculation' queries with the external consultant.

60. A report by the UK Statistics Authority in October 2009 concluded that the data process supporting this indicator was broadly compliant with all areas of the Statistics Authority Code of Practice. This report contained a number of minor suggestions for improving the process, which focused on the engagement with wider users of the data system and information publishing processes. The DFE should ensure that it puts in place a timetable for implementation of all recommendations made within this report.

61. During our work we noted that the DFE undertakes a number of regular discussions throughout the year with key stakeholder groups to deal in a timely fashion with any emerging issues in the process. These involved a Working Group meeting with the data provider and internal staff and a Project Board meeting with wider stakeholders such as LAs. However we noted that these meetings were not formally minuted.

Indicator 6 - Proportion of offenders under probation supervision in employment at the end of their order or licence

Conclusion – Amber (Systems)

62. We have concluded that the data system underlying this indicator is broadly appropriate, but needs strengthening to ensure that the remaining risks are adequately controlled.

63. The current data system used to report against this indicator relies on manual entries from each of the probation areas. While a central team undertakes a high level review, this is focused on data compatibility and completeness. There is no validation that the data collated are accurate.

Characteristics of the data system

64. The data system used to report against this indicator is the Offender Assessment System (OASys) National Reporting (ONR) System. Each of the 42 local probation areas has a separate version of the database. Data are extracted from these databases and is collated in a central server. A File Transfer Protocol process draws the files to a central team where they are cleansed.

65. Offenders included in the measure are those aged over 18 who had a probation assessment completed at either the termination of their community order or at the end of their licence. Prior to termination of supervision the probation officers meet with the offenders and discuss the progress they have made. The results of the termination assessment ensure OASys is up-to-date.

66. Employment is defined as: full-time employed or self-employed (30 hrs or more a week, on average) or part-time employed or self-employed (less than 30 hrs a week, on average).

Findings

67. Our general findings on the ONR have been discussed in Indicator 2. The same processes take place for the employment score as for the accommodation score.

68. In the previous Comprehensive Spending Review period there were data differences between PSA 16 and the National Offender Management Services (NOMS) versions of the offender indicators. The use of two systems was confusing for both operational and policy staff. The Ministry of Justice (MoJ) now ensures that PSA 16 and NOMS performance data reconciles.

69. The change of data system has had two main impacts. Firstly, by moving to the NOMS system, data are provided on a more timely basis. However, from our discussion with the NOMS Performance Management Group, we understand that the data are not as thoroughly cleansed. This is a concern, especially, as mentioned above, there is no validation carried out to verify data accuracy. Secondly, the PSA 16 methodology has changed to the NOMS performance measure for employment i.e. temporary/casual work is counted as success while those unavailable for work, for example those who are retired, are excluded.

70. Given the economic uncertainty and the likely fall in the absolute employment rate of offenders, the PSA 16 Delivery Board agreed that a relative target-"closing the gap"- would be more appropriate. A target based on narrowing the gap between PSA client groups and the wider population is only useful if the correct comparator group is selected.

71. Consequently NOMS proposed using the Elementary Job Seekers' Allowance (JSA) off-flow rate as the comparator. The MoJ's research indicates that this is an appropriate proxy for offenders based on their experience of employment patterns for previous offenders.

72. However, using the Elementary JSA off-flow rate has some disadvantages. For example, policy changes to JSA could make comparisons less valid over time. Furthermore, the off-flow rate measures breaks in a JSA claim but not necessarily whether the individual concerned has obtained a job.

Indicator 7 - Proportion of adults in contact with secondary mental health services in employment

Conclusion: Red (Not Established)

73. We have concluded that the data system underlying this indicator is broadly appropriate, as data collection is based on an existing data collection, but that key elements of it have yet to be fully established. The data system is managed by the Department of Health, which is concerned about the quality of the data in relation to this indicator, due to a possible lack of comparability of data arising from a change in Care Programme Approach (CPA) recording. In order to establish a robust baseline, the Department has decided, in agreement with the Cabinet Office, to conduct a one-off voluntary survey of Mental Health Trusts focussing on the month of February 2010. At the time of our review it was too early to determine how successful this survey has been.

74. The Cabinet Office considers, however, that the quality of the data underpinning this indicator has improved since the baseline data was issued. It notes, for example, that although the information was not available at the time of our review, the proportion of client records where the status of a client's employment or settled accommodation

outcomes are known has increased from 30% in the 2008-09 data to between 58-60% as at the third quarter of 2009-10.

75. We also noted that although the data passes through cleansing and quality checks, there is no formal validation in place to verify the accuracy of the data input. Such checks would ensure that all data are compatible and that complete data have been uploaded for each local probation area.

Characteristics of the data system

76. The principal data system recording an individual's access to mental health services is the existing Mental Health Minimum Dataset (MHMDS). Data are provided by mental health trusts. Following the introduction of the indicators, an additional four questions were added to the dataset in order to provide the necessary information to be able to measure progress against the indicators. Under normal circumstances, mental health trusts will submit quarterly and annual returns to the NHS Information Centre through the Secondary Uses Service (SUS) system. However, delays in SUS have meant that the NHS Information Centre have established an interim data flow to ensure that data are still available.

77. Activity episodes data are input to local data systems in the first instance. However, the minimum requirements for the data to be maintained are set out in the MHMDS manual produced by the NHS Information Centre. The NHS Information Centre supplies a blank database (known as the Intermediate Database (IDB)), which trusts populate and submit to the Mental Health Bureau managed by Connecting for Health. Connecting for Health use a set of Business Rules (collectively known as the MHMDS Assembler) to compile information from each Trust's data in a standard way for submission.

Findings

78. A data set change notification was forwarded to mental health trusts providing guidance on the new collection fields, and was implemented with effect from April 2008.

79. Data validation checks are carried out by the Mental Health Bureau. Submissions are entered in test form until they meet required standards and any highlighted quality issues resolved before a live submission is made.

80. The NHS Information Centre intends to perform checks on data and will provide reports on data quality. In theory they will be able to triangulate data to the number of reviews of care packages undertaken. Data will also be fed back at a local level which should provide a further check on accuracy. However, at the time of our fieldwork it was too early in the development of the indicator to evidence these checks.

81. There has been a change of policy guidance which has a bearing on the number of individuals covered by this indicator. There is also a risk to data comparability, year on year, due to a potential change in the ability to capture the denominator population being measured. In March 2008, the Department of Health revised guidance on the Care Programme Approach (CPA), which applies to a package of care for those with serious mental health problems. Previously there were two CPA levels, standard and enhanced. However, this has been changed so that a single CPA category (new CPA) exists which is broadly equivalent to the old enhanced CPA. Guidance has been issued to make it clear that the indicator applies to those recorded as being on enhanced CPA (since there was

insufficient time to change data systems to record only "new" CPA. There should not be a significant effect on data consistency from this change.

82. In order to establish a robust baseline, the Department has decided, in agreement with the Cabinet Office, to conduct a one-off voluntary survey of Mental Health Trusts focussing on the month of February 2010. At the time of our review it was too early to determine how successful this survey has been.

Indicator 8 - Proportion of adults with learning disabilities in employment
Conclusion: Red (Not Established)

83. We have concluded that the data system underlying this indicator is broadly appropriate, as data collection is based on an existing data collection, but that key elements of it have yet to be fully established. However, there may be some risks to data quality that cannot be mitigated or cost effectively controlled, which will require disclosure when results are reported. Data collection only started in October 2008, and while the NHS Information Centre published initial data in October 2009, this showed large variations in performance between local authorities. The Centre considers this could be because this was the first time that data was collected and may also have arisen because data was only collected for 6 months and then grossed up for a full year. The Autumn Performance Report 2009 has reported that no baseline had been produced.

Characteristics of the data system

84. The primary data system is the Adult Social Care Combined Activity Return (ASC-CAR) which is a new collection of data combining elements of the previous Supported Residents collection (SR1) with new tables relating to the new data items from October 2008. Councils with Adult Social Services Responsibilities (CASSRs) will collect the data and returns will be submitted to the NHS Information Centre, which will validate and aggregate the data.

Findings

85. The new data items were collected for the period 1 October 2008 to 31 March 2009 and grossed up for the first year. The NHS Information Centre chaired a working group for statistics collections with representatives from key stakeholders, including the Departments involved. There was a requirement to give CASSRs six months' notice prior to the start of collection of new data. Therefore, the first collection only covered a 6 month period and was grossed up by the NHS Information Centre to provide an annual total for 2008-09. From 2009-10 the data will be for the whole year.

86. The indicators are calculated as the number of adults who have had reviews or assessments within the specified period who are in settled employment divided by the total number of adults known by the Council to have a learning disability. The numerator will change from quarter to quarter, especially towards the end of the year when the number of reviews is generally higher. However, the denominator should stay roughly the same as the population of adults with learning disability remains stable.

87. The NHS Information Centre published initial data in October 2009, which showed large variations in performance between local authorities. The Centre considers this could be because this was the first time that data was collected and may also have arisen because data was only collected for six months and then grossed up for a full year.

88. Year on year the number of reviews carried out could also increase because of the financial incentives for CASSRs of performing against National Indicators.

89. The NHS Information Centre has provided guidance to all CASSRs for data collection. The returns require additional underlying information, which should confirm that the PSA definitions are being complied with. Frequently asked questions are published on the NHS Information Centre's website on an ongoing basis.

90. Local authorities have different IT systems with an estimated 20 to 30 different systems in total. The tables for the data collection will be available as an internet based tool. There will be automatic validation of the data on receipt. The NHS Information Centre will check the errors highlighted by the automatic validation and perform further checks on the data such as ensuring the totals agree; year on year checks; and checks to other data such as the number of reviews carried out.

91. Within local authorities, a manager has a separate password to allow them to check the data. They can also cross check the data to other local records held.

92. There are some potential risks to data quality. Local authorities have financial incentives under local area agreements to perform against National Indicators. For example, they could encourage a large number of people into working one hour so that the number of people in employment would be improved. However, the NHS Information Centre has the underlying data so can investigate any anomalies.

93. There is also the possibility of under reporting by people with learning disabilities as to whether they are in employment (non-response bias) because it could affect their benefit entitlement. The interviewer has no way of knowing whether a person is being truthful in their reporting.