

Information Quality – Elaine Peberdy - Head of Knowledge Information Management

Each Joint Audit Committee Meeting includes a Deep Dive on one of the Strategic Risks.

Included in this Deep Dive submission is :

Present day

Information Quality – presented to the **March 2019** Joint Audit Committee + activity summary pages

3 months ago.

Information Quality – presented to the **January 2019** Joint Audit Committee + activity summary pages

9 months ago.

Information Quality – front sheet presented to the **October 2018** Joint Audit Committee

12 months ago.

Information Quality – front sheet presented to the **March 2018** Joint Audit Committee

Information Quality – Elaine Peberdy - Head of Knowledge Information Management

❖ Key successes and challenges. (by exception)

*Since conception of the risk, the key success and issues that the risk owner has encountered.
The key conversation points from the 60/60 meetings with the Strategic Risk Officer.*

Duplicate Nominals: Some successes have been had with staff who are the most 'persistent offenders' in respect of creating duplicate nominals when they have had the opportunity to sit down with the DQ team. When the risk was first opened there were 7000+ duplicate nominals in Genie. The backlog has now been reduced to a BAU average of 300 per week.

Challenges:

The decision taken when Athena (Crime Recording System) went live to not undertake back record conversion has exacerbated the situation inasmuch as now the organisation has two systems to update (both Athena and Genie) whenever a duplicate nominal is created.

Match and Merge – unstable and resource intensive which means that there is little or no time to undertake proactive work.

Some auto matching rules in Athena mean that we have no idea what duplicate records have been created in Genie and, therefore, have to rely on users to advise. ClearCore (if installed) would help us to manage the data more effectively. It will require existing duplicates to be removed and the impact on workload is unknown at this stage.

Constraints on the system cause DQ issues which we have no control over. These have been reported to the Internal Athena team who have, in turn, raised with the Athena Management Organisation.

Search facilities within Athena are not as effective as Genie and therefore staff/officers are creating more duplicate nominals than previously.

❖ Desired Outcome and the Key Activity to reach it.

Expanding the narrative around the rationale of the Desired Outcome stated on the risk report. A succinct summary of the activity under taken to reach that outcome. The rationale as to how that Desired Outcome reflects the risk appetite of the Risk Owner. An estimation on when that Outcome will be reached and the risk therefore in a position to be Tolerated.

Data quality to improve. Organisation to reach a point when they can tolerate the level of risk associated with DQ. All users of Athena to understand fully the functionality and the constraints of the system. Better understanding by all departments who use/process Athena what impact of incorrectly entering data has and importance of recording details right first-time. Continued support from Chief Officers to promote the importance of Data Quality. Working with Learning and Development to see what options there are to raise awareness of DQ from a practitioners' point of view.

Information Quality – Elaine Peberdy - Head of Knowledge Information Management

❖ Key interdependencies with other programmes and risks

What success and failure elsewhere will affect this risk, and conversely, how successes and failures within this risks management will influence interdependencies with other risks and other projects.

Future of Alliance – how DQ resource will be structured as part of any new arrangements.

Decisions required on Information Sharing – especially ICT Shared areas (eg J Drive)

Services to Policing Programme could impact. Links to Crime Registrar activities and audit and assurance roles (making sure that any rules are adhered to).

Historically there has been a lack of engagement with KIM when a new project/programme commences. Department needs to be part of any Change Design Authority and providing advice and guidance at commencement and not part-way through or as an after thought. This will help to ensure that rules can be agreed and determined at the onset and minimise some of the issues we are currently experiencing.

Storage of records and availability –both manual and electronic.

❖ Commentary on the effectiveness of the key activity to manage this risk

The frequency of assessment of the key activities to manage this risk. How are they reviewed and reported to senior management. What over sight does the risk owner have over this activity? What contingency arrangements exist should this mitigation fail?

Current technology available to the Data and Records Management Team does not meet the demands placed on the Department. Unable to delete records means that the organisation is holding records that they shouldn't be (in breach of GDPR and MoPI requirements) There is a lack of capability and capacity within ICT to support development and implementation of tools required which will allow us to more effectively manage this risk.

Records Store at Defford contains boxes that hold both Warwickshire and West Mercia files. Depending on the future decisions around the Alliance it should not be under-estimated as to the number of resources and length of time it will take to split out the records for both forces. The way the boxes are categorised within the store means that this will have to be a manual process.

Information Quality – Elaine Peberdy - Head of Knowledge Information Management

- ❖ Have there been any breaches or failures in mitigation activity investigated and reported to senior management and appropriate action taken; including if these are likely to result in significant control issues for the annual governance statement? (by exception)

Very much expected to be by exception only, these would be fundamental failures only.

None

Joint Audit Committee – Deep Dive Summary Report – March 2019

OFFICIAL
OFFICIAL SENSITIVE WHEN COMPLETED

Present day

Information Quality – presented to the **March 2019** Joint Audit Committee

Head of Knowledge and Information Management, Elaine Peberdy

Strategic Risk Report - Information Quality

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Risk Owner: Head of Knowledge and Information Management, Elaine Peberdy

Risk Opened: October 2016

Latest update: February 2019

Theme: Quality Information Common Practice

○ **Inherent Risk -** the risk if we applied no controls and mitigation

● **Residual Risk -** the risk at present taking in to account the evidence that actions have been effective



OFFICIAL – SENSITIVE
February 2019

Context of Risk If data in our systems is poor it cannot support good decision making, efficient resource deployment, or accurate disclosure putting officers and the public at risk of harm, and undermines the alliance, placing it at risk of reputational and financial harm.

Desired Outcome All information should be accurate, adequate, relevant and timely, and recorded in a manner appropriate for potential future disclosure, and in accordance with national and legal requirements. The right business processes with the appropriate level of scrutiny by information asset owners that demonstrate the benefits of correct data recording and disposal.

Last Month

Draft Data Quality Plan and Strategy are being finalised. Currently being socialised with the KIM Management Team and then will go out for wider circulation.

Attendance at NPCC DQ Forum. Advised that focus on DQ will increase moving forward with likely inclusion in Peel Assessments and Force Management Statements.
This will help to raise the profile of Data Quality.

Temp Business Analyst has commenced employment and is currently consulting with users of systems and various stakeholders in ICT to support the work required around scoping storage and identification of business rules.

Data Quality team are attending the Athena 9 Force collaboration tactical meeting where negotiations are on-going to try and put extra rules in place to assess Data Quality issues and merge rules.

Instability and unreliability of Athena continues to cause major issues for the Department. Match and Merge has not worked since 9 January when Northgate tried to undertake a critical upload to the system. Since Kent went live with Athena the system has been unable to produce statistics regarding duplicate nominals. This is down to the way that Athena presents duplicate and constraints of the system which only displays a maximum of 500 records – therefore no capability of knowing what the backlog is.

On a positive note, the backlog of Genie Merges which was originally a major issue when Athena went live in Warwickshire and West Mercia has now reduced to a 'business as usual' level.

Work is ongoing with Information Asset Owners to undertake Information Asset Reviews and IAO Forums established to provide support and guidance to IAOs.

Canvasses to be presented to Change Design Authority on 4 February for a number of systems/tools which will support the work required to more effectively manage our Data.

This Months Update

The focus of activity this month has been around correcting duplicate nominals in Athena following significant down-time of Match and Merge. This requires all of the Data Quality Analysts to concentrate on reducing the backlog which has been created as a result of the system fragility.

This issue has been raised with the Athena Business Lead to include on their risk register.

Upcoming Challenges

The challenges around identifying, mitigating and reaching a reassured position on the risks around GDPR have been a challenge since GDPR went live on 25 May 18 and are likely to be a challenge until all processes are embedded.

Lack of available ICT resources and competing Force priorities to deliver and implement new systems.

Insufficient storage to meet current demands has lead to poor practices by practitioners.

Lack of resources in KIM to undertake proactive work with Departments on impact of Data Quality and lack of investment in appropriate tools to support the organisation in managing their data effectively.

Uncertainty around future of the Alliance, systems to be used moving forward and how this will impact on our Data..

Embedding IAO responsibilities and ensuring business areas and Local Policing areas acknowledge this is part of their core responsibilities.

Completed by Risk Owner

Completed by
Risk Owner

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Completed by Risk Owner

ACTIVITY DESCRIPTOR

Deletion of Records in compliance with GDPR and MoPI

- Activity owner: Data and Records Manager – Support from Asset Owners
- Target Date: target date to be ascertained following successful request for allocation of ICT resources
- Outcome: consistent storage, linking and deletion of information assets
- Outcome measure: All file types linked to an event i.e. investigations, forensics, ANPR, BWV :
- Benefit: the alliance is working towards compliance with GDPR and MOPI. Information no longer required for a policing purpose can be identified on request and deleted when the nominal record is deleted
- Benefit Measure: All information linked to an event deleted at the same time
- Criticality: 1 Critical risk will become an issue if this activity fails

ACTIVITY DESCRIPTOR

Training to Info Asset Owners within the alliance

- Activity owner: Information Security Manager - Support offered by Simon Neville.
- Target Date: Information Asset Owner ongoing training.
- Outcome: info asset owners have awareness of, and how to articulate, threats to the information they are responsible for
- Outcome measure: info asset owners generating Info Security Risk Maps, with risks managed to the satisfaction of the Head of K.I.M.
- Benefit: Info Security more likely to be robust and the alliance prevents rather than reacts to, information security breaches
- Benefit Measure: ASI audit measure, or independently verified report from Info Security Manager/Info Compliance Manager
- Criticality: 3 Supporting this activity informs, measures, provides non critical support

ACTIVITY DESCRIPTOR

Identifying the root cause themes to poor data quality

- Activity owner: Data and Records Manager
- Target Date: Needs to be agreed between Head of ASI and Head of KIM
- Outcome: list of root causes - prioritised by threat level (changeable)
- Outcome measure: a response plan from business areas/asset owners to mitigate threat for each root cause identified
- Benefit: by identifying and strengthening these weaknesses via number of different responses, the alliance should grow in resilience vs threats to security quality
- Benefit Measure: evidence of lessons learnt, practices improved, a repeat identical audit, monthly reports
- Criticality: 3 Supporting this activity informs, measures, provides non critical support

Completed by
Risk Owner

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| <u>Context of Risk</u> | If data in our systems is poor it cannot support good decision making, efficient resource deployment, or accurate disclosure putting officers and the public at risk of harm, and undermines the alliance, placing it at risk of reputational and financial harm. |
| <u>Desired Outcome</u> | All information should be accurate, adequate, relevant and timely, and recorded in a manner appropriate for potential future disclosure, and in accordance with national and legal requirements. The right business processes with the appropriate level of scrutiny by information asset owners that demonstrate the benefits of correct data recording and disposal. |

Completed by Risk Owner

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| <u>ACTIVITY DESCRIPTOR</u> | <p>Information Learning and Risk Group established</p> <ul style="list-style-type: none"> •Activity owner: Strategic Org Learning and Risk Officer ASI •Target Date: ongoing – meetings are monthly in short term •Outcome: The aim of this group will be to identify what Best Practice Organisational Learning material Information Asset Owners will need This will enable Info Asset Owners to take responsibility for ensuring their teams know what it means to manage information. •Outcome measure: Information Asset owners should have a suite of Best Practice learning material to communicate to their teams where relevant. •Benefit: This drives accountably and responsibility towards Info Asset owners, but supports them in doing so. •Benefit Measure: Each piece of Best Practice Learning will have a learning outcome which can be measured against. •Criticality: 3 Supporting this activity informs, measures, provides non critical support |
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Completed Activity

Completed by
Risk Owner

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Completed by Risk Owner

ACTIVITY DESCRIPTOR

Head of K.I.M. plan - Consistent role profiles within the KIM Team across the alliance.

- Activity owner: Head of KIM
- Target Date: **COMPLETED** implemented = Sept 2017
- Outcome: Consistent role profiles within the KIM Team across the alliance, A single KIM Team alliance structure, a framework of performance management across the KIM function.
- Outcome measure: On completion of staff appointments to new Alliance role profiles approved via JE Hay panels followed by implementation of a new department structure approved at a Chief Executive Board meeting and implementation of business as usual bringing into use regular SMT meetings, one to one manager briefings and business objective setting recorded and monitored using agreed PDR process.
- Benefit: The benefit delivered by this will be that the KIM function will be able to begin work, using consistent processes, policies and team structures. Work is pending Role profiles and pre-consultation with Unison
- Benefit Measure: Via delivery of an Information Management Strategy with progress monitored by the IMSB chaired by the DCC/SIRO
- Criticality: 1 Critical risk will become an issue if this activity fails

ACTIVITY DESCRIPTOR

Case files not stored at Defford (ie Malvern) not on ARMS

- Activity owner: shared responsibility – discussion with CJ and KIM
- Target Date: **COMPLETED** The current ARMS solution is not flexible enough to allow bar coding at file level. Until a new file tracking solution is identified this will remain a risk.
- Outcome: consistent storage and recording of files
- Outcome measure: All files can be identified on request
- Benefit: retrieval of information increases in efficiency and accuracy
- Benefit Measure:
- Criticality: 1 Critical risk will become an issue if this activity fails

3 months ago.

Information Quality – presented to the **January 2019** Joint Audit Committee

Head of Knowledge and Information Management, Elaine Peberdy

Strategic Risk Report - Information Quality

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Risk Owner: Head of Knowledge and Information Management, Elaine Peberdy

Risk Opened: October 2016

Latest update: **October 2018**

Theme: Quality Information Common Practice

☐ **Inherent Risk -** the risk if we applied no controls and mitigation

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OFFICIAL – SENSITIVE
November 2018

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Last Month

K.I.M. Strategic Risk Map now completed and part of monthly good practice for Dept.

Information Learning and Risk Group created, which places learning and risk support from ASI within the Information Security function of K.I.M.

The aim of this group in the short to medium term will be to identify what Best Practice Organisational Learning material Information Asset Owners will need. This will enable Info Asset Owners to take responsibility for ensuring their teams know what it means to manage information.

Information Asset Owners' Workshop taking place 26 Sept at Senior Leads Forum
Head of KIM to sit on national DQ forum.

Working with regional and national colleagues to share good practice

This Months Update

DCC's from both forces, Oct 24th, approved the Org Learning Framework and Intranet Knowledge Bank.

Both the Review, Retention and Deletion Policy/Procedure and Records Management Policy and Procedure are currently being revised with a view to being presented at December JNCC.

As part of the OBC, two of the roles within ICT (who carry out the technical 'tweaking' behind the scenes to correct data) are being made redundant. It would appear that these key tasks had not been scoped when the OBC was designed. The current Head of Digital Services is aware of this and looking at options but , if not resolved will impact on the quality of information contained within a nominal record..

Upcoming Challenges

General Data Protection Regulations (GDPR) risks being identified.

1 ICO referral (PSD) re alliance security breaches – an audit of processes is being undertaken by Information Compliance Manager.

The greater understanding by staff of the issues that create problems in Athena i.e. Duplicate nominals and reporting of Athena duplicate nominals via Genie rather than Athena..

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ACTIVITY DESCRIPTOR

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- Outcome measure: Information Asset owners should have a suite of Best Practice learning material to communicate to their teams where relevant.
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9 months ago.

Information Quality – front sheet presented to the **October 2018** Joint Audit Committee

Head of Knowledge and Information Management, Elaine Peberdy

Strategic Risk Report - Information Quality

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Risk Owner: Head of Knowledge and Information Management, Elaine Peberdy

Risk Opened: October 2016

Latest update: **August 2018**

Theme: Quality Information Common Practice

○ **Inherent Risk -** the risk if we applied no controls and mitigation

● **Residual Risk -** the risk at present taking in to account the evidence that actions have been effective



OFFICIAL – SENSITIVE
August 2018

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Last Month

Risk Map work ongoing, report will be ready for August Exec Board.

This Months Update

Strategic Risk Management workshops held with K.I.M. Team in order to create a K.I.M. function Risk Map, to provide better clarity and support in managing data risks.

Key risks identified, work continues to look across the alliance to specifically target:

- the nature of the highest frequency info quality errors
 - the highest criticality of info quality errors
 - role profiles that are vulnerable to creating info quality errors
- The findings from this continuing work will identify further activity.**

To support a prevention rather than cure focus, we will be targeting the above with a spread of Organisational Learning messages to targeted audience groups.

Additional Organisational Learning support is to be created, that will inform and enable Information Asset owners to increase the awareness of their teams, to embed improved Info management practices.

Upcoming Challenges

General Data Protection Regulations (GDPR) risks being identified.

1 ICO referral (PSD) re alliance security breaches – an audit of processes is being undertaken by Information Compliance Manager.

The greater understanding by staff of the issues that create problems in Athena i.e. Duplicate nominals and reporting of Athena duplicate nominals via Genie rather than Athena..

Completed by Risk Owner

12 months ago.

Information Quality – front sheet presented to the **March 2018** Joint Audit Committee

Temp Head of Knowledge and Information Management, Sue Hawkins

Strategic Risk Report - Information Quality

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Risk Owner: Temp Head of Knowledge and Information Management, Sue Hawkins

Risk Opened: October 2016

Latest update: **January 2018**

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Last Month

Information Security Manager in post
Approx. 3,000 records merged within Athena (Nov/Dec)The team are in the process of setting up the Athena Dashboard Reports which will help to pinpoint where poor quality data originates, allowing feedback to individual business areas.

To support improvement in the quality of data "Learning and Development" are working with the team in delivering a message to the alliance that data quality is the responsibility of everyone.

DCC Data Quality message carousel – intranet front page

This Months Update

To date 1390 nominals have been merged in January 2018. It is a difficult process to identify individuals who are creating duplicates due to Athena not having the technical capability to report the information. This is a known issue.

There is a backlog of 3900 nominals to be merged in Genie. ICT have developed a solution to assist with merging the records. As from 24th January the tool is ready to be deployed. (improvement should be seen in next months figures)

Dashboard report is still in the process of being set up within the alliance due to an issue with running macro buttons within the spreadsheet.

Athena has an automatic merge function which has highlighted a risk where brother/sister twins use each others details. Athena automatically merges their records. This issue is to be reported to the Athena Information Management Group.

Meeting arranged with L&D early Feb to discuss how to weave data quality into every course delivered internally
From Last month DCC Data Quality message still to be implemented

Upcoming Challenges

General Data Protection Regulations (GDPR) risks being identified.
2 ICO referrals (Safer Roads & PSD) re alliance security breaches – audit of processes to be undertaken by Inf compliance manager
The greater understanding of staff of the issues that create problems in Athena i.e.Athena will change the file name of a nominal if when coming to notice they give a different name (transgender)

Completed by Risk Owner

Activity raised for exception reporting

General Data Protection Regulation (GDPR) legislation needs to be in place by May 2018 – Presentation arranged for 6/2/2018
Meeting arranged transformational team to discuss appointing a project manager (Nigel Lambie)
Risks identified – HR Records management (alliance working with Staffs)
Data Protection Officer specifically to work in the area of GDPR- interviews early Jan 2018

ASI (Risk manager) have offered to support IM (Information Security manager) with training to Info Asset Owners to identify threats to their information, and to assist in identifying root cause themes of where in the alliance the greatest information quality threats exist.

