



THE DEPUTY MAYOR OF YORK AND NORTH YORKSHIRE AND FIRE AND RESCUE SERVICE

Data Quality

Final Internal Audit Report 4.24/25

6 January 2025

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

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AUDIT OUTCOME OVERVIEW

In line with our scope, included at Appendix B the overview of our findings is detailed below.

Background / Why we did the audit

We have undertaken a review of the Service's data quality arrangements to determine whether there are effective processes in place to ensure the quality of data used to inform evidence-based decisions and report on performance across the Service. The Service is required to report on a number of areas (such as the number of incidents and response times) to the Home Office and it is therefore key that this information is reported accurately, particularly as this data is published on a regular to basis. The Service have identified Digital and Data as one of five key pillars of strategic focus within the Strategic Framework 2023, further highlighting the importance of good quality data and information.

As part of our audit we have considered whether there is sufficient governance documentation in place setting out the Service's approach to data quality, whether roles and responsibilities across the Service are documented and fully understood, how data quality is embedded across the organisation and completed at an operational level, and how data has been incorporated into performance reporting and the creation of the Community Risk Profile.

Conclusion: Our review has identified that whilst the Service have begun the journey to embed data quality across the organisation, this is still in its infancy and further development is required to ensure data quality is considered at all levels and management can rely upon information to make key decisions. Evidence of this can be seen with the ongoing recruitment of a Data Modeller responsible for assisting with data validation and data quality exercises.

An overarching Data Quality Policy or Strategy is not in place and the Service has not fully identified key data sets and owners. We identified that whilst work has begun to undertake data validation exercises, this has not been completed consistently and the Service have identified areas with poor data quality. A series of key performance indicators are in the process of being identified and approved though this has not yet been finalised.

However, we confirmed that governance groups have been established to critique performance and data quality and there was also consistent agreement from discussion with management that the Service has improved the culture regarding data quality over the past 12 to 18 months, though there was acknowledgement that significant work is still required. As a result of our audit we have agreed **six medium** and **two low** priority management actions.

Internal audit opinion:



Minimal Assurance



Partial Assurance



Reasonable Assurance



Substantial Assurance

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).

Audit themes: Our review identified the following issue resulting in the agreement of **six medium priority management actions:**

Data Quality Policy and Strategy

The Service do not have a Data Quality Policy or Strategy setting out an overarching approach to managing and maintaining data quality. Such a document would ensure a consistent approach is adopted and could contain (for example) the Service's standards for data quality, roles and responsibilities and training requirements. **(Medium)**

Roles and responsibilities

Formalised roles and responsibilities for data quality have not been identified, agreed internally and documented. This could result in confusion regarding those responsible, and result in data quality exercises not being undertaken. **(Medium)**

Core datasets

The Service have not identified its core datasets and as such have also not assigned responsible owners. There is a risk that this could result in core datasets not being correctly maintained resulting in poor quality data. **(Medium)**

Training

Guidance is provided to staff via the Data Analyst and the culture regarding data quality has been prioritised. However, formal training has not yet been rolled out to staff and there is therefore a risk that staff may be unable to interpret data correctly or undertake effective data quality exercises. **(Medium)**

Data validation action plan

Whilst data validation exercises have started to be undertaken, this is not consistent and has not been formally documented. A Data Modeller is in the process of being recruited to assist with these exercises, however it would be beneficial to produce an action plan to ensure work is implemented and embedded and any non-completion of tasks can be tracked and addressed. **(Medium)**

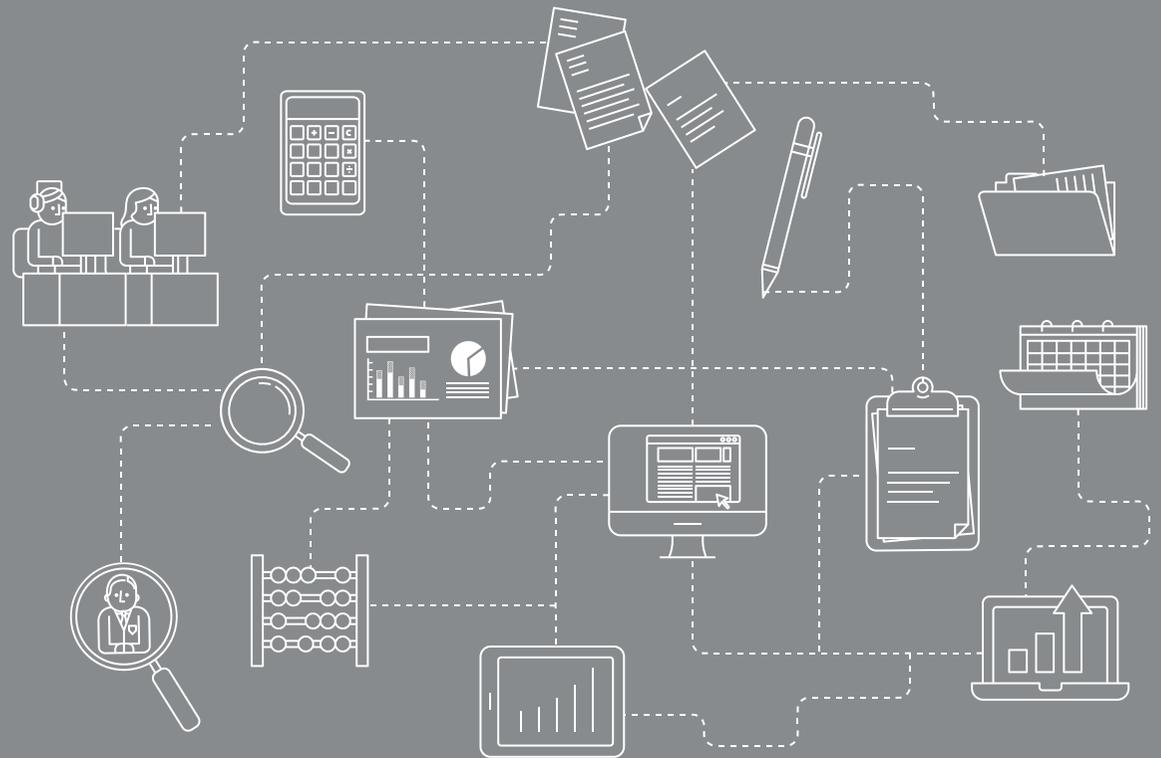
Performance indicators

The Service are in the process of identifying and agreeing a series of key performance indicators, although this has not been finalised and is still in development. If performance indicators have not been formally agreed, there is a risk that the Service may not be able to effectively monitor its performance and identify areas of non-compliance or poor performance. **(Medium)**

Details of the low priority management actions agreed can be found under section two of this report.

Summary of Actions for Management

01



SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as*:

High

Immediate management attention is necessary.

Medium

Timely management attention is necessary.

Low

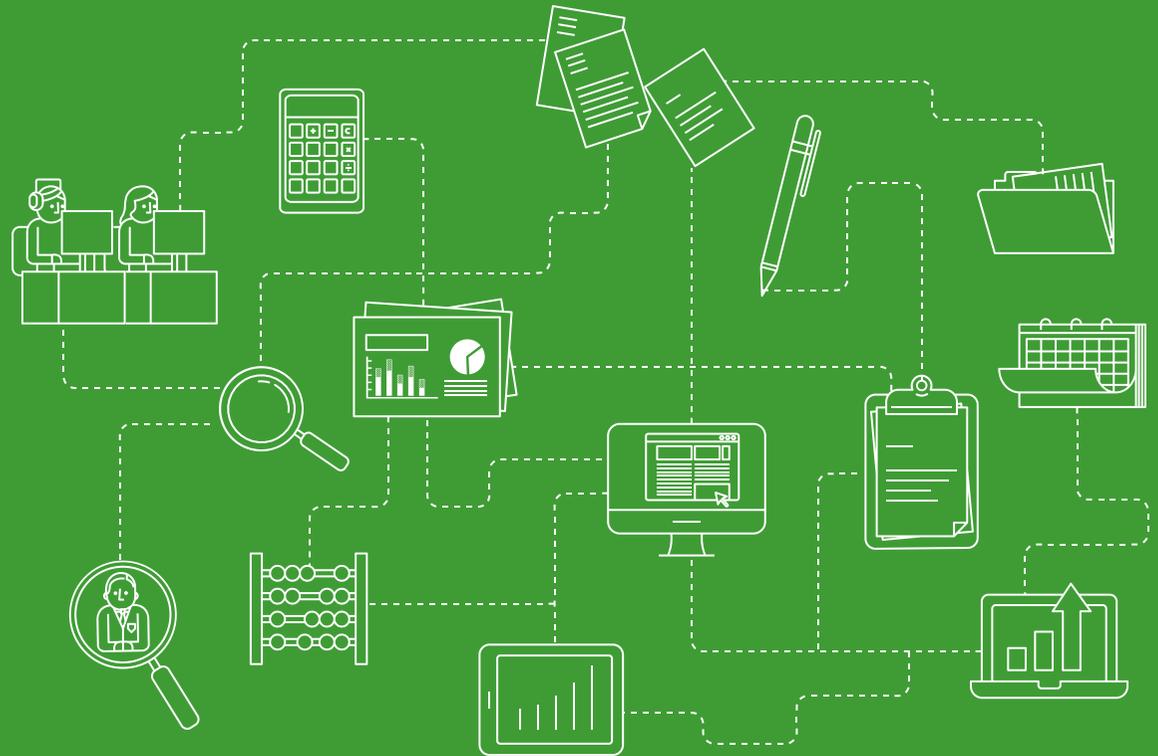
There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	A Data Quality Policy or Strategy will be created, approved and made available to staff.	Medium	Head of Delivery, Risk and Assurance	28 February 2025
2	Roles and responsibilities will be agreed internally and formally documented. This document will be made available to staff to ensure they are aware and can identify those responsible for specific processes.	Medium	Head of Delivery, Risk and Assurance	28 February 2025
3	Core datasets will be identified, formally recorded, and responsible owners assigned to each. As part of the training that will be rolled out, additional consideration will be given to data owners to ensure that they are fully aware of their roles and responsibilities and how to effectively manage data quality.	Medium	Head of Delivery, Risk and Assurance	30 April 2025
4	Training will be rolled out to all relevant staff with refresher training provided on an ongoing basis following this.	Medium	Head of Delivery, Risk and Assurance	30 April 2025
5	An action plan will be produced setting out the Service's approach to managing data validation.	Medium	Head of Delivery, Risk and Assurance	30 April 2025
6	Evidence of dip sampling when setting up dashboards will be retained.	Low	Head of Delivery, Risk and Assurance	30 April 2025
7	The Service will finalise the list of performance indicators and report on these on a regular basis.	Medium	Director of Service Improvement and Assurance	30 April 2025
8	Formal reporting arrangements will be documented and the terms of reference for the Service Delivery meeting created and approved.	Low	Director of Service Improvement and Assurance	28 February 2025

* Refer to Appendix A for more detail

Detailed Findings and Actions

02



DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

Area: Data Quality Policy / Strategy

Control	Missing control - The Service does not have a Data Quality Policy or Strategy in place setting out the approach to managing and maintaining data.	Assessment:	
		Design	×
		Compliance	-
Findings / Implications	<p>We confirmed that the Service does not have a Data Quality Policy or Strategy in place. As such, a formal, documented approach is not in place setting out how the Service will maintain and manage data quality. We would expect a Data Quality Policy or Strategy to provide a framework for how the Service ensures that data it uses is accurate, complete and up to date. Such a document often includes:</p> <ul style="list-style-type: none"> • definition of data quality; • specific exercises or processes; • training requirements; • roles and responsibilities; and • standards for data quality. <p>If the Service do not have a Data Quality Policy or Strategy, there is a risk that a consistent approach to managing data quality may not be in place, which could lead to issues when relying upon data to manage performance.</p>		

Management Action 1	A Data Quality Policy or Strategy will be created, approved and made available to staff.	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 28 February 2025	Priority: Medium
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Area: Roles and Responsibilities

Control	Missing controls - Formal roles and responsibilities are not documented. Responsibility for data quality is assigned to individual business areas.	Assessment:	
		Design	×
		Compliance	-

Area: Roles and Responsibilities

Findings / Implications	<p>During discussion with the Area Manager Director of Service Improvement and Assurance and the Data Analyst/SME, they confirmed that formal recording of roles and responsibilities is not in place. Further discussion identified that there is an individual responsibility and expectation to ensure data is input correctly into Service systems, although again this is not formally documented.</p> <p>Throughout our audit we identified that some roles and responsibilities have been assigned to specific individuals or groups within the Service, though this has not been formally recorded. For example, the Data Analyst is responsible for developing dashboards used to display data and ensuring this matches to source systems, although they would only be involved in this process if a business area approached them to request a dashboard is created.</p> <p>If roles and responsibilities are not formally recorded, there is a risk that staff may not be aware of who to speak to or what they should be doing with respect to data quality, which could impact the Service's ability to maintain accurate and up to date data. In turn, this could affect the ability of the Service to effectively scrutinise performance information and make appropriate decisions and change.</p>
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Management Action 2	<p>Roles and responsibilities will be agreed internally and formally documented.</p> <p>This will be made available to staff to ensure they are aware and can identify those responsible for specific processes.</p>	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 28 February 2025	Priority: Medium
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Area: Datasets

Control	<p>Missing controls - Core datasets have not been formally documented.</p> <p>Ownership of data has not been assigned to specific individuals, though some data is maintained within the Service Improvement and Assurance Team. The recruitment of a Data Modeller is underway that will be responsible for this.</p>	Assessment:	
		Design	×
		Compliance	-

Findings / Implications	<p>Core datasets have not been formally identified and we confirmed that the current Community Risk Profile (published in 2022) was produced using open source data from organisations such as the Home Office, Department for Transport and the Office for National Statistics. As such, data quality and validation work was not undertaken on these data sets, particularly as the data is not maintained by the Service.</p> <p>The Data Analyst/SME noted that the Service is in a transitional phase, with the main focus being ensuring all staff have access and are using the Power BI dashboards. Dashboards are created by the Data Analyst/SME upon request by business areas and are used to display data from source systems into an easily viewable format. Data sets supporting these dashboards is taken from source systems, though formal responsibility for this data has not been assigned accountable individuals or owners.</p> <p>If core data sets have not been formally documented and ownership assigned, there is a risk that data may not be maintained to an appropriate standard which could result in poor data quality.</p>
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Management Action 3	<p>Core datasets will be identified, formally recorded, and responsible owners assigned to each. As part of the training that will be rolled out, additional consideration will be given to data owners to ensure that they are fully aware of their roles and responsibilities and how to effectively manage data quality.</p>	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 30 April 2025	Priority: Medium
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Area: Assurance Framework

Control	<p>The Service has an Internal Assurance Framework 2024 setting out how performance against the Fire and Rescue Plan and the Service's objectives can be met.</p> <p>The Commissioner's website sets out how performance against the Fire and Rescue Plan is monitored.</p>	Assessment: Design ✓ Compliance ×						
Findings / Implications	<p>We confirmed that the Service's Internal Assurance Framework 2024 sets out how the Service will meet its goals and how this will be achieved. We identified reference to the aspiration for the Service to have a 'data-led service culture', and using data as the 'fundamental building block' for improvement. Upon further review, we noted that the 'how we will succeed' section sets out that Service KPIs will be introduced by 1 April 2024, and used to record performance against three core facets: progress; people; and community. Whilst explicit reference to the Fire and Rescue Plan is not mentioned within the framework document, the three core facets do link with the objectives set out within the Fire and Rescue Plan.</p> <p>The Internal Assurance Framework 2024 also makes reference to the use of the performance management dashboards which we have tested as part of this audit.</p> <p>The York and North Yorkshire Office for Policing, Fire, Crime and Commissioning website also has an Assurance Framework page and, from review of this, we identified that progress against the Fire and Rescue plan is monitored and assessed via the governance groups in place, most notably the Online Public Meeting. Testing regarding the Online Public Meeting has been covered in controls below. As well as this, the Head of Assurance confirmed that the purpose of the reporting to the Online Public is to monitor progress against the Fire and Rescue Plan and invite scrutiny from the York and North Yorkshire Deputy Mayor for Policing, Fire and Crime and the public.</p> <p>We confirmed this when reviewing the webpage for the Online Public Meeting on the York and North Yorkshire Office for Policing, Fire, Crime and Commissioning website, which sets out the purpose of the meeting and contains records of previous Online Public Meetings.</p>							
Management Action	See management action 7	<table border="1"> <thead> <tr> <th data-bbox="1400 933 1713 981">Responsible Owner:</th> <th data-bbox="1713 933 2004 981">Date:</th> <th data-bbox="2004 933 2148 981">Priority:</th> </tr> </thead> <tbody> <tr> <td data-bbox="1400 981 1713 1015">-</td> <td data-bbox="1713 981 2004 1015">-</td> <td data-bbox="2004 981 2148 1015">-</td> </tr> </tbody> </table>	Responsible Owner:	Date:	Priority:	-	-	-
Responsible Owner:	Date:	Priority:						
-	-	-						

Area: Data Quality Training

Control	<p>Partially missing controls - Formal training is not in place. Guidance can be provided upon request by the Data Analyst/SME.</p> <p>The Internal Assurance Framework states that all middle manager staff will have data interrogation and interpretation training.</p>	Assessment: Design × Compliance -
Findings / Implications	<p>Discussion with the Data Analyst/SME identified that they regularly work with business areas to develop dashboards and ensure data can be clearly displayed. The Data Analyst highlighted that the culture regarding data quality has significantly improved over the past several years, with all data now being accessible via dashboards and the Service moving away from the use of spreadsheets to track performance.</p>	

Area: Data Quality Training

We were advised by the Director of Service Improvement and Assurance that informal guidance is also being provided by the Data Team from West Yorkshire Fire and Rescue Service, as they are a larger, more experienced team. In particular, there is a focus on presentation and display of data using the Service's dashboards.

We also noted that the Internal Assurance Framework specifies that all middle manager staff will have data interrogation and interpretation training. The Director of Service Improvement and Assurance confirmed that whilst this training has not been rolled out, they are confident in the ability of staff to interrogate and interpret data, and this is evidenced during each Service Delivery Meeting which they chair. Station Managers are expected to discuss performance data for their area (such as response times), and any anomalous data is expected to be identified and resolved following this. However this responsibility is not formally documented.

It was also noted that data culture has significantly improved over the last 12 months, and the Director has seen a noticeable improvement. This was also corroborated by the Interim Director of Service Design and Delivery, the Authority Manager and the Head of Assurance.

If training is not rolled out to relevant staff, there is a risk that they may be unable to effectively and accurately interpret data and undertake appropriate data validation work.

Management Action 4	Training will be rolled out to all relevant staff with refresher training provided on an ongoing basis following this.	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 30 April 2025	Priority: Medium
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Area: Data Sets and DIP sampling

Control	Regular meetings are held between the Data Analyst/SME and business areas to discuss dashboards and data. Partially missing control - Dip sampling of data is undertaken during the design of dashboards to ensure data is of good quality and dashboards are accurate. Records of the dip sampling are not retained.	Assessment:
		Design × Compliance -

Findings / Implications	As data sets do not currently have an assigned owner, maintenance and data validation has not been undertaken consistently by assigned individuals. However, through discussion with the Data Analyst and the Head of Assurance, they confirmed that work has been undertaken regarding data quality and data validation for some key data sets, most notably response times. The Head of Assurance noted that this exercise has enabled the Service to cleanse and validate the data for response times in the 2023/24 financial year, allowing for accurate information to be reported to the Home Office and published online to the public. In particular, we noted that the Service are the most improved service in the country to primary fires, which the Head of Assurance explained was down to improved data quality, and the removal of anomalous sets of data. We confirmed that discussions regarding data validation for response times is held on a monthly basis, with attendees from the Control Room and the Data Analyst all included within the meeting. The Data Analyst and Head of Assurance noted that whilst the data validation exercise has been finalised for the 2023/24 financial year, work is underway to complete this for the 2024/25 financial year, and for all callouts going forward. However, due to resourcing, there is a backlog, and it is expected to be incorporated into the responsibilities of the new Data Modeller that is in the process of being recruited.
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Area: Data Sets and DIP sampling

To support this exercise, the Data Analyst confirmed that a dashboard has been produced whereby suspected erroneous data is flagged and reviewed on a periodic basis as part of meetings with the Control Room. This has been a recent introduction, and the Service are still working on identifying improvements and efficiencies.

During our walkthrough of this dashboard, we identified that this is currently set-up for the incident-types dataset which flags any incident that does not meet specific criteria as potentially anomalous. For example, if an incident is categorised as a primary fire but is actually given an incident type of 'Vehicle Abandoned', this incident could potentially have been placed into the wrong category. This was highlighted as one of the reasons for response times being inaccurate (particularly for primary fire incidents), as the data around that incident would be included within the primary fire data despite it not being related to a fire. During our walkthrough we identified that 426 potential discrepancies in the primary fire section have been flagged, highlighting the backlog mentioned above.

This is particularly important given the lack of central oversight and monitoring of data sets and any reporting undertaken to external bodies such as the Home Office. Whilst a Data Modeller may assist with this work, an appropriate amount of oversight should be implemented to ensure data validation is undertaken and completed consistently. If data validation is not undertaken for core datasets, there is a risk that incorrect or erroneous data could be reported to management, the Home Office, or published online.

The Data Analyst confirmed that during the design of dashboards, dip sampling tests are undertaken in conjunction with operational staff to verify the accuracy of the dashboard. They noted that whilst this is completed, evidence of this is not retained as testing is typically conducted verbally, via a Teams call or via messages. The Data Analyst also noted that following the recruitment of a Data Modeller, it is anticipated that they will undertake additional dip sampling of existing dashboards to ensure data is still being accurately reported. If evidence of data validation is not retained, there is a risk that checks may not have been undertaken and dashboards may not be accurate.

Management Action 5	An action plan will be produced setting out the Service's approach to managing data validation.	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 30 April 2025	Priority: Medium
Management Action 6	Evidence of dip sampling when setting up dashboards will be retained.	Responsible Owner: Head of Delivery, Risk and Assurance	Date: 30 April 2025	Priority: Low

Area: KPIs

Control	Partially missing control - The Service has not agreed KPIs internally.	Assessment:
		Design ×
		Compliance -
Findings / Implications	During discussion with the Area Manager Director of Service Improvement and Assurance, we confirmed that a list of agreed KPIs have not yet been formally approved, though the Service is in the process of producing these. A draft document was provided to us showing the proposed KPIs and we	

Area: KPIs

confirmed that a significant number of performance indicators have been identified. To support the KPIs, each have an agreed target and tolerance (used to track internally), as well as a statement on how the KPI is to be calculated.

Whilst the list of KPIs is in draft, it is nearly complete and will be approved by the Chief Fire Officer. There is a risk that if KPIs have not been formalised and reported on, management may not be able to effectively monitor the Service's performance and identify areas of non-compliance or potential issues.

Management Action 7	The Service will finalise the list of performance indicators and report on these on a regular basis.	Responsible Owner: Director of Service Improvement and Assurance	Date: 30 April 2025	Priority: Medium
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Area: Governance and Reporting

Control	Service Delivery Meetings are held on a quarterly basis to challenge business areas regarding performance indicators. Partially missing control - Records of the Service Delivery Meetings are not retained.	Assessment:	
		Design	x
		Compliance	-

Findings / Implications

We noted that whilst discussion of dashboard and performance data is covered at several groups and forums (such as the Service Delivery meetings and the Online Public Meeting), the governance around reporting and the required content of these performance reports is not formally documented. We did also note that there is a structure in place showing reporting lines within the Internal Assurance Framework, although this does not specify the content of the reports other than that they cover performance.

For instance, we noted that there are currently no terms of reference for the Service Delivery meeting setting out the requirements for reporting. Likewise, there are no minutes for this meeting to confirm the content of discussion. However, we did confirm that there is a decision log which is kept up to date, with outstanding actions discussed at each meeting.

The Director of Service Improvement and Assurance also noted that they are developing a quarterly performance report which will be provided to the Service Delivery Meeting, Senior Leadership Board, and Exec Board. We received a copy of the draft version of this and confirmed work has been undertaken, though this has yet to be finalised and reported. Currently, the presentation used for the Online Public Meeting is reported to the Senior Leadership Board and Exec Board, and it is anticipated that the performance report being produced will cover the same areas but provide additional detail and information, as well as commentary to explain individual performance metrics.

If formal reporting arrangements are not formally documented and include specific performance areas, there is a risk that agreed reporting is not undertaken and issues could go undetected.

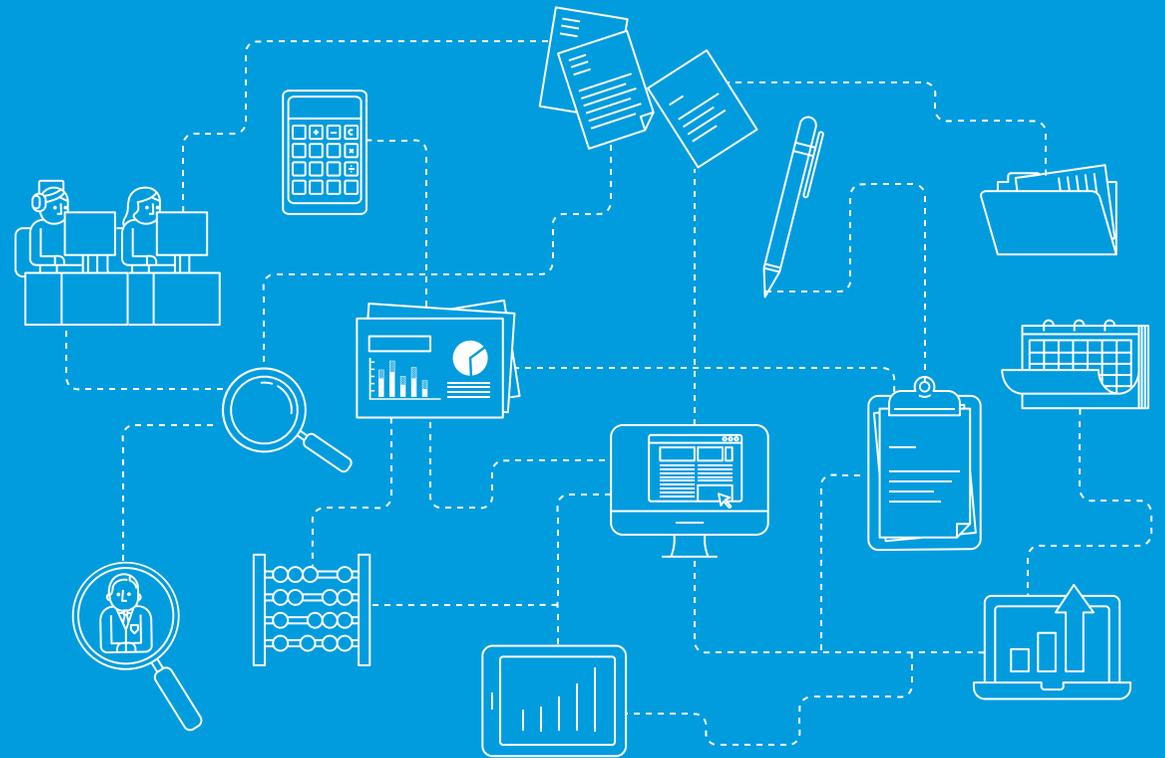
Management Action 8	Formal reporting arrangements will be documented and the terms of reference for the Service Delivery meeting created and approved.	Responsible Owner:	Date: 28 February 2025	Priority: Low
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Area: Governance and Reporting

Director of Service
Improvement and
Assurance

Appendices

03



APPENDIX A: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings

Low

There is scope for enhancing control or improving efficiency.

Medium

Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.

High

Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Data Quality	7** (11)	1 (11)	2	6	0
		Total	2	6	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

** More than one management action raised against one control.

APPENDIX B: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following objective:

Objective of the review

Data quality helps organisations improve their decision-making abilities, reduce risk, and increase efficiency in processes. We will carry out a data quality review, the exact scope of which will be agreed with management during the audit year.

When planning the audit, the following were agreed:

Areas for consideration:

- Documentation governing the use of data and maintenance of data quality across the Service, and whether these are up to date and available to staff.
- The defining of roles and responsibilities for the maintenance of data quality across the Service, including at an operational and chief officer level.
- The identification of core datasets, notably those used to inform the Community Risk Profile and assess performance against the Fire and Rescue Plan.
- The ownership of core datasets and whether the responsibility for the maintenance of datasets is known and understood.
- The availability of core performance data through the introduction of Power BI dashboards and how the Service ensures users are equipped to interpret the information (e.g. through training, guidance, etc.).
- How the Service embeds a data quality culture throughout the organisation (e.g. through training, guidance, etc.) to drive organisational improvements and monitor service delivery performance.
- The maintenance of core datasets and whether data validation checks are undertaken over the accuracy of Service data.
- The production of performance reports and key performance indicators, and whether this is timely and subject to adequate review and challenge prior to publication.
- We will sample a selection of Service performance reports to test whether information reported is accurate to core systems.
- We will consider how the Service is collating and validating data to inform its Community Risk Profile, and review how it ensures the accuracy of this information to develop service objectives.
- We will review how Service wide reports are shared and reviewed within the Service governance structure.

Limitations to the scope of the audit assignment:

- Our review will focus on how the Service ensures data quality, we will not provide assurance on the accuracy of underlying data.
- Any testing completed as part of this review will be through sample testing only.
- The performance reports selected for review will be agreed with management.
- We will not comment on the adequacy of any training delivered.
- We will not provide assurance on the accuracy of Power BI dashboards, and we will not review the SQL language as part of this audit.
- We will not comment on any decisions made in relation to Service data or performance results.
- We will not comment on the quality or contents of performance information presented to committees.
- This review will focus on the Service's arrangements for a sample of performance reports / measures only. As such, we will not consider the Service's entire control framework in relation to performance reporting and data quality, and we shall not provide an assurance opinion on the entire control framework.
- Our audit does not seek to replicate advice provided to you by any third parties and external advisors.
- Conclusions will be based on our assessments made through discussions with management, assessment of the current framework of controls and an initial review of relevant source information available.
- We will not provide assurance as to whether the Service is likely to achieve its targets.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Our work will not provide an absolute assurance that material errors, loss or fraud do not exist.

Debrief held	25 October 2024
	13 November 2024
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Final report issued	6 January 2025

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