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Analysing Arthritis Care's Data Management Practices

An Interactive Qualifying Project
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1. **data**
2. **consistency**
3. **accessibility**

Abstract

The goal of this project is to analyse Arthritis Care's data management practices, and recommend a better system to improve information sharing among regional offices of Arthritis Care. Using interviews as the main data collection method, I acquired an inside view of the data management problems in Arthritis Care, and the information needs and wants of the employees. The resulting analysis will enable Arthritis Care to visualise the overlap in collection and storage of information, and provide a basis for the ongoing restructuring of the organisation to accommodate the regional offices better.

Acknowledgement

I would like to thank everyone who has helped the completion of this project. First of all, I would like to thank my liaisons, Elizabeth Lendering and Dave Wright, for their assistance during my seven weeks in Arthritis Care. I would also like to express my appreciation to the warm welcome I have received from Arthritis Care's staff, and their willingness to participate in this project. I am especially grateful for the continuous guidance and support given to me by my advisor, Professor J. Robert Krueger and Professor Gregory Theyel who had helped me in the preparation phase of this project. Lastly, I would like to thank Jennie Hawks for coordinating this project.

Table of Contents

Table of Tables

Table of Figures

1.0 Introduction

"Empowering people with arthritis" is the goal of Arthritis Care, the largest non-profit membership organisation in the United Kingdom. The organisation serves all people with arthritis across the Great Britain and Northern Ireland. To achieve this goal, the organisation has expanded its scope of access by establishing offices in North, Central, Southeast, and Southwest England as well as Scotland, Northern Ireland, and Wales.

This new regionalisation strategy demanded restructuring at Arthritis Care. The organisation especially needs to improve its communication and information exchange systems to overcome the geographical boundaries separating its offices. To reach this objective, Arthritis Care has cooperated with Worcester Polytechnic Institute (WPI) since the year 2000.

Arthritis Care has sponsored four Interactive Qualifying Projects (IQP) from WPI, my project is the fourth. The first group, in 2000, analysed Arthritis Care's information systems, and made recommendations on what could be done to enhance the organisation's communication and information exchange systems. The second group, in 2001, began the implementation of an Intranet, an internal computer network that would facilitate the transfer of information within the organisation. The development of the Corporate Information Database (CID)/Intranet was continued and completed by a team earlier this year.

The goal of the three previous IQPs was to improve the communication systems in the context of regionalisation and restructuring of Arthritis Care. This goal has been partially achieved with the implementation of the CID; but the flow of information

created new opportunities as well as revealing new challenges. The next step needed to improve Arthritis Care's internal infrastructure further is to improve the data management practice in the organisation to better support information sharing in Arthritis Care.

To initiate this next step, I analysed the data management practices in the organisation and identified the problems encountered in the sharing of information between the different office locations around the United Kingdom. From this analysis, I developed recommendations on how information can be managed more efficiently to improve information sharing and increase data accessibility.

The data I need for the analysis was collected mainly through the use of interviews. I interviewed members of the Senior Management Group (SMG) in the UK office, including the CEO, as well as the ones in the regional and national offices that I was able to make contact with. The purpose of these interviews was to discover the problems faced by the senior managers, as the end-users of information, in obtaining information. I also interviewed the head of departments in the UK office and the various managers in the regional and national offices to help discern the technical aspects of the organisation and the information management in each department and each region/nation.

In analysing the interview results, I investigated the procedures and individuals involved in data collection, storage, transmittal, and reporting. I tabulated my analysis into matrices to visualise which departments involved in the collection, storage, transmittal, and reporting of each data and how the data storage format varied from office to office. Based on this analysis, I identified the main problems in Arthritis Care's data management practices, and developed recommendations to resolve these problems.

The successful conclusion of my project will help Arthritis Care improve its data management practices. The improvements are needed to overcome geographical boundaries separating Arthritis Care's offices and enhance co-operation among them. Ultimately, Arthritis Care will be able to ensure the deliverance of high quality services to people with arthritis across the United Kingdom.

2.0 Background Research

The goal of this project is to analyse the current data management practice in Arthritis Care and recommend a better system for the collection, storage, transmission, and presentation of information between different departments, regions, and nations in the organisation. Before commencing the project, I conducted research to gather some background information to familiarise myself with the structure of Arthritis Care. The information I needed included knowledge about Arthritis Care as an organisation; what their mission is, how big and how spread out the organisation is, and how it is structured. Reports from the previous IQP projects were useful sources for me to understand more about the structure, and the communication and information exchange systems in the organisation. I also assessed different aspects of data management in Arthritis Care, such as what kinds of data exists in Arthritis Care, what kind of data management problems is presented for my project, and how data should be organised according to the previous IQP team.

2.1 About Arthritis Care

Arthritis Care strives to help people to "take control of their arthritis, their lives, and their organisation" (Arthritis Care, 2001, 1.4.1). This short declaration in itself gives great insight into the company; of how the organisation desires "a society where people with arthritis have equality of opportunity and full social inclusion" (Butler, March 14, 2002). As stated in the "Key Aims for 2002-2007", the following is the list of values that Arthritis Care wishes to contribute to the society.

- Developing user-led capacity to make long-term differences to the lives of people with arthritis

- The provision of real choices and relevant support for people throughout their lives with arthritis
- The provision of needs led and culturally sensitive services that respond to the needs of people with arthritis (Butler, March 14, 2002)

To realise these values, the organisation develops ten core principles that need to be kept in mind by all employees in the organisation, especially the senior managers in developing the organisational strategic plans. These principles serve as a basis to ensure that the activities Arthritis Care conducts or plan to conduct are aligned with the organisational mission.

1. **User involvement**
   People with arthritis must be central to everything we do
2. **Empowerment**
   We seek to enable people with arthritis to empower themselves and fulfil their potential
3. **Needs led**
   Our services must respond to the needs of people with arthritis
4. **Equal opportunities**
   We aim to reach all people with arthritis regardless of age, gender, race, impairment, religion or sexuality
5. **Campaigning**
   We will campaign to increase awareness and understanding and to influence the provision of services for people with arthritis
6. **Devolution and Regionalisation**
   We will develop and deliver our services at the most appropriate level that meets the needs of all people with arthritis
7. **Independence**
   We will not allow our purposes or priorities to be distortedby the preferences of external funders or purchasers of services
8. **Democracy**
   We are a democratic organisation providing opportunities for members to express their views and highlight their needs
9. **Volunteer Support**
   We value the contribution of volunteers in all aspects of our work, particularly those with personal experience of arthritis. We aim to ensure that all volunteers have access to appropriate support mechanisms
10. **Quality**
    We are committed to excellence in service delivery and customer care and to appropriate processes and mechanisms for monitoring and improving performance (Butler, March 14, 2002)

The organisation works "with and for all people with arthritis" (Arthritis Care, 2001, 1.4.6) . As is reflected in this statement, people with arthritis can hold positions from volunteers to trustees at Arthritis Care. They play a very central role in the organisation; they are "at the core of decision making about the way the organisation should function and the work it should prioritise" (Arthritis Care, 2001, 1.4.6). They are the ones who control the activities of Arthritis Care and determine the success of the organisation's mission. For example, the organisational strategic plans are developed using contribution of ideas from everybody in the organisation. As emphasised in article 1.7.4 of the Arthritis Care Regional Manual, it is important that "the process for revising the strategic plan is as inclusive as possible and that it is informed both by market research and by consultation with trustees, branches, members, volunteers, staff and other key stakeholders, such as health professionals, funders and policy makers" (Arthritis Care, 2001).

Arthritis Care provides information about arthritis through their helpline teams and through numerous publications, including *Arthritis News*, their bi-monthly magazine, and various regional newsletters. Furthermore, they run courses to help people cope with and manage their arthritis. People with arthritis can come in touch with each other through the assistance of the many branches of Arthritis Care. The organisation also runs campaigns to make people more aware of the needs of people with arthritis. They even run four hotels accessible to individuals with arthritis. The organisation also works together with professionals and organisations to support medical research to find treatments for arthritis. To run these services, Arthritis Care obtains funding from numerous trust funding organisations as well as from individual donors.

Arthritis Care is the largest non-profit membership organisation in the United Kingdom. It exists to serve people with arthritis. With the UK office in London and seven regional and national offices located in Northern Ireland, Scotland, Wales (Cymru), and North, Central, Southeast and Southwest England, Arthritis Care is able to provide services to people with arthritis throughout Great Britain. Currently, the organisation has a membership of 44,000 people, and employees consisting of 250 staff and 7,000 volunteers. Additionally, the organisation has four hotels and more than 620 branches and self-help groups.

2.2 Structure of Arthritis Care

The regionalisation of Arthritis Care had created confusion on the difference between the duties of the staff in the central office and the staff in the regional and national offices. There was no explicit statement on whether the central office should interfere with the management system in the regional office or whether each office should manage its own region.

Arthritis Care is in the course of restructuring itself to accommodate the regional and national offices, which were not considered in the initial structure. The restructuring started two years ago and is still in progress. The new structure would serve as "a platform for future growth" by ensuring an even distribution of resources, such as the number of staff, in each office location and by clarifying the split of responsibilities between the employees in the central office and in the national and regional offices (Butler, November 20, 2001).

To clarify the relationship between the central office and the regional and national offices, the central office in London is now referred to as the UK office. The UK office

was responsible for "standards and guidance/support" while the regions/nations were responsible for "operational delivery of their services" (Butler, May 21, 2002). In this way, the quality and consistency of the methods that the regional/national offices employed to deliver services to people with arthritis can be ensured.

The changes in structure also mean the removal and addition of some positions. For example, in the UK office, the positions of Secretarial Assistant in the Chief Executive's office, the Deputy Chief Executive, and the Company Secretary are removed and replaced with a Personal Assistant (PA) to Chief Executive. In the regions, the Development Officers (DO) who were responsible for broad-ranging tasks, such as training and income, are replaced with "specialist functional posts" (Butler, November 20, 2001).

The removal of the DO also included the Young Arthritis Care Development Officers. Young Arthritis Care, which used to be a sub-division of Arthritis Care to serve the needs of young people with arthritis, is now integrated with the main Arthritis Care. One reason for this integration is that the Young Arthritis Care's officers have grown up. They have become more suitable to be Arthritis Care officers rather than Young Arthritis Care's, leaving the leadership of Young Arthritis Care vacant. Continuation of the work of Young Arthritis Care, such as recruitment of young people as members and volunteers is still running even though there is no discrete division of Young Arthritis Care.

2.2.1 Governance Structure of Arthritis Care

Charity organisations in the United Kingdom generally have two kinds of structures: a governance structure and a management structure. The governance structure

is the implementation of democracy in the organisation; as imposed to all charity organisations by law. The management structure governs the leadership hierarchy in the organisation.

In the new structure, there is no significant change in the governance structure of Arthritis Care. The governance structure of Arthritis Care comprises five types of committees:

- Board of Trustees
- Standing Committees
- Sub-Committees
- Advisory Committees
- Regional/National Committees

(Arthritis Care, 2001, 2.2.1)

2.2.1.1 Board of Trustees

The board of trustees "has the legal responsibility for the governance of the organisation" (Arthritis Care, 2001, 2.2.2). They are the ones who "set the mission, values, policies, priorities, and budget" (Arthritis Care, 2001, 2.1.2). The Chief Executive is appointed and responsible to the board of trustees. The board of trustees consist of the following.

- Eight representatives of the national/regional committees (two from Scotland, one each form the other six nations/regions)
- Five members elected by a postal ballot of all Arthritis Care members in the UK
- One representative of the UK committee of Young Arthritis Care
- Four appointed trustees. Two of these are the honorary treasurer and the honorary vice treasurer; the other two are appointed for the particular skills, expertise or experience they bring

(Arthritis Care, 2001, 2.2.3)

As described earlier in this section, Young Arthritis Care, a division of Arthritis Care for young people, no longer exists. Hence, a Young Arthritis Care representative in the board of trustees is deleted from the list of trustees.

2.2.1.2 Standing Committees

Standing committees "undertake work on behalf of the board" and their "recommendations have to approved by the board" (Arthritis Care, 2001, 2.2.4). Their presence is meant to "involve other people with particular experience or expertise in addition to the board of trustees" (Arthritis Care, 2001, 2.2.5). The standing committees consist of the following.

- Finance and general purposes committee
- Policy committee (not yet established)

(Arthritis Care, 2001, 2.2.4)

2.2.1.3 Sub-Committees

The sub-committees "feed into the board of trustees and/or the finance and general purposes committee"(Arthritis Care, 2001, 2.2.6). There are four sub-committees as listed below.

- Audit committee
- Investment committee
- Pensions Committee
- Joint Negotiating Committee

(Arthritis Care, 2001, 2.2.6)

2.2.1.4 Advisory Committees

The advisory committees are experts who provide recommendations to Arthritis Care in their respective expertise fields. For example, "the medical advisory committee

involves a range of different health professionals including an orthopaedic surgeon, an occupational therapist, and a health psychologist" (Arthritis Care, 2001, 2.2.8). There are five advisory committees.

- Communications and fundraising advisory committee (not yet established)
- Ethnic minorities advisory committee (not yet established)
- Medical advisory committee
- Services advisory committee (not yet established)
- UK committee of Young Arthritis Care

(Arthritis Care, 2001, 2.2.7)

Again, there is a change in the list of advisory committees. The UK committee of Young Arthritis Care has been deleted from the list of advisory committees.

2.2.1.5 National/Regional Committees

The national/regional committees are representatives from each region or nation. Currently, there are three national committees, representing Wales, Scotland, and Northern Ireland, and four regional committees, representing North England, Central England, South East England, and South West England. Each national/regional committee consists of "two representatives from each area liaison committee, who must both be members of a constituted group (i.e. a branch or group)" and "up to five co-opted members, one of whom must be a person with arthritis under the age of 25" (Arthritis Care 2.2.12).

The national/regional committees "develop plans for their nations/regions in order to meet the needs of, and to develop particular services and initiatives for people with arthritis in their areas, to support branches and local groups and help generate income" (Arthritis Care, 2001, 2.2.10). The board of trustees determine their "overall strategy and

priorities" and have the rights to approve or reject the development plan they made (Arthritis Care, 2001, 2.2.11).

2.2.1.6 Area Liaison Committees

The area liaison committees are not part of the governance structure. They "provide an opportunity for elected and appointed volunteers to meet together, share experience, have training workshops, identify issues to raise with their national/regional and plan joint initiatives" (Arthritis Care, 2001, 2.2.16). They consist of "representatives of local branches and groups and are also attended by appointed volunteers" (Arthritis Care, 2001, 2.2.16). The difference on appointed and elected volunteers will be explained in section 2.2.5.

2.2.2 The Management Structure of Arthritis Care

The new management structure of Arthritis Care is a matrix structure where the employees and managers are not only grouped into departments but also into regions. This structure is illustrated in Figure 1.

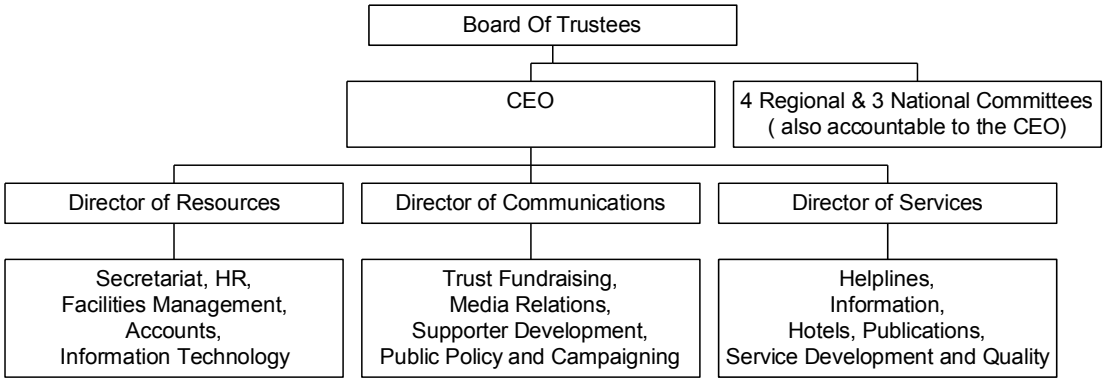


Figure 1 Arthritis Care structure

The management structure in Arthritis Care is led by the Senior Management Group (SMG). SMG consists of the Chief Executive (CEO) along with ten directors including director of resources, director of communications, director of services as well as the three national and four regional directors. The ten directors are responsible to the CEO who, in turn, is responsible to the board of trustees. As described earlier, SMG plans and makes decisions to achieve the organisational mission.

2.2.3 The UK office

The responsibilities in the UK office are divided into three main directorates, each headed by a director. These directors are members of the SMG and therefore, accountable to report to the CEO in developing strategic plans. Each of these directors is accountable of managing several related departments.

- **Director of Resources**

  The director of resources is in charge of managing internal issues; in particular, the organisational assets. The resources directorate include the secretariat, human resources, facilities management, accounts, and information technology department.

- **Director of Communication**

  The director of communication is responsible for issues concerning external organisation, such as donors, trust funding bodies, government institutions, and press media. The communication directorate consists of trust fundraising, media relations, supporter development, and public policy and campaigning department.

- **Director of Services**

The director of services ensures that the services provided by Arthritis Care advance the achievement of organisational mission. These services include helplines, information, hotels, publications, and service development and quality.

The three directors are based in the UK office. Their responsibilities are UK-wide. They provide guidance and support to the regional and national offices.

2.2.4 The Regional and National offices

As mentioned earlier, the regional and national offices are responsible to distribute services to people with arthritis in different regions/nations across the United Kingdom. Each regional and national office comprises departments similar to the ones in the UK office. These departments are accountable for delivering services to people with arthritis in their regions/nations with the guidance and support from the departments in the UK office. They are not responsible to the main departments in the UK office, but to the respective regional/national director.

There are seven main departments in the regions/nations. This division of labour is illustrated in Figure 2.

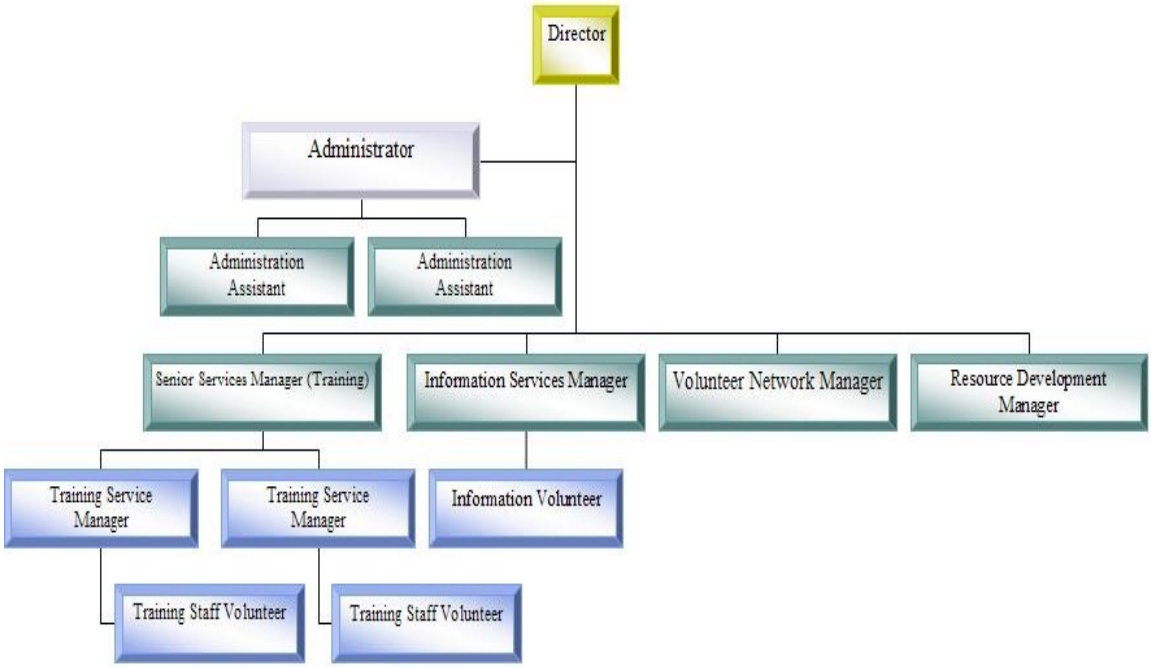


Figure 2 A Typical Regional Structure

- **Senior Services Manager (Training)**

  Senior Services Manager (Training) only exists in England and Northern Ireland. The Senior Services Manager (Training) in England works in the UK office and is responsible for all the trainings in all of the regional offices; consisting of South East, South West, Central and North England. Similarly, the one in Northern Ireland is responsible for all the trainings in Northern Ireland. For the nations with no Senior Services Manager, such as Wales and Scotland, the responsibility is given to the Training Services Manager.

- **Training Services Manager**

  The Training Services Managers are responsible for the delivery of the courses. These courses include Challenging Arthritis, Arthritis Awareness, and the various

personal development programmes including the ones for young people. In carrying out their tasks, they need to know where training is needed, who needs the training, how much money is given to which training and where demand of training is high and where demand is low. They are the ones who tie together members in their respective region/nation. They are responsible to report to the Senior Services Manager (Training). The training staff or volunteers who conduct the trainings are responsible to the training services manager.

- **Resource Development Manager**

  Resource Development Managers ensure the availability of tools, particularly the funding, needed for delivering services in their region/nation. They raise funds and make contacts with funding bodies or individual donors in their region/nation. They would also need to make appropriate reports to funding bodies to ensure the continuous flow of funds and hence, ensure consistent delivery of services. The various departments in the communications directorate in the UK office provide them with guidelines on how to perform this duty.

- **Volunteer Network Manager**

  Volunteers in each region/nation are managed by the Volunteer Network Managers, including the branch committees. The Volunteer Network Managers provide support, guidance and training of volunteers to ensure that the volunteers understand the roles and expectation of their job. They keep a close contact with the Service Development and Quality department of the UK office to ensure that their performance meets the corporate standard.

- **Information Services Manager**

Information Services Manager is responsible for providing information to the region/nation. They maintain a close contact with the information and helplines departments in the UK office to ensure availability of up-to-date information. The position of Policy and Campaigns Managers only exist in nations, such as Wales, Northern Ireland, and Scotland. They work closely with the Public Policy and Campaigning department in the UK office in performing their duty.

Besides the different role of managers, each nation/region also has an administration team. This team usually consists of one administrator and one or two assistants. The administration team is the main point of contacts for their respective region/nation. For example, when the UK office needs to speak to a regional director, the administration team is the one responsible to arrange that meeting.

2.2.5 Volunteers

There are two kinds of volunteers in Arthritis Care: appointed volunteers and elected volunteers. According to Arthritis Care Regional Manual, there are 700 appointed volunteers and 6300 elected volunteers.

Elected volunteers "are part of the democratic backbone of Arthritis Care's constitution" (Arthritis Care, 2001, 3.6.2). In this sense, their work is managed directly by the UK Regional Manual. They consist of "branch members, area liaison, national /regional committees" (Arthritis Care, 2001, 3.6.1).

Appointed volunteers, on the other hand, are managed by the various regional managers. They comprise branch/group workers, information workers, Challenging Arthritis volunteers, Arthritis Care contacts, Young Arthritis Care contacts, home visitors, and campaigning volunteers. (Arthritis Care, 2001, 3.7.1)

- **Branch/group workers**

  Branch/group workers, as their name implied, perform duties assigned by branch/group committees in their specific branches. They "promote the work of branches/groups" and "assist branches/groups in identifying and responding to the needs of people with arthritis within the branch/group and in the local community" (Arthritis Care, 2001, 3.7.6).

- **Information workers**

  Information workers ensure that information reach people with arthritis at their regions. They "identify a range of suitable local outlets for information about Arthritis Care" and "ensure the supply of up-to-date and relevant information to such outlets/services" (Arthritis Care, 2001, 2.7.5). They also inform people with arthritis about Arthritis Care through interaction with "health professionals" to at these outlets or through development of "new information channels or services where appropriate" (Arthritis Care, 2001, 3.7.5). In particular, they ensure that this information reaches "potential users especially those from groups with low take-up of Arthritis Care's services e.g. ethnic communities, men, children, and young people" (Arthritis Care, 2001, 3.7.5).

- **Challenging Arthritis volunteers**

  Challenging Arthritis volunteers are the ones who run and promote Challenging Arthritis courses to people with arthritis at their local area. Challenging Arthritis is the most popular self-management programme run by Arthritis Care. In this course, people with arthritis are given the chance to

gain information as to how to handle "pain, fatigue, depression" caused by arthritis and how to "relax and exercise" (http://www.arthritiscare.org.uk). They were also given the opportunity to get in touch with and share their experience with other people with arthritis. The Challenging Arthritis volunteers usually have arthritis themselves. And since they are local to the region, they have a good knowledge of the needs of the people who take part in the course.

- **Arthritis Care contacts**

  Arthritis Care contacts are the Arthritis Care representations to people with arthritis. They link Arthritis Care with people with arthritis through both telephone and face-to-face meeting. They publicise Arthritis Care and "raise awareness of the needs of people with arthritis" (Arthritis Care, 2001, 3.7.2). They are responsible to give encouragement and information to people with arthritis. They also provide up-to-date information "about relevant sources of support, advice, and information for local people with arthritis" (Arthritis Care 3.7.2).

- **Young Arthritis Care contacts**

  Young Arthritis Care contacts do not exist anymore. As mentioned before, they merged with Arthritis Care and hence, Young Arthritis Care contacts are part of Arthritis Care contacts.

- **Home visitors**

  Home visitors provide "information and support" to people with arthritis by visiting their homes (Arthritis Care, 2001, 3.7.4). They are responsible to

prevent people with arthritis from being isolated. They also keep them up-to-date with "relevant sources of support, advice, information" that exist locally (Arthritis Care, 2001, 3.7.4). Whenever appropriate, the home visitors introduce people with arthritis to "relevant external agencies" (Arthritis Care, 2001, 3.7.4). They are also responsible to promote this home-visiting service of Arthritis Care to their area.

- **Campaigning volunteers**

  Campaigning volunteers are public policy volunteers. They "undertake campaigning work and act as spokesperson for Arthritis Care at local level" (Arthritis Care, 2001, 3.7.8).

2.3 Arthritis Care and WPI

Arthritis Care has sponsored various IQP projects since the year 2000. This collaboration with WPI is intended to help the organisation improve its internal infrastructure, in particular its communication and Information Systems, to enable different departments in Arthritis Care to work together and share information more effectively and more efficiently.

A review of the previous IQPs sponsored by Arthritis Care provides important background information about Arthritis Care. For example, the past IQPs provide an understanding of the information flow within the organisation, what has been done to improve the Information Technology in the organisation, and what more can be done.

2.3.1 2000 Information Assessment

The first IQP entitled the *2000 Arthritis Care Information Assessment*, was the first team that opened the door for the other projects. They analysed Arthritis Care's organisational structure and needs in general; informing the subsequent teams of the situation and problems in the organisation. At that time, Arthritis Care was at the early stages of organisational restructuring. In this project, Blitsch, Perreault, and Tripodi developed "recommendations for the improvement of the information exchange system currently used by Arthritis Care" (2000, p. ii).

The team analysed the organisational structure to gain a more in-depth understanding of the current information-exchange system in Arthritis Care. They gathered information they needed using interviews, focus groups, and surveys. The group wanted opinions from the staff at Arthritis Care before they decided what the informational needs of the organisation were, and whether or not a computer-based information system was suitable.

The first team's result showed that at that time telephone and paper were the main methods of communication between different departments in the organisation. The information systems, then, was rated five out of ten. The staff and volunteers "agreed that the communications and information exchange system within the organisation needed to be improved" (Blitsch et al., 2000, p. 63).

Seventy-five percent of those surveyed supported the implementation of a computer-based information system. At that time, Arthritis Care was at the early stage of converting to a networked communication system. They were using Novell's GroupWise

5.5, “one of the most powerful integrated e-mail and group scheduling software packages on the market” (http://www.novell.com).

Based on the data they had gathered, the team listed and prioritised the information needs of the organisation according to their importance for the staff and volunteers, made recommendations on what current technology the organisation could adopt to enhance its information exchange system based on the prioritised information needs, and gave explanations about how to implement those suggestions. These suggestions included ideas for an Intranet and a Corporate Information Database (CID) to help Arthritis Care organise data.

The team also produced a discrete diagram of the organisational structure. Unfortunately, this diagram is no longer valid after the restructuring made in the past two years.

The first project showed Arthritis Care what the organisation needed to improve its internal communication and information system to “become more efficient and productive in supporting people with arthritis” using the resources available. They, hence, opened the way for the next IQP project by showing what the next team could do. For example, one of the suggestions they made included the idea for an Intranet and a Corporate Information Database (CID), which become the main focus for the next two IQP teams.

2.3.2 2001 Internal Communication System

The *2001 Internal Communications System* IQP team sought to develop the Intranet proposed by the previous IQP team. Gwizdak, Vitello, Williams and Worsham aimed to implement a better communication system that would “provide easy and

efficient access to information for all staff and volunteers, and reduce wasted time and resources" (2001, p.1). They also wanted to make a training manual to help the staff of Arthritis Care learn how to use the system.

The team researched the kinds of information that should be placed on the Intranet to find the most suitable design of the Intranet for Arthritis Care. The methods they used varied from unobtrusive research done on Arthritis Care manuals to qualitative and quantitative research such as workshops and focus groups. The workshop was designed to provide the staff of Arthritis Care with information about what an Intranet is and what its capabilities are. The purpose of the focus group was to gather feedback from the staff about the prototype of the Intranet.

To design the training manual, the team surveyed the staff at the central office and then conducted a second focus group. The survey was intended to make the staff start considering what kinds of learning methods were preferred on average. Besides informing the group about the most appropriate form and content of the training guide, the second focus group was also intended to obtain the response from the staff about the system's prototype. Their research data shows that ninety percent of the staff had no problem using the computer. They welcomed improvements in the organisation's communication and information exchange system (Gwizdak et al., 2001, p.43).

The group succeeded in producing an exhaustive design of the Intranet that is easy to maintain and expand using various computer languages such as JavaScript, HTML and Perl. They also produced a training manual and maintenance guide for the Intranet. However, full implementation of the Intranet was still not completed. The

main reasons were lack of time and some other technical issues, such as the unexpected change of platform that forced the group to rewrite most of the code.

Despite the failure to complete the CID, the team assisted the next IQP group with the design and content of the Intranet as well as with the design of the training guide accompanying the Intranet. The work of this group also gives me a more in-depth view of the structure and organisation of information at Arthritis Care.

2.3.3 2002 Corporate Information Database

The goal of the *2002 Corporate Information Database* team, the most recent IQP team, was to finalise the implementation of the Intranet/CID started by the previous team. Cormier, Lovisolo, Struv, and Wilson aimed to "complete the Intranet, develop training materials, and integrate the CID into the company such that employees of Arthritis Care will use the software" (2002, p.8).

The group first reviewed the status of the Intranet from the previous project and determined the platform on which to implement the Intranet. The results they obtained through surveys and multiple interviews showed that the staff was comfortable with the newly integrated system. Eighty-three percent of the staff who responded to their survey had no problem using a computer.

The *2002 Corporate Information Database* team succeeded in developing a fully functional Intranet/CID. The group successfully transferred the Intranet platform from UNIX to Windows. The look and feel of the Intranet was not changed, except for some newly added features and an increased security. The new system allowed everyone in the organisation to transfer documents, search for manuals, locate other employees, spread

important news and save files securely. The training guide created along with the system was presented both in paper and electronic forms.

The Intranet/CID is an efficient and effective communication system for Arthritis Care. After the system was built, the team conducted more surveys and interviews to gain opinions about the system. The results showed that the staff was concerned that the system would be too hard to use but eventually the new system was taken in with "open arms" (Cormier et al., 2002, p.62). Everybody liked it and was ready to use it.

The team gave some recommendations for improving the Intranet features. "These can include online schedulers, employee trackers, and a punch clock. New forms and additional automated tasks, similar to the staff expense claim form that was created by this project, could be researched and incorporated into the system. An online organisation of the various boxes of reference materials on arthritis could also prove advantageous to the organisation" (Cormier 61).

2.4 Data Management Practice

The implementation of the CID had solved the communication problems across regions within Arthritis Care. With the communication problem already resolved, the restructuring of Arthritis Care now encountered another problem in sharing of information between different office locations. This problem concerns inefficiency of data management practice.

The regionalisation of Arthritis Care had created confusion on where and how data should be stored. There was no clarification on whether regional data should be recorded in the UK office or in the region itself. The same data could be found in more than one database. Consequently, reliability of data could not be guaranteed since there

was a possibility that one of the databases might be left uninformed when there was an update.

Furthermore, the format of data varied across regions since there was no specified format. One database might have more information on one particular piece of data than the other database that recorded the same data.

These problems had prevented effective information sharing even though CID had been implemented. Hence, the next step that should be done would be to manage data in such a way that it could be shared by different departments and different regions.

My project is the catalyst for taking this next step. As reflected in the title, *Analysing Arthritis Care's Data Management Practices*, the main goal of my project is to investigate and present a clearer view on the flow of information in Arthritis Care. The result of this project would guide the subsequent project(s) in developing new data management practice for Arthritis Care.

Before undertaking this project, I investigated the roles of managers as the end-users of information in the Arthritis Care, what kind of data they need, and how they expect information to be. A research on what kinds of data exist in Arthritis Care was also necessary.

2.4.1 Managerial roles

Senior Management Group (SMG) in Arthritis Care is responsible for providing guidance to achieve the organisational mission. This guidance is presented in the format of strategic plans, which are developed every three years. The activities the organisation needs to perform according to the strategic plan is specified further in the business plan, which is planned by each directorate and regional and national office. These tasks are

then distributed to each department to be completed by the staff and volunteers in the organisation. The relationship between different plans is illustrated in the flowchart in Figure 3.

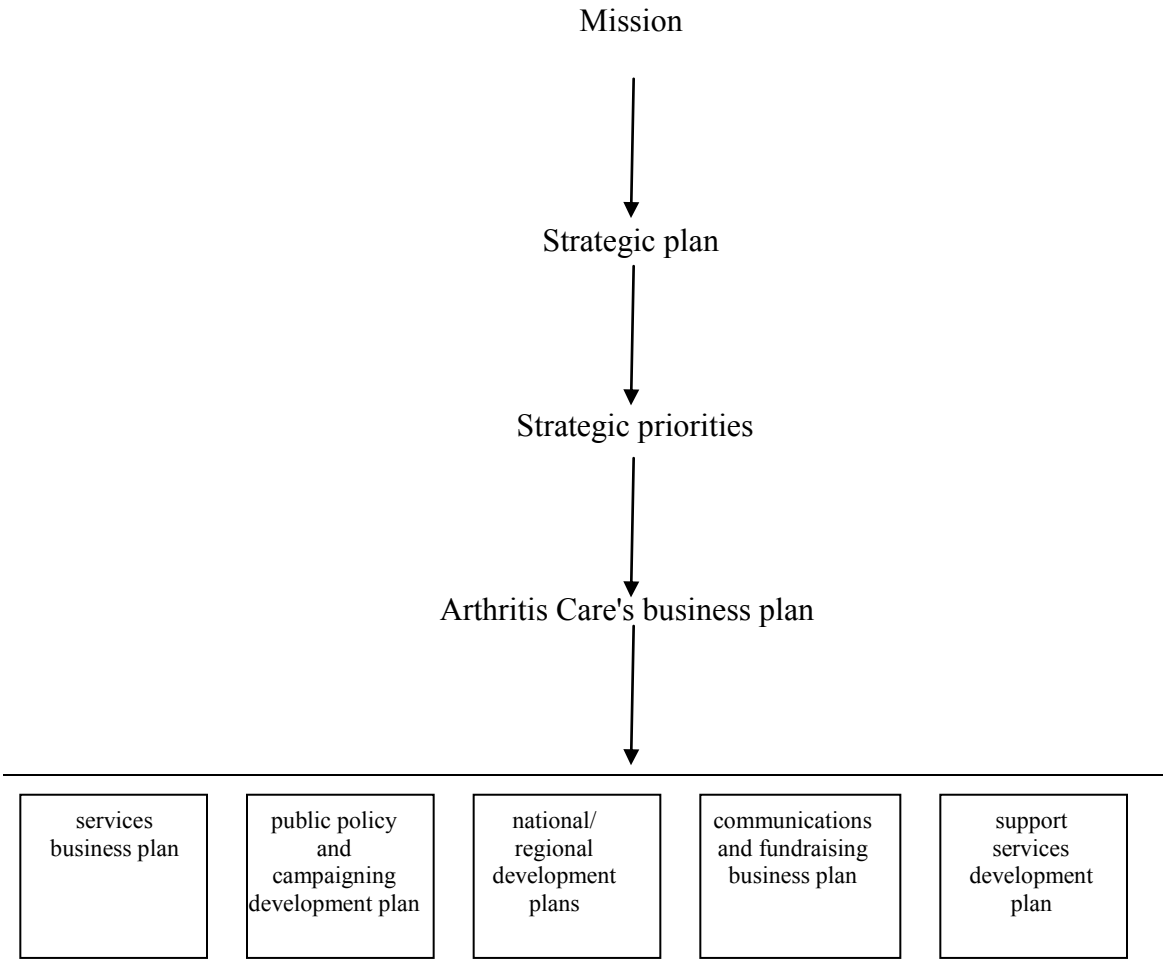


Figure 3 Flowchart of strategic planning in Arthritis Care (Arthritis Care 1.9.1)

For the year 2002 to 2007, the SMG developed a strategic framework to assist the formulation of strategic plan. This five-year strategic framework is "a set of 'givens' with longer-term currency that forms the high level context within which our annual Strategic Plans are agreed, implemented and monitored" (Butler, March 14, 2002). In this strategic framework, the SMG states the organisational vision, mission, values and

strategic priorities. For example, to achieve the organisational mission, SMG provided a shorter-term mission for the year 2002-2007, which is listed below.

- Offer people with arthritis the information and support they need to make choices, to reach their potential and to participate as full members of an inclusive society
- Campaign to influence the development of policies and services that enable people with arthritis to reach their potential
- Pioneer innovative and creative responses to meeting the needs of people with arthritis
- Offer high quality services which meet the specific needs of people with arthritis, and to promote peer support (Butler, March 14, 2002)

This higher-level plan is then developed further into strategic plans. The strategic plans comprise "an integrated set of common strategic priorities and specified Directorate-based priority objectives" (Butler, March 14, 2001). The organisational strategic priorities for the year 2002-2007 are listed below.

- Ensuring that people with arthritis are represented and influential when policy decisions are made at local, regional, national, UK-wide and international levels
- The provision of high quality information and support in ways that enable people with arthritis to make informed choices
- Offering development and training opportunities that enable people with arthritis to make positive changes to their lives and supports the needs of families and others who work with them
- Responding to the needs of people with arthritis from the different communities and ethnic groups throughout the UK
- Creating an effective and efficient organisation with sufficient income to sustain and develop our essential services that all stakeholders are committed to (Butler, March 14, 2002)

Each of these priorities is then developed into further key aims. The key aims "provides committees and Directors with the 'skeleton' within which they can plan their draft annual Directorate-level priority objectives" (Butler, March 14, 2002). In the priority objectives, each directorate plan the actions required to achieve each key aim. The strategic plan key aims for 2002/3 are listed below.

- **Ensuring that people with arthritis are represented and influential when policy decisions are made at local, regional, national, UK-wide and international levels**
    - Make appropriate public representatives, institutions and other key influencers more aware of the needs of people with arthritis and ensure that any legislative, regulatory and policy developments have a positive impact on their health and social well-being
    - Develop and deploy robust and consistent campaigning messages that promote civil rights, inclusion, independence and maximise access to relevant available treatments and services
    - Develop and present clear internal and external organisational policy positions, based on high quality research and information that promotes our own priorities and responds to the agendas of other relevant groups and institutions
    - Develop and model the provision of appropriate means of supporting people with arthritis to campaign effectively on issues affecting their lives and represent their views on relevant consultative and decision-making bodies
- **The provision of high quality information and support in ways that enable people with arthritis to make informed choices**
    - Develop and strengthen high-quality responsive and integrated UK-wide, national, regional and locally based information services and resources
    - Produce and distribute relevant information and publications that consistently reflect the values, messages, brand and style of Arthritis Care, delivered in appropriate formats and languages to reach the widest possible audiences
    - Develop organisational capacity to facilitate and distribute relevant stakeholder information through a variety of user-friendly and supportive means
    - Review, monitor and manage the application and implementation of relevant information/helpline quality standards
- **Offering development and training opportunities that enable people with arthritis to make positive changes to their lives and supports the needs of families and others who work with them**
    - Develop and market a portfolio of high quality training services that respond to the needs of people with arthritis, their families and relevant professionals
    - Develop and pilot innovative responses to the expressed development needs of more people with arthritis
    - Develop and implement effective and responsive external training delivery infrastructure and quality systems
    - Respond appropriately to the priority training and support needs of key internal voluntary stakeholders (e.g. Branches and Groups)

- **Responding to the needs of people with arthritis from the different communities and ethnic groups throughout the UK**
    - Explore and pilot creative ways of involving members of traditionally under-represented groups in our work and promoting our services within different communities
    - Produce key information in relevant additional formats and languages and increase the availability of staff or volunteers proficient in those languages
    - Explore and implement relevant means to attract and retain a diverse and balanced workforce that reflects the multicultural nature of the Nations and Regions of the UK
- **Creating an effective and efficient organisation with sufficient income to sustain and develop our essential services that all stakeholders are committed to**
    - Ensure the required organisational confidence and shared identity that will enable us to provide an improved and more focused service to more people with arthritis and to promote our future growth and stability
    - Agree and implement a responsive income generation strategy that ensures the deployment of all available funds for the benefit of everyone with arthritis, increases our range of supporters and maximises opportunities to secure more resources from a greater diversity of sources
    - Develop and provide relevant operational policies, procedures, training and support that enable our staff and volunteers to fulfil their responsibilities effectively
    - Develop and implement effective and efficient management reporting processes and systems that ensure timely and consistent communication with relevant internal and external stakeholders

    (Butler, March 14, 2002)

2.4.2 Information Needed by Managers

Data that is collected and recorded by each department provides up-to-date information about the success of each activity and the contribution of everybody in the organisation. This data is required in the process of decision making in each level represented in the flowchart. To be useful for strategic planning, data needs to be presented in the form of a report. There are four kinds of reports needed in organisational planning: "scheduled, demand, exception, and predictive report" (Hicks, 1987, p.25).

- **Scheduled Reports**

  Scheduled Reports, as conveyed by the name, are generated regularly; they can be produced daily, weekly or monthly. "These reports are widely distributed to users and often contain large amounts of information that are not used regularly". (Hicks, 1987, p.28) An example of this is the employee's annual performance evaluation reports. These reports are needed to consider a raise in an employee's salary or dismissal of an employee.

- **Demand Reports**

  Demand reports are reports that are generated on demand; when there is an unexpected need for information by the senior managers. The format of demand reports can be very unusual. Hence, a program that can produce reports "that fill unanticipated demands" is very important. (Hicks, 1987, p.28)

- **Exception Reports**

  Exception Reports are reports produced to alert the management of an out-of-control situation so that corrective measures can be taken. An example of exception reports is error reports, which "identify input or processing errors occurring during the computer's execution of a particular application". (Hicks, 1987, p.28)

- **Predictive Reports**

  Lastly, predictive reports are reports that are generally used for planning decisions. They assist the management in answering 'what-if' questions.

They are usually produced by a statistical modelling program. In order to generate predictive reports, historical data must be available and readily accessible by a MIS in such a form as can be used by the statistical and modelling program.

In developing strategic planning, all four types of report will be needed by senior managers in any organisation, including those in Arthritis Care. In analysing information, I, therefore, needed to note what kind of information is needed in each of these different types of reports. I also needed to note how information should be presented to the senior managers; which would be assessed next.

2.4.3 Nature of information

In spite of the differences in the content as well as the usage of information, each piece of information presented to the senior managers has to be aligned with the organisational objectives. In addition a standard for information must be fulfilled. Criteria for "good" information include "accessibility, relevance, comprehensiveness, timeliness, and accuracy" (Wolstenholme, 1993, p.4).

- **Accessibility**

  Accessibility is a measurement of the availability and the process of obtaining information. Useful data should be obtained easily.

- **Relevancy**

  Relevancy concerns the fact that data has to be presented in the form useful for users while clarity ensures that the data itself is useful.

- **Comprehensiveness**

  Comprehensiveness is measured by how easy it is to understand the data. Data with clear and specific terms and simple format generally has a high comprehensiveness.

- **Timeliness**

  To fulfil this criterion, the time from request to reception of data has to be minimised.

- **Accuracy**

  The accuracy of the data is measured in terms of "the difference between a decision maker's perception of the state of the variable and the true state of the variable" (Wolstenholme 4). In determining the accuracy, we need to consider the time and error factor, the "delay in representation, transmission, accessibility and assimilation" of data as well as the error made due to "the methods of observation, representation, transmission and transfer" (Wolstenholme 4).

An ideal data management practice should ensure that all these criteria are fulfilled. These criteria can be used as a measurement on how effective Arthritis Care's data management practice is.

2.4.4 Data modelling in Arthritis Care

A good organisation of data that allows relevant data to be obtained is very essential to guarantee that data fulfils the criteria listed in the previous section. Well-organised and well-managed data also makes the process of generating each of the four

different kinds of report easier and less time-consuming. Before embarking on this project, it was necessary for me to have an overview on the kinds of data existing in Arthritis Care and how it is currently organised. The following table shows the organisation of data that the *2000 Arthritis Care Needs Analysis* IQP team recommended along with attributes that I assumed:

Category of data	Attributes
Directory Information (Staff and Member Information)	Employee Identification Number
	Name
	Address
	Phone number
	Birth Date
	Social Security Number
	Position
	Job Description/Responsibility
	Number of Working hours per day
Management Information	Financial
	Marketing
	Inventory
	Performance Data Information
Arthritis Information (Client Information)	Client Identification Number
	Name
	Address
	Phone number
	Birth Date
	Medical Record
	Statistical Record
	Research Record
	Drug used and its benefit
Arthritis Care Publication	Periodicals title
	Leaflets title
	Year published
	Description
Manuals	Training Manuals
Support Services	Service Name
	Availability
	How to obtain service

Table 1 Recommended Data Categories in Arthritis Care

In multi-regional organisation like Arthritis Care, there is a great possibility that multiple departments and multiple regions need the same data. Consequently, variation of the same data exists; some departments made a copy of the data from the other department and store it into their own database. While the data is kept updated in the department that collects it, the same data is left outdated in the other department. This variation creates confusion as to which database provides the most accurate information.

The senior managers and CEO especially face this problem in making a strategic planning for the organisation. Some of the data overlap in Arthritis Care is tabulated below.

Department	**Data**	**Duplicated with**
Supporter Services	Members Donors, and planning to include Volunteers Staff	Regions Fundraising Training services & regions Human resources, payroll
Fundraising	Donors Prospective donors	Supporter Services
Information worker	Courses Conferences	
Helplines	Sample questionnaires of callers	
Regions	Branch details Training participants Course Run	Finance, Supporter Services
Services	Volunteer details	Supporter Services

Table 2 Arthritis Care databases

3.0 Methodology

The data needed to achieve the goals of this project was primarily collected through interviews. The interviewees were individuals concerned with handling information in the organisation as well as the senior managers as the end-user of information.

The interviews I conducted can be divided into two categories according to their purpose: understanding strategic needs and understanding information flow. Understanding strategic needs was aimed to gain knowledge on the kinds of information needed by the senior managers and the problems that they encountered. Understanding information flow was intended to discover areas of data duplication and the variety of collection, storage, transmission and presentation of information.

The interview sequence did not follow these categories. Instead of prioritising interviews with all the senior managers before the other interviewees, the priority was based on the location of interviewees. I firstly interviewed the individuals who work in UK office continued by individuals in the regional and national offices. This method was more feasible and less time-consuming.

In the following section, I am going to discuss the processes I adopted in the data collection phase. I will discuss who the interviewees were, what kinds of questions were asked, and how I analysed the data. Lastly, I will illustrate the schedule of my project in the form of a Gantt chart.

3.1 Understanding strategic planning

The main purpose of analysing Arthritis Care's information systems is to facilitate the assurance of data reliability for senior managers' strategic planning processes. To achieve this goal, I needed to understand the decision-making taking place at Arthritis Care. My first research question was: What information do the senior managers need for strategic planning? This question is best answered by talking directly to the senior managers.

As mentioned above, there are eleven senior managers in Arthritis Care, including the Chief Executive Officer (CEO), Director of Resources, Director of Communication, Director of Services and seven regional/national directors. The senior managers, as the top level people in the organisation, were very busy. This is especially true for the regional and national directors. It was not possible for me to interview each one of them.

Due to their busy schedules and my limited time in London, I made an assumption that the duties of each of the regional directors are the same with the considerations that all the regions were under the English national assembly. Based on this assumption, there would be no need to interview each one of the regional directors. In this way, I was able to overcome the difficulty in getting in touch with each one of them. The correctness of this assumption was also confirmed by my liaisons, Dave Wright and Elizabeth Lendering, according to their knowledge in the government structure in the United Kingdom.

The assumption could not be applied to the national offices, however. Each of the different nations is ruled by their own national assembly, which are different from England's. Thus, Arthritis Care's national offices have to follow their respective national

policies for non-profit organisations. The difference in policies affects the way the national offices are structured. I needed to interview each of them to find out these differences.

I interviewed the following senior managers: the CEO, the three UK directors, the national director from Scotland and Wales, and the Central England's director. I was not able to interview the director from Northern Ireland because they were in the midst of office relocation. Hence, I used the data obtained from Wales to sample Northern Ireland. This sampling was recommended by the Northern Ireland director herself.

To verify that data from the regions I sampled also applies to the other regions, I sent the result to all the other regional and national directors after the data analysis process via email. In reply, they gave me a feedback whether or not there was any difference in their region.

I used semi-structured interviews to approach this first research question. Semi-structured interviews are "flexible, iterative and continuous" (Babbie, 2002, p.281). The questions on these interviews were not "pre-established" and the questions were tailored to suit the interview situation. This kind of interview allowed me to "pursue specific topics raised by respondent" and hence, gave me the advantage of obtaining a "deeper and fuller understanding" on the role of each senior manager and their personal opinions (Babbie, 2002, p. 298). A sample of the questions in the interviews is listed below.

- What kind of planning are you responsible for?
- What type of data do you need for strategic planning?
- Is the data more useful in paper or electronic form?
- How do you obtain data you need for strategic planning currently?

    - Is there any problem with this method?
    - Why is it a problem?
- Any input on how to solve this problem?

The information that I wished to obtain from the interviews with the senior managers was what kind of data each of them need and what problems they encountered in obtaining those data. During the data analysis process, I categorised the transcribed interview data into three different fields.

- Role of senior manager
- Types of data needed
- Problems encountered

Based on this result, I was able to develop recommendations the most effective data organisation in Arthritis Care that would serve the needs of each senior managers.

3.2 Understanding Information Flow

To thoroughly analyse Arthritis Care's data management practice, I also needed to track the flow of information within the organisation. Information about how information travels in the organisation was best obtained from the head of departments in the UK office and some select key staff. In the regional and national offices, it was best obtained from the Information Services Manager and the Senior Services Manager (Training). In offices with no Information Services Manager, I interviewed the administrator. The administrator usually has a substantial knowledge about the situation and the work of each region/nation. Identifying the potential interviewees and their contact information was accomplished with the help from my liaisons, David Wright and Elizabeth Lendering.

Making contact with these potential interviewees proved very difficult. The primary cause of this problem was their location; they are spread throughout the UK and some of them work from home. Contacting the interviewees from the regional and national office was especially hard.

I employed the same solution I used to get around the problems I encountered with the senior managers for solving this problem; which is by making an assumption that each region handles the same information in the same way. The regional and national offices I visited were also the same as the ones for *Understanding Strategic Planning*. In this way, I could make use of the time and cost needed to travel to the regions and nations more efficiently.

The result obtained from the sampled region and nation was sent to all of the other regions for approval. Therefore, the correctness and accuracy of the result can be guaranteed without having to spend too much time and money.

These interviews were also semi-structured. A semi-structured interview allowed me to design my questions in response to the interview situation. Even so, I would still need to have "a general plan of inquiry" to obtain categories of information I needed (Babbie, 2002, p. 298). The list of the questions I prepared before the interview is listed below.

- What kind of data does this department store?
- Where is the data obtained?
- Do other departments or other offices also record the data?
    - How and in what format is the data sent to them?
    - Why do they need to record this data?

- Is there any need to obtain data from other department?
    - If there is, is there any problem encountered for obtaining the data?
    - What is the problem and what causes it?
- Does this department use CID?
    - If yes, for what purpose?
    - If no, why not?
    - Is there any future use of CID?

These interviews were kept confidential mainly to avoid the risk that it might affect their job security. Their opinions were counted as aggregate opinions of all the staff.

The transcribed interviews were analysed and categorised into types of data collected, types of data stored and types of data used by each departments as well as problems and suggestions for better information sharing. The analysed data also showed me the similarities and differences in the database format of each department. This finding helped in the development of recommendations to ensure consistency of data format to solve compatibility problems currently existed.

3.3 Tentative Timeline

1. Orientation (Week 1)
    a. Familiarise with the organisation's departments
    b. Initial presentation
2. Data Collection (Week 1-3)
    a. Preparation for interviews
    b. Interviews in UK office
    c. Interviews in national and regional office
3. Data Analysis (Week 2-4)
    a. Analyse flow of data
    b. Analyse problems
    c. Develop Matrices
4. Develop Recommendations (Week 5-6)
    a. Prioritise Problems
    b. Recommend better data management practice
    c. Reconfirm feasibility
5. Finalise IQP Report (Week 7)
    a. Revise drafts
    b. Final revision with advisor
    c. Final presentation
    d. Submit report

3.4 Gantt Chart

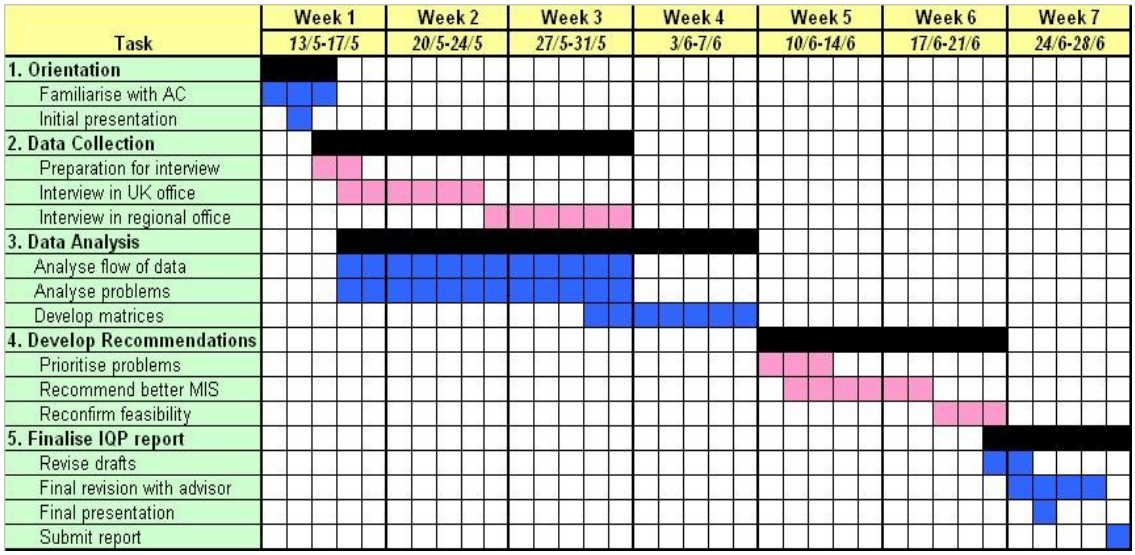


Figure 4 Gantt Chart

4.0 Data Analysis

In analysing the interview results, I investigated the procedures in data management practices in Arthritis Care. In particular, I identified the individuals involved, the instruments used, and the format in which data is stored. I also explored the causes and consequences of data management problems that may hinder information sharing.

In the following section, I began by showing an overview on the areas where data management problems occur, followed by a more systematic explanation on the flow of each data ranging from the collection, storage, transmittal, to the reporting of the data. I use matrices to visually display which departments are involved in the collection and storage of each data, and how the data storage format varied from office to office. Lastly, I will analyse some potential source of data management problems, as expressed to me during the interviews.

4.1 Overview

During the interviews, I found that the data stored in the UK office, the main office, is inaccessible to the regional and national. Consequently, due to the lack of accessibility, data is duplicated in the regional and national offices. A summary of the areas of data duplication is illustrated in Figure 5. In Figure 5, the intersection cell that is painted blue indicates the department or office that records a particular data. Red indicates area-specific information that exists in various departments or regions/nations but is irrelevant to one another.

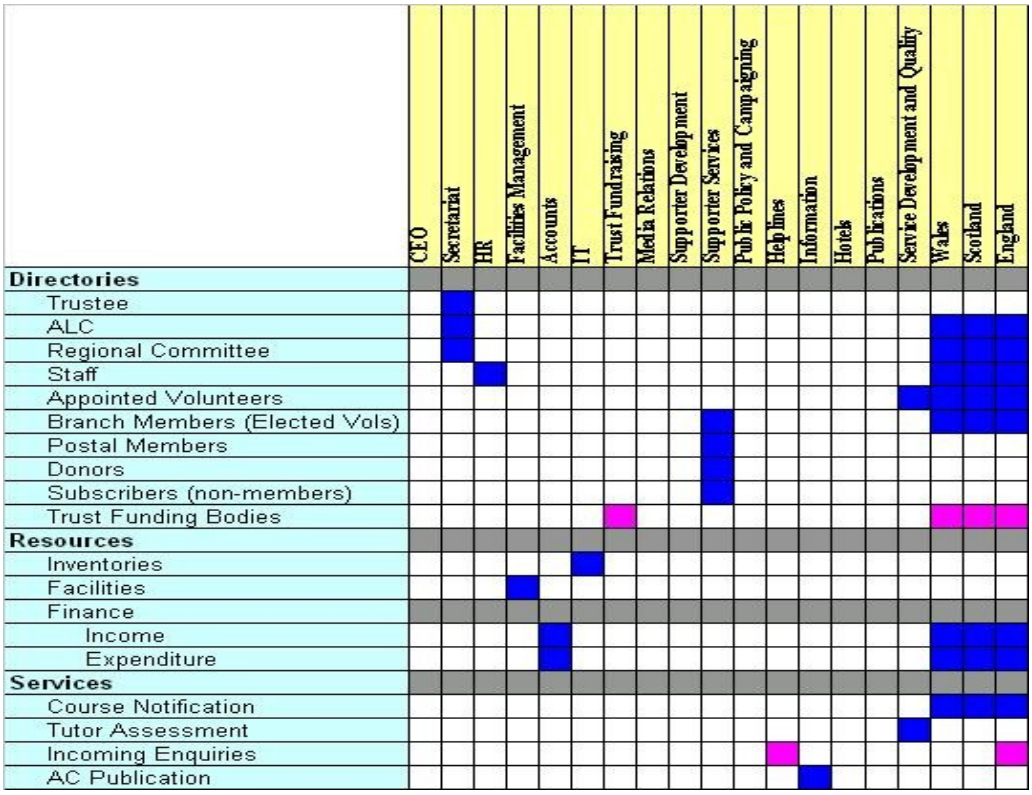


Figure 5 Summary of Data Overlap

I also found inconsistencies in the database software used to store each duplicated data. A summary of the database software used to record each type of data can be seen in Figure 6.

	Databases
Directories	
Trustee	Secretariat (Word), CEO (paper)
ALC	Secretariat(paper), England(Access), Scotland (Access), Wales(Access)
Regional Committee	Secretariat(paper), England(Access), Scotland (Access), Wales (Access)
Staff	HR(paper), HR+Accounts(Excel),Wales(paper),Scotland(Access),England (Access)
Appointed Volunteers	Service Dev. And Quality + Accounts(Excel), Wales(Excel), Scotland(Access),England (Access)
Branch Members (Elected vols)	Supporter Services(Saturn), Wales(Excel), Scotland(Access), England(Access)
Postal Members	Supporter Services(Saturn)
Donors	Supporter Services(Saturn)
Subscribers (non-members)	Supporter Services (Saturn)
Trust Funding Bodies	Trust Fundraising (Saturn), Wales(Access), Scotland(Access), England(Access)
Resources	
Inventories	IT(Excel)
Facilities	
Finance	Accounts (Sun), Wales (Excel), Scotland (Excel), England (Excel)
Income	
Expenditure	
Services	
Course Notification	Wales (Excel), Scotland (Access), England (Excel)
Tutor Assessment	Service Dev. And Quality
Incoming Enquiries	Helplines, England (Access)
AC Publication	Information (hard copy for UK office)

Figure 6 Summary of database location and format

It should be noted that the matrix only contains data that is essential for the management of Arthritis Care, especially those that are correlated to the regions/nations. Some of the responses I obtained contain information that is only specific to one department and basic information that is already shared on CID, such as policies and regulations. These responses are not recorded in the matrix and considered irrelevant to this project.

The organisation of the matrix follows the one recommended by the *2000 Arthritis Care Information Assessment* in Table 1 with a slight modification to accommodate the new Arthritis Care structure. The recommended categories that are not related to information management in Arthritis Care, such as the manuals, are not included in the matrices.

I have divided the data I obtained into three main categories: directories, resources, and services. These categories, to some extent, follow the division of directorates within Arthritis Care.

- **Directories**

  Directories contain contact information about the individuals involved in the organisation as well as external organisations, such as trust funding bodies. Most of the information in this category is obtained from the various departments within the Communications directorate as well as from the regional and national offices.

- **Resources**

  Resources contain data about Arthritis Care assets, including the financial data, inventories data, and other facilities data. The information in this category comes

from the departments within Resources directorate as well as the regional and national offices.

- **Services**

  Services contain data about the services Arthritis Care run to offer information to people with Arthritis. The data is obtained from the departments within Services directorate, such as the Helpline, Information, and Service Development and Quality department, as well as the regional and national offices.

The database information of all the English regions was sampled from interviews in Central England while Northern Ireland is represented by Wales. As described in the Methodology section, I had assumed that all the regional offices in England manage data in the same way. The same assumption is also applied to Wales and Northern Ireland. This assumption had been approved by Dave Wright, my liaison, and confirmed during the interviews with the information about how close the regions cooperate with each other.

In addition, I discovered variations in the data collection procedure and data storage format in the UK, national, and regional offices. In the following section, I will describe the flow of each data from its collection, storage, and transmittal to its reporting. I use matrices as visualisation tools to help show the areas of data duplication, and the variations in data storage format.

4.2 Trustee

Trustee data is only stored and maintained in UK office. It is collected and recorded by the Secretariat department in the UK office. The CEO and the Secretariat are the only two departments who need the trustee data.

4.2.1 Data Collection

There is no formal procedure or data collection instrument to collect this data because most of the trustees have been in Arthritis Care for a long time, and hence, their data can be found in the system without having to collect it. Trustees usually report any changes or updates of their contact data to the Secretariat department informally.

4.2.2 Data Storage

The data exists in primarily paper form. The Secretariat also records the data in a Word document. Whenever there is an update, the Secretariat department informs the CEO Executive Assistant, who also needs to use this data.

Data recorded about the trustees are mostly the contact details, including the title, first name, last name, address, postal code, phone/fax, and email. The format of the data is standard, since there is only one individual collecting and recording these data.

4.3 Committee Members

Recall from Chapter 2 that there are five main types of committees in Arthritis Care (Arthritis Care, 2001, 2.2.1):

- Board of Trustees
- Standing Committees
- Sub-Committees
- Advisory Committees

- Regional/National Committees

Most of the committee member data are collected centrally by the Secretariat department in the UK office, except for Regional/National Committee and Area Liaison Committee (ALC) data, which are obtained from the regional and national offices. Thus, data duplication only occurs for these two types of committee member data. There is no problem in the management of the other committee member data. In the following sections, I am going to assess only the management of these two types of data.

4.3.1 Data Collection

There is no formal procedure on how to collect the regional/national committee member and the ALC member data. The reason for this is because the regional/national committee members are usually cross-registered as branch members, while the ALCs are usually the regional and national directors. Hence, their data already exists in the regional and national offices' databases.

There is no standard procedure on who committee members should inform when there are any changes to their data. Usually, regional/national committees inform the regional/national office, which, in turn, informs the Secretariat department in UK office.

4.3.2 Data Storage

The Regional and National Committees and Area Liaison Committee (ALC) data can be found in the Secretariat department in UK office as well as in the national and regional offices. The inaccessibility of data stored in the UK office triggered duplication of committee member data in the regional and national offices. Figure 7 summarises the duplication of committee member data.

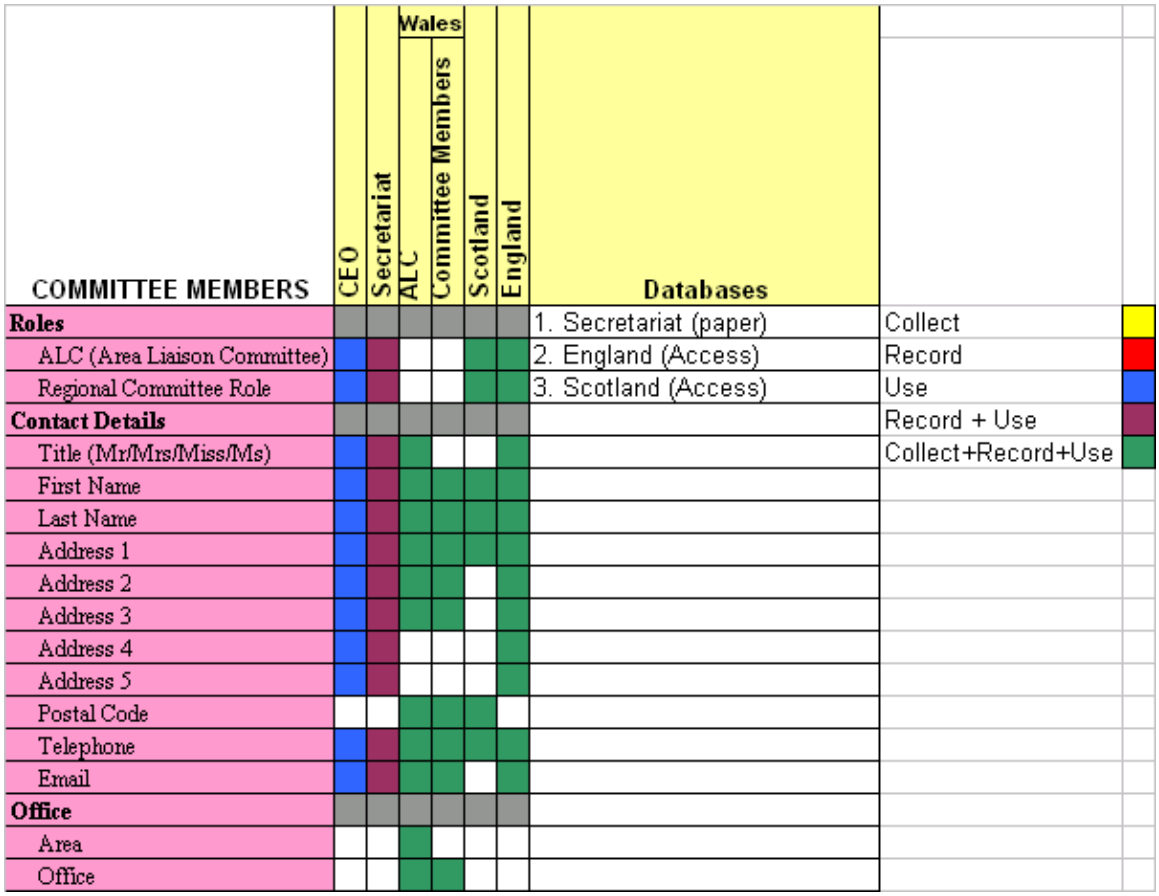


Figure 7 Comparison on Committee Members databases

The format in which each office records the committee member data varies from one office to another. The variations are illustrated in Figure 7. For example, Wales national office store the ALC and regional committee members' data in different spreadsheets while Scotland and England record it in one spreadsheet. The variation can also be seen by the presence of missing gaps in the details recorded by each office as well as in the fragmentation of address fields. Note that all of the regional and national offices use Microsoft Access to store the committee member data.

4.4 Staff

The Human Resources (HR) department is responsible for data about all Arthritis Care's staff. Both the UK and the regional and national offices need this data.

4.4.1 Data Collection

Staff data is obtained from the forms that new employees fill in before they start working in Arthritis Care. An example of this form can be seen in Appendix A. The HR department keeps these paper copies as archive.

The HR department also issues a form to be filled in by the regional and national offices whenever there are any changes to their respective staff's contact details. Regional and national offices fill in this form and submit it to the HR department to inform any updates.

4.4.2 Data Storage

As mentioned earlier, the HR department in the UK office maintains staff data in paper forms. The HR department also has electronic copies of this data in an Excel spreadsheet. This data is accessible only by the HR department, the Accounts department, and the Director of Resources.

The HR department publishes a list of contact details of all the staff to make it easier for individuals in Arthritis Care to contact one another. This data can be found in CID. The CID, however, only allows finding individual contact data at a time by browsing through the Directory folder or by using the Quick Search or Advanced Search function.

Recently, the HR department published the *Who's Who* list. This list is a compilation of contact details of staff in each office. In this list, the title/role and telephone number of each staff member can be found. The *Who's Who* in the UK office can be found in Appendix B, and the list for regional and national offices is in Appendix C.

The *Who's Who* list was published very recently. Before the list was made available to the regions/nations, the regional and national offices maintain record of their office's staff to resolve their inability to access the data stored in the UK office. A summary of the departments involved in the management of staff data can be seen in Figure 8.

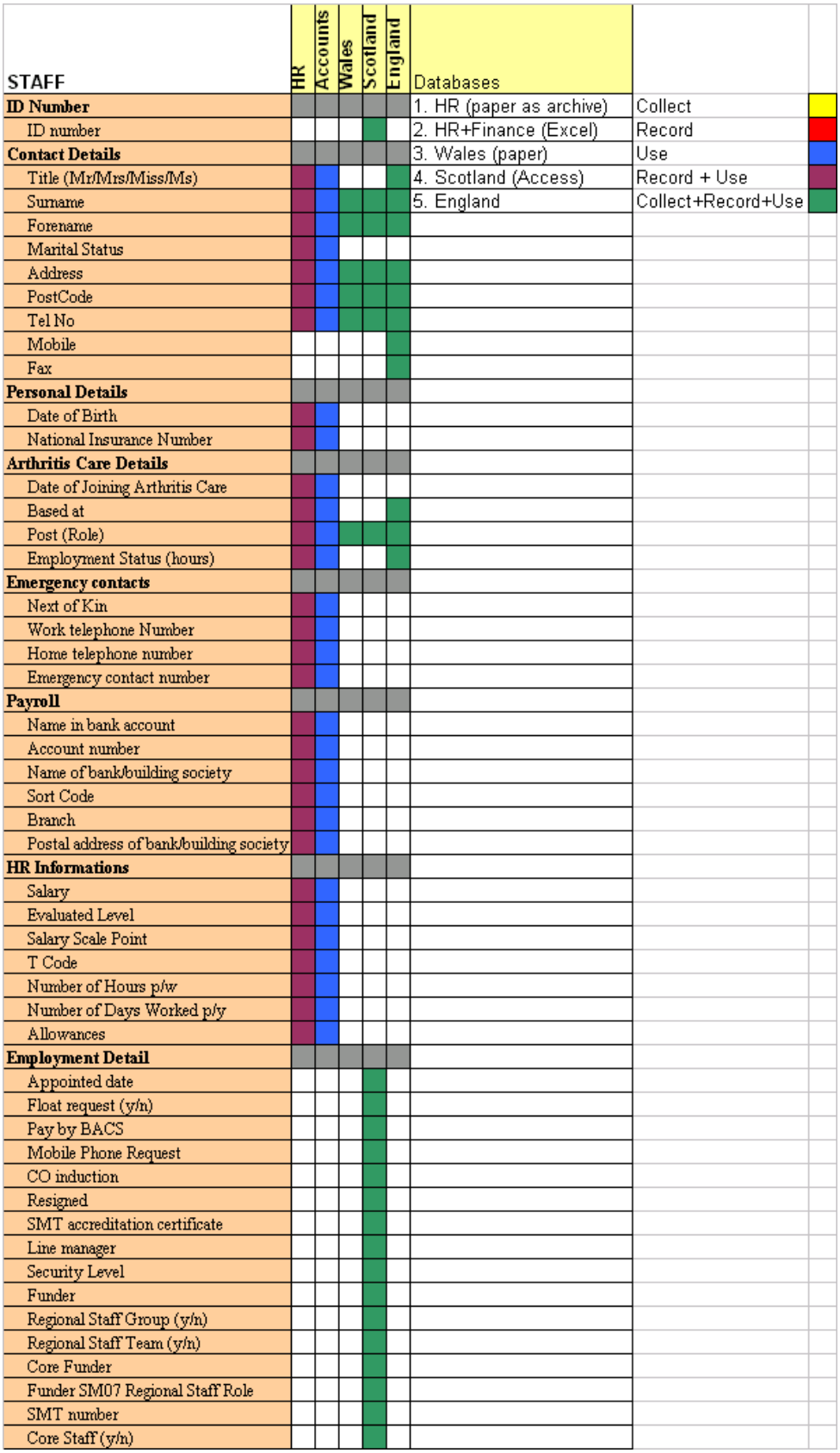


Figure 8 Comparison on Staff Databases

There is no standard format for recording staff data. Each region and nation records data in its own way. Some office records only the contact details, as required by HR, and some others record it in a very detail manner. A comparison of the format of staff data recorded by each region/nation is presented in Figure 8.

The variations usually concern the types of data fields and the database software used. For example, Scotland National Office records not only the contacts data of each staff but also the employment detail, such as the appointed date and the line manager.

The database software used to record this data varies from Microsoft Access and Microsoft Excel to paper copies. Also note that the staff details recorded in the regional and national offices is primarily the contact information.

4.5 Appointed Volunteers

Appointed volunteers data is collected by the regional and national offices, and hence, is duplicated in these offices. Again, both the UK office and the regional and national offices need this data.

4.5.1 Data Collection

Details about appointed volunteers are obtained from the volunteer's application form, which can be seen in Appendix D. The line managers, consisting of the Regional/National Director and the Senior Services Manager (Training) collect this application form. When the application is accepted, the line managers notify the UK office about the new volunteer by filling in the notification form published by UK office and sending it to the UK office. This form is addressed to the HR, Supporter Services, and the Accounts department. The form contains information about the new volunteer's

name, address, and telephone numbers as well as his new role, start date, and budget code for expenses. When this information is received the Supporter Services department will "update database and issue volunteer number" while the HR department will "issue expenses form" and Accounts department "note details and issue identity badge" (Arthritis Care, 2002, Appendix 9). These three departments, then, inform the regional administrator the volunteer number and the dates when the expense form and identity badge has been produced.

Even though the data collection procedure is specified, there is no formal procedure for updates collection. There is confusion over the collection of updates. Volunteers usually inform the regional/national office, which will pass the information to the UK office.

4.5.2 Data Storage

The data about appointed volunteer is stored both in the regional/national office and the UK office. The duplication occurs due to the lack of accessibility for the regional and national offices to view the data stored in the UK office. The data stored in UK Office server is only accessible to staff in the UK office, but not to the regional and national offices. A summary of the departments involved in the management of appointed volunteer data can be seen in Figure 9.

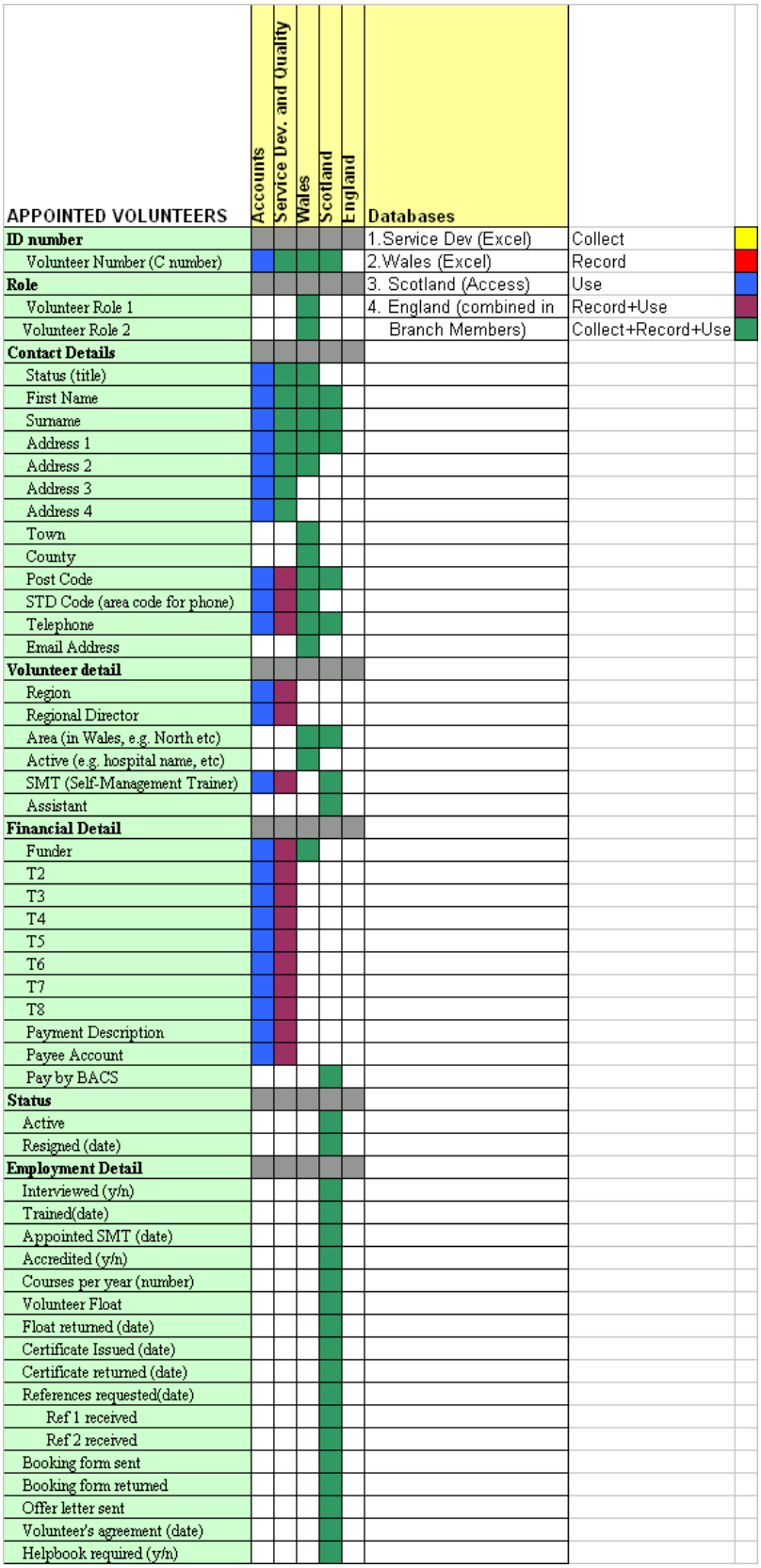


Figure 9 Comparison on Appointed Volunteers Databases

In duplicating data, regional/national office uses different format. The variations are illustrated in Figure 9.

Variations in data storage format usually concern the types of fields recorded, fragmentation of address fields, and the database software used used. Note that the format in which the regional offices store this data is not recorded in the matrix. The regional offices, as sampled from Central England office, record the appointed volunteers' data and branch members' data in one spreadsheet. The format of their data can be seen in Figure 10.

4.6 Saturn Database

Most of the contact data in Arthritis Care is stored in Saturn database, which is hosted by a company based in Maryland, USA. Saturn contains four types of contacts data: donors, postal members, branch members, and subscribers (non-members). Each type of data is stored in different programs in Saturn. Yet, the format of all these four kinds of data is the same. There are several Saturn database features that need to be understood.

- **View**

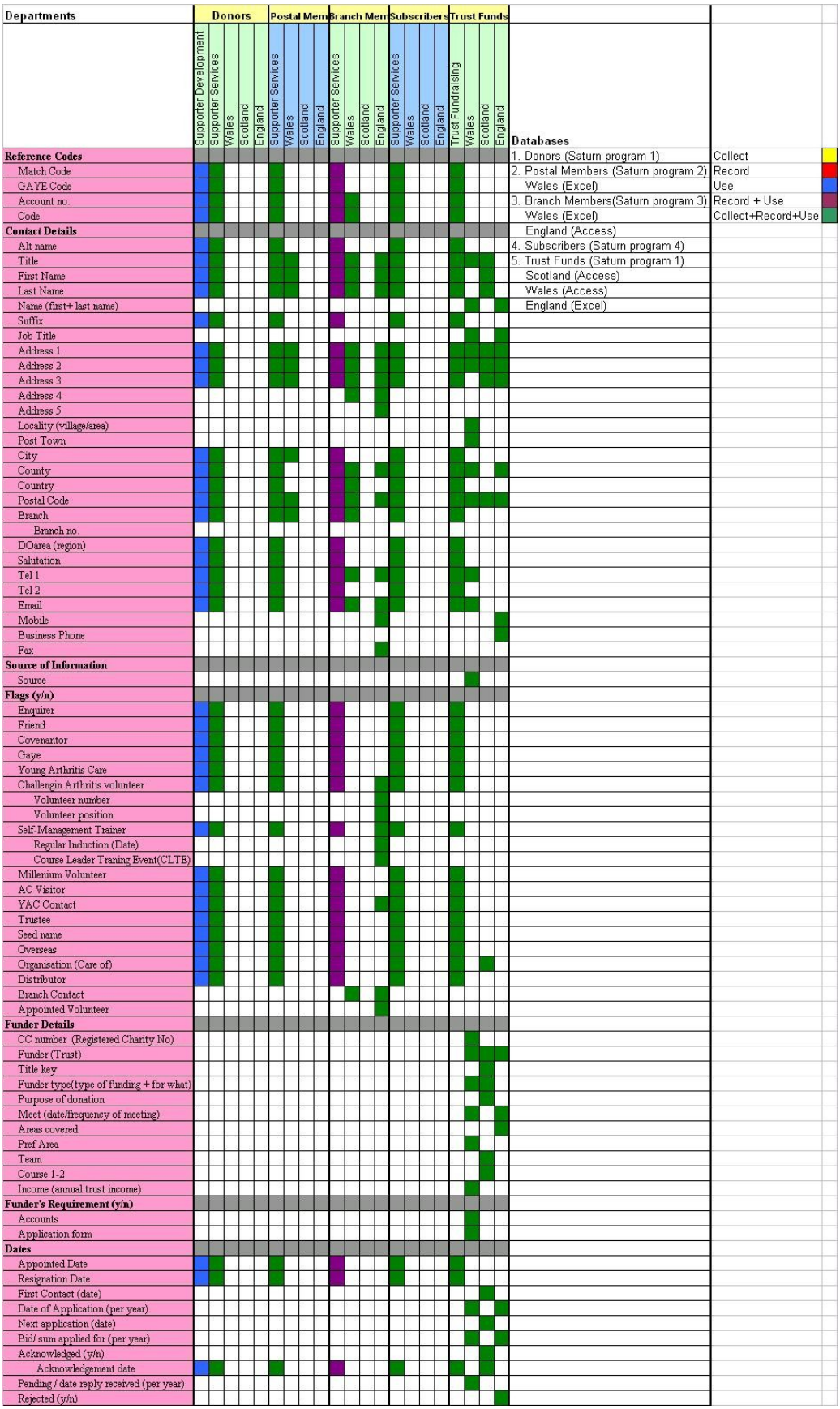
  Saturn database can be viewed in two versions, DOS and Windows. A snapshot of the Windows version can be seen in Appendix E.

- **Security**

  Saturn database has several levels of security. The higher the level of security one possesses, the more data processing activity one can do. For example, with only one level of security, one is only given a read-only access to the database. One will only be able to view individual data without being able to download any

data. Currently, the Supporter Services department is the only department possessing all the security levels, which allows the department to view, modify, and download data. It should be noted that the Saturn database is not able to print out data. Any requests for printed data should be sent to the Saturn Corporation in the United States.

The Supporter Services department, who is responsible to provide services for Arthritis Care supporters including its donors, funders, and members, manages the Saturn database. The database is accessible to all departments within the Communications directorate. Even though some data, in particular the branch member data, is obtained and also needed by the regional and national offices, Saturn is not accessible to them. To be able to view this data, the regional and national offices, thus, maintain their own record of this data. The regional and national offices do not even know what the Saturn database content looks like and hence, the format in recording data varies in each office. Similar to all the other data, the variation concerns the types of fields, fragmentation of address fields, and program used. The duplication and variation in the data format are illustrated in Figure 10. The variations, again, occur in the types of data fields recorded, the fragmentation of data fields, and the database software used.


Departments
Donors
Postal Mem
Branch Mem
Subscribers
Trust Funds
Supporter Development
Supporter Services
Wales
Scotland
England
Supporter Services
Wales
Scotland
England
Supporter Services
Wales
Scotland
England
Supporter Services
Wales
Scotland
England
Trust Fundraising
Wales
Scotland
England
Databases
1. Donors (Saturn program 1)
2. Postal Members (Saturn program 2)
Wales (Excel)
3. Branch Members(Saturn program 3)
Wales (Excel)
England (Access)
4. Subscribers (Saturn program 4)
5. Trust Funds (Saturn program 1)
Scotland (Access)
Wales (Access)
England (Excel)
Collect
Record
Use
Record + Use
Collect+Record+Use
Reference Codes
Match Code
GAYE Code
Account no.
Code
Contact Details
Alt name
Title
First Name
Last Name
Name (first+ last name)
Suffix
Job Title
Address 1
Address 2
Address 3
Address 4
Address 5
Locality (village/area)
Post Town
City
County
Country
Postal Code
Branch
Branch no.
DOarea (region)
Salutation
Tel 1
Tel 2
Email
Mobile
Business Phone
Fax
Source of Information
Source
Flags (y/n)
Enquirer
Friend
Covenantor
Gaye
Young Arthritis Care
Challengin Arthritis volunteer
Volunteer number
Volunteer position
Self-Management Trainer
Regular Induction (Date)
Course Leader Traning Event(CLTE)
Millenium Volunteer
AC Visitor
YAC Contact
Trustee
Seed name
Overseas
Organisation (Care of)
Distributor
Branch Contact
Appointed Volunteer
Funder Details
CC number (Registered Charity No)
Funder (Trust)
Title key
Funder type(type of funding + for what)
Purpose of donation
Meet (date/frequency of meeting)
Areas covered
Pref Area
Team
Course 1-2
Income (annual trust income)
Funder's Requirement (y/n)
Accounts
Application form
Dates
Appointed Date
Resignation Date
First Contact (date)
Date of Application (per year)
Next application (date)
Bid/ sum applied for (per year)
Acknowledged (y/n)
Acknowledgement date
Pending / date reply received (per year)
Rejected (y/n)

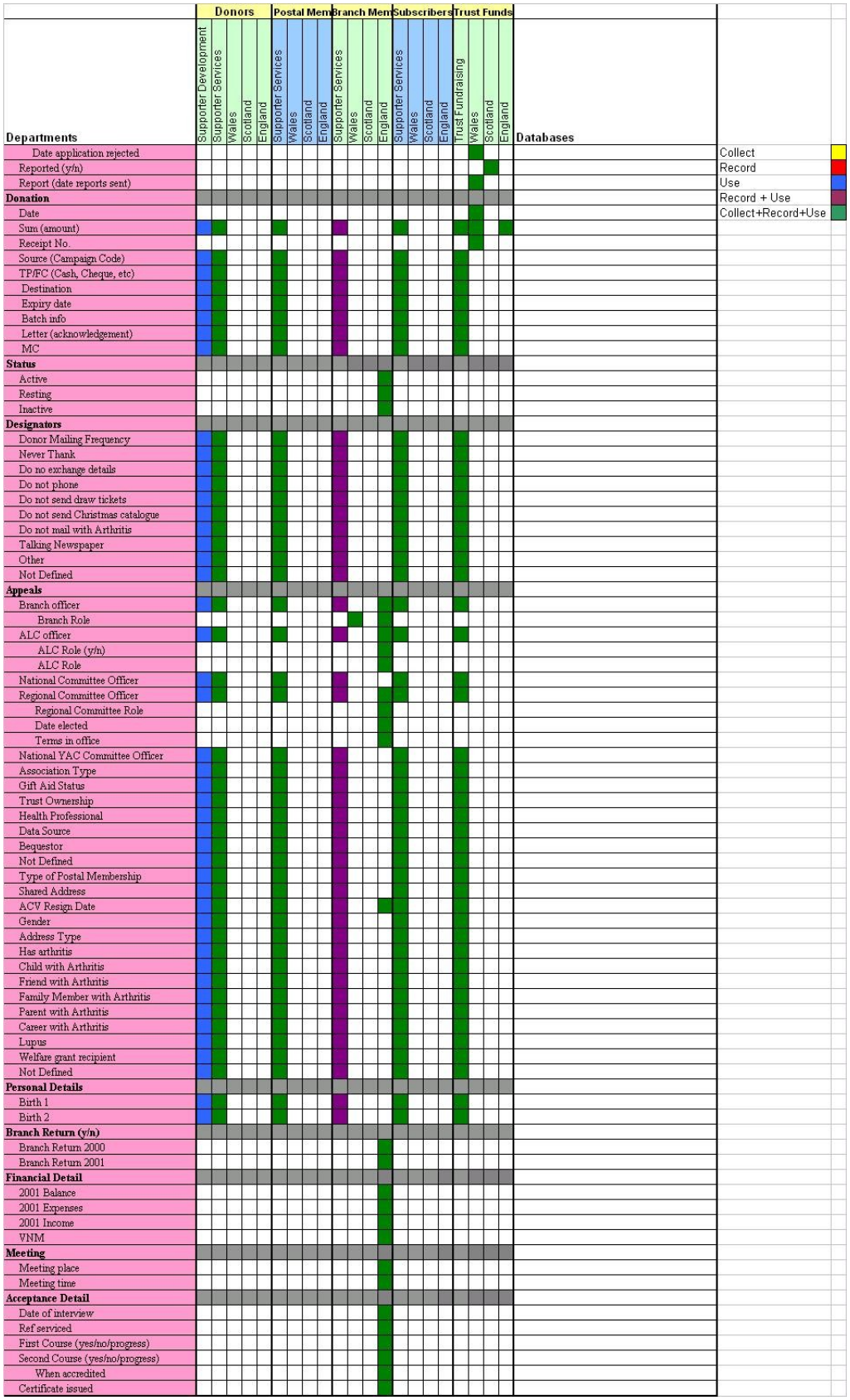


Figure 10 Comparison on Saturn and other regional databases

4.6.1 Donors

Donors are individuals who contribute money for Arthritis Care to continue its services. The donor data can only be found in the Saturn database in the UK office. Both the Supporter Services and the Supporter Development department need this data.

4.6.1.1 Data Collection

Donors can submit their data and their donations in many ways: online or by filling in the form that can be found in Arthritis Care's website, Arthritis News, or various Arthritis Care publications and sending it to the UK office. Whether donation information is submitted by mail or by electronic means, this data is sent directly to the Supporter Services department in the UK office. An example of the donation form can be seen in Appendix F.

4.6.1.2 Data Storage

Since donor data is sent directly to the UK office, this data is not duplicated in the regional and national offices. The format is consistent, since only one department collects and records this data. As I have mentioned earlier, the Supporter Development department also uses this data. However, the Supporter Development department does not need to duplicate this data, since it is able to access the Saturn database. The matrix in Figure 10 shows that the donor data is only recorded in one location, which is the Saturn database.

4.6.2 Postal Members

Postal members are people who register as members of Arthritis Care. Postal members are considered as 'UK office members' primarily because their registration as members is handled directly by the UK office. The Supporter Services department is the only one that needs this data, mainly for publications' mailings, such as Arthritis News magazine. The postal members data is only collected and recorded by the Supporter Services department in the UK office.

4.6.2.1 Data Collection

Registration as postal members can be done online through Arthritis Care website or by filling in the registration form that can be found in the website as well as Arthritis News and various publications. Whatever the method is, their registration goes directly to the UK office. The registration form to be a postal member is the same as the one for submitting donation, as can be seen in Appendix F.

4.6.2.2 Data Storage

Postal member data is only recorded in the Saturn database by the Supporter Services department. There is no duplication problem in managing the postal members' data because this data is collected, recorded, and used by one department. The absence of duplication also means that the format in which this data is stored is consistent; it follows the data format in Saturn database.

4.6.3 Branch Members

The branches and the UK, national, and regional offices, need the branch member data. The data is collected by the branches, and can be found in the branches' database as well as the UK, regional, and national offices'.

4.6.3.1 Data Collection

The branch secretary is responsible for collecting data about their members. This data is obtained through the *Application for Branch and Group Membership* forms that new members need to fill in before they are admitted as members. An example of this form can be seen in Appendix G.

In these forms, new members provide their personal details, such as their title, initials, surname, address, postcode, telephone number, and date of birth. They also inform branches if they will need transport to meetings, if they are a wheelchair user, and if they can provide transportation to other members. New members must also provide emergency contact information for branches to contact if something happened to the new member during a branch or group event.

The branch secretary reports any updates on branch member data to the Supporter Services department in UK office. The updates may include admission of new members, change of address in member data, deletion of members for any reason, reinstatement of deleted/lapsed member, and admittance of younger member (Arthritis Care). The reporting is done by filling in the *Changes in Branch/Group Membership Information* form and sending it to Supporter Services department. An example of this form can be seen in Appendix H. The Supporter Services department, then, records this data in Saturn database.

In some cases, the *Changes in Branch/Group Membership Information* is not sent directly to the UK office. Sometimes, it is sent to the regional/national offices first before being passed to the Supporter Services department in UK office.

4.6.3.2 Data Storage

Record of branch member data can be found both in the Saturn database in UK office, and in the regional and national offices. The regional and national offices duplicate the branch member data for their own local use. Since they cannot access the data in Saturn, they recognise data duplication as the only feasible way they can obtain the data they need. Similarly, the regional and national offices do not know how the format of data stored in the Saturn database. Hence, the format in which branch member data is stored varies from office to office, as illustrated in Figure 10. For example, Scotland records the branch data differently, as compared to the other offices. It stores details about each branch instead of about each individual member. The fields in Scotland's branch details are listed below.

- Old branch number
- Branch number
- Started (date)
- AGM month (date)
- Closed (date)
- Region (according to ALC)
- Branch
- Branch return (date received)
- Return to CO
- Branch Treasurer
- Date treasurer elected
- Branch chairman
- Date chairman elected
- Branch president
- Branch vice-president
- Secretary

- Branch post
- Branch membership
- Membership elected
- Staff contact
- Staff place
- Branch meeting time
- Branch meeting day
- Committee meeting place
- Committee meeting time
- Committee meeting day

This example shows how variations may occur not only in the detail fields recorded, but also in the layout of database. The variations occur as a consequence of the lack of guidance and co-operation among the UK, national, and regional offices.

4.6.4 Subscribers

Subscribers are people who subscribe to Arthritis News or other Arthritis Care publications without being registered members. As non-members, they have no voting rights in Arthritis Care. Their registration would only allow them to get Arthritis Care's magazine and other publications. The subscribers' data is collected and recorded by the Supporter Services department in the UK office.

4.6.4.1 Data Collection

Data about the subscribers are obtained from the *Subscribe to Arthritis News* forms that they fill in to be listed as Arthritis News subscribers. In this form, the subscribers provide their name, address, and postcode. Their payment method is also specified in this form. An example of this form can be seen in Appendix I.

4.6.4.2 Data Storage

The subscriber data is only stored in Saturn database, since the *Subscribe to Arthritis News* forms are sent directly to the Supporter Services department. The data is stored only in the Saturn database in the format imposed by the database. This data is not duplicated in the regional and national offices.

4.6.5 Trust Funder

The Trust Fundraising department is responsible for making contact with funding bodies that finance Arthritis Care projects. The department is also responsible for finding and collecting data about the trust funding organisations.

In the regions, the responsibility of raising funds is given to the Resource Manager. Each Resource Manager is considered as a professional fundraiser and therefore, is given the freedom to choose their own way in doing their job, including choosing their own method to collect and record a funder's data. The Resource Managers can also obtain some guidance from the Trust Fundraising department in the UK office whenever needed.

4.6.5.1 Data Collection

There is no specific format on how data should be collected or recorded. Data about trust funding bodies are usually obtained from the Internet or various directories and magazines, such as *Charity Time* and *Trust Monitor*.

4.6.5.2 Data Storage

The offices do not communicate with each other on how to record the data either. The variation in the format of trust funding data can be seen in Figure 10. However, The organisation's confidence in the professionalism of each Resource Development Manager makes standardisation of database format unnecessary.

The Trust Fundraising department must work closely with the Resource Development Managers to avoid two or more Arthritis Care offices approaching the same organisation. Currently, the Trust Fundraising department communicates with the Resource Development Managers via email. Each Resource Development Manager sends a list of trust funds that they approach and the Trust Fundraising department, in return, sends back a list of all the trust funds approached by UK office and each Resource Development Managers. Despite the inefficiencies of sending emails back and forth, this communication method enables the exchange of information among the UK, national, and regional offices.

4.7 Inventories

Inventories are the electronic assets of Arthritis Care, including the computer and its accessories, computer software, mobile phone, answering machine, fax, photocopier, OHP, and projector. The Information Technology (IT) department is responsible on collecting, storing, and reporting this data.

4.7.1 Data Collection

The IT department issues a form that each office needs to fill in. Using this form, IT department is able to obtain information on the details of inventories each office has.

The information includes the ID number, type, maker, model, TAG/Express Code or Serial Number, data received, and purchase value of each electronic equipment of Arthritis Care. There are, however, some complaints from the regional and national offices in the difficulty of filling in the form, especially because finding the information demanded by the IT department requires some Information Technology knowledge, which not all the staff has. An example of this form can be seen in Appendix J.

4.7.2 Data Storage

The inventories data is stored only in IT department's database. The regional and national offices do not seem to be interested in keeping a record of this data. Hence, the collection and storage of the Inventories data encounters no problem. The format of this data is standardised, since only one department records this data. The types of inventories stored by the IT department illustrated in Figure 11.

INVENTORIES	IT	Wales	Scotland	England	Databases		
PC item					1. IT(Excel)	Collect	
CD item						Record	
Fax/Modem						Use	
Ansaphone						Collect+Record	
Mobile Phone						Collect+Record+Use	
Photocopier							
Fax							
Security Number							
Software							

Figure 11 Inventories database

4.8 Facilities

In contrast to inventories, facilities are the non-electronic assets of Arthritis Care, such as the tables and chairs. The collection and storage of the facilities data has not

started yet. However, Arthritis Care is planning to purchase a program to record this data specifically. The Facilities Management department is responsible for this data. The data is also shared with the Accounts department. During the interviews, I discovered that some regional/national offices are also interested in recording their facilities data.

4.9 Finance

The financial data in Arthritis Care is managed centrally in the UK office by the Accounts department. Each regional and national office reports their financial data to the UK office regularly, usually monthly.

4.9.1 Data Collection

The financial data is obtained from the regional and national offices. The collection of this data is done using various forms, such as the *Regional Core Staff Expense Claim* and the *Branch Return*, and various other reports generated by each region/nation, such as the grants reports and project report. These forms are sent to the UK office monthly. An example of the *Regional Core Staff Expense Claim* can be seen in Appendix K.

4.9.2 Data Storage

The Accounts department records this data into a special Accounting program called Sun Accounts. After the data is compiled, UK office sends a summary report to each regional and national office. These reports include monthly management report, monthly Challenging Arthritis report, and project reports which are generated on demand. Challenging Arthritis, as explained in Chapter 2, is one of the most important projects conducted by Arthritis Care.

The expenditure and income in Arthritis Care is analysed using the T-codes. The T-Codes are codes to classify the types and purpose of income and expenditure. Currently, there are eight T-codes used in Arthritis Care. Explanations on each type of codes can be found in Table 3.

Codes	Purpose of Analysis	Example
T1	Identify source of income	ACWK – Arthritis Care Week BNK – Bank interest
T2	Identify the budget and budget holder	RGNCE – Regions Central England FCMR – Media Relations
T3	Sub-analysis of T2 to identify the roles that the grant is funding	RD – Regional Director VOL – AC volunteer
T4	Sub-analysis of T2 to report by regions	RGNNE – Regions Northern England GAID – Gift Aid Donation
T5	Identify the project to which the grant has been made	CEMS – England Central Miscellaneous TRBL – Transport Fund Burnlea Hotel
T6	Sub-analysis of T5 to identify regions	ENGSE – South East England GLOB – Global Project Costs
T7	Sub-analysis of T5 to enable regions to identify funders or to report expenditure in the format required by their funders	CE05 – Central England Staff Training Fund SM08 – Eveson Charitable Trust
Expenditure Codes	To identify types of expense	2312 – Telephone
Income Codes	To identify source of income	1200 – Donations 1220 – Grants

Table 3 Arthritis Care Accounting Codes

During the interviews, I discovered that staff, both in the UK office and in the regional/national offices, does not understand the T-codes very well. The T-codes are very complex and when they are used properly, they enable various kinds of financial report to be generated. However, there is no extensive explanation on how T-codes can do this.

As in the case of other data, duplication also occurs for financial data. The regional and national offices made their own record because of the inability to access and view their financial data in Sun Accounts. Some offices also claim that they need to record their own financial data because the UK office compiles the financial data for the minor projects into one miscellaneous project report. An example of the types of fields recorded for income data in Scotland is listed below.

Database	Fields
Income	1. Donor a. Core income b. Miscellaneous Scotland income c. Scottish Executive IT d. Scottish Executive Core – grants per 3 month e. Services 2. Retained vs. banked 3. Number 4. Banked (date) 5. Purpose 6. Date 7. Month 8. Year 9. Amount 10. AC code 11. T1 12. T3 13. T5 14. T7 15. T8
Expenditure	1. Volunteer/staff 2. Miles so far 3. MiIes …(month) 4. Miles total 5. Miles claim 6. Travel 7. Accommodation food 8. Phone 9. Postage 10. Stationery 11. Other 12. Total
CA Volunteer Budget	1. Team 2. Budget 3. Total to date 4. Budget to date 5. Variance 6. Budget remaining
Branch Return	1. Branch number 2. Branch – name 3. Comment 4. Received 5. Returned to UK 6. Bank at the start of the month 7. Bank at the end of the month 8. Membership subscription – amount sent to UK office

Table 4 Scotland Financial Databases

Notice the simplicity of the financial data spreadsheet in the regions. Since most of the administrators in the regional and national offices do not have accounting background, the regional/national data is recorded in a simple Excel spreadsheet in the format they can understand.

4.9 Course Notification

Arthritis Care provides courses for people with arthritis to help them manage their arthritis. Data about what courses Arthritis Care run is needed to monitor the activities of Arthritis Care. This data is obtained from the regional and national offices, which are responsible to reach people with arthritis in their area.

4.9.1 Data Collection

The course notification data is obtained from the Senior Services Manager (Training) or Training Services Manager and collected by regional and national offices. Each regional and national office then, collects this data and reports it to the UK office. It should be noted that there is no standard forms for collecting this data.

4.9.2 Data Storage

The list of courses in each region/nation can be found in the respective regional/national office's database. The UK office also records the data for monitoring use.

COURSE NOTIFICATION	Service Development and Quality	Wales	Scotland	England	Databases		
ID number					1. Service Dev (Excel)	Collect	
Course Ref (LCE number)					2. Wales (Excel)	Record	
Codes					3. Scotland(Access)	Use	
T8					4. England (Excel)	Record + Use	
T7						Collect+Record+Use	
Funder Code							
Funder							
People Involved							
Course Organiser							
Course Leader							
Course Leader 2							
Course Leader 3							
SMT (Self-Management Trainer)							
Local Authority							
Contact No.							
Course Detail							
Region/ patch							
Location (Venue)							
Start Dates							
Start Time							
End Date							
Venue Cost							
Course Time							
No. of courses							
Participants							
Number of participants							
Number of Male							
Number of Female							
18-25							
26-59							
60+							
Status							
Proposed							
Ongoing							
Completed							
Form A received (y/n)							
Certificate sent (date)							
Register (number)							
Cancelled (y/n)							
Booking forms (number)							
Evaluation forms (y/n)							
Adva (y/n)							
Acco (y/n)							

Figure 12 Course Notification Database

Currently, there is no specified format on how this data should be recorded. As can be seen in Figure 12, each regional/national office records this data in different format. The variations create problems for the UK office in compiling data from different offices together.

4.10 Tutor Assessment

Completed courses are assessed by Arthritis Care staff and reported to the Service Development and Quality. The tutor assessment report is needed to evaluate the quality of courses Arthritis Care run. This data is available only to the Service Development and Quality department and the Director of Services.

4.10.1 Data Collection

The assessment is done by filling in the *Assessment Form*. The Service Development and Quality department is then, responsible to compile together this data and record it in a spreadsheet.

4.10.2 Data Storage

Only the Service Development and Quality department in the UK office record the tutor assessment data. The details on the fields recorded in the spreadsheet are listed below.

- Name of tutor
- Who needs assessing
- Location of course
- Dates and time of course
- Date of assessment
- Assessor
- Shadowing assessor
- Letters and packs sent (y/n)

- Maps received (y/n)
- Payment for assessor organised (y/n)
- Paperwork received back (y/n)

The tutor assessment report is needed to evaluate the quality of courses Arthritis Care run. This data is available only to the Service Development and Quality department and the Director of Services.

4.11 Incoming Enquiries

Arthritis Care also provides information about arthritis through their helpline teams. The data about the kinds of enquiries come into Arthritis Care is recorded to provide data about what kinds of information is asked most frequently. By knowing this information, Arthritis Care is able to gain a deeper knowledge on this area of enquiry and hence, is able to improve its services.

4.11.1 Data Collection

Most of the enquiries come through the Helplines department. The Helplines department is responsible to collect the statistics of incoming enquiries. Even though there is no helpline service in the regions/nations, some enquiries might go to the regional and national offices. Hence, some regional and national offices also collect information about the incoming enquiries.

4.11.2 Data Storage

Each Helplines staff member is given a sheet of form that they need to fill in as they are answering phone calls from enquirers. Information about the enquirer details

and the types of questions asked can be obtained from this form. An example of this form can be seen in Appendix L.

Some regions are also interested in keeping their own record about the incoming enquiries. However, there is no standard format on how regions are supposed to record this data because this is not expected of the regions. The variation in the data format is illustrated in Figure 13.

INCOMING ENQUIRIES	Helplines	Wales	Scotland	England	Database
Enquiries Detail					
Date					
In/Out					
Mode (Call via)					
Switchboard					
Helpline					
2000 Non-Source					
2000 Source					
Mailbox					
Mailbox Source					
E-mail					
Enquirer Detail					
Name					
Address (including post code)					
Phone					
Publication/Organisation					
Type of caller					
pwa/yacnet/parent/prof/career/friend					
people with arthritis (y/n)					
Male/Female					
Age					
Under 17/17-25/26-45/46-60/0ver60					
Under 16/16-21/22-25/25+					
Ethnic Origin					
Type of Arthritis					
Other health problems					
Regional Actions					
How heard about us and purpose of call					
Action					
Helplines Actions					
Issues Raised					
Referral to PPC (y/n)					
On COX-2(y/n)					
Denied COX-2 (y/n)					
On Anti-TNF (y/n)					
Area					
Strategy					
Denied Anti-TNF (y/n)					
Area					

Collect
Record
Use
Collect+Record
Collect+Record+Use

Figure 13 Incoming Enquiries Databases Comparison

From the matrix in Figure 13, we can see that the data recorded in the regions is less specific than the one recorded by the Helpline department. A proper guidance from the UK office for the regional and national offices seems to be needed.

4.12 Arthritis Care Publications

Arthritis Care issues numerous publications, including its bi-monthly magazine, Arthritis News, to provide people with more information about arthritis. These publications are distributed to the different offices besides being sent to the subscribers and members.

4.12.1 Data Collection

There is no standard data collection instrument for Arthritis Care publications. Since this data is only collected from the Publications department, the existence of a standard data collection instrument is unnecessary.

4.12.2 Data Storage

The Information department is responsible for recording information about publications Arthritis Care issued. This data is then, converted into a list of publications. The details on the publications information are listed below.

- Title
- Author
- Year
- Synopsis
- Type of publication (incl. Number of pages)
- Price

Printed copies of this list can be found at the Information department in UK office. The list is however, not available to the other offices and therefore, regional and

national offices are not informed on what publications are outdated and what publications are just released. The lack of accessibility of this data to the regions can be interpreted as a lack of inclusion of the regional and national offices in information sharing.

4.13 Problems and Concerns

The problems and concerns about the current information management in Arthritis Care expressed by the senior managers, heads of departments, and various regional managers involve the relationship between different office locations, especially between the UK office and national/regional office. The sharing of information within a department or an office-location is well managed. Problems only arise when information needs to be shared with other office(s).

In the previous sections, I have mentioned the problems and concerns as I was describing the collection and storage of each data. In this section, I am going to present a summary on all the list of problems and concerns.

The responses I obtained about the problems and concerns of the information management of Arthritis Care are qualitative data. It could not be translated into numbers. Instead of quantifying the data, I presented the summary of the problems and concerns in categories based on the areas of information, such as financial information, directory information, and general management. The problems and concerns are compiled into one list without revealing any names. The list is presented below.

- Financial Information Problems
    - There is no communication about how regional and national offices should operate, e.g. how to manage financial information
    - Direct debits are not set up
    - No regional bank account; everything is managed and paid by UK office
    - Expenditure coding imposed by UK office does not suit the needs of regions

- Directory Information problems
    - Arthritis information for regions
    - Data recorded in UK office is not accessible to the national and regional offices
    - UK office not responsive to update given by regional and national offices, e.g. some members passed away and subscriptions should be deactivated
    - Data needs to be recorded in the regional/national offices because once it is sent to UK office there is no summary sent back
    - Different programs used by UK office, such as Sun in Financial department and Saturn in Supporter Services Development
- General management problems
    - Regional directors are not included in planning, e.g. they sometimes are not aware of the date of events, such as AC Week, and hence, gave late notice to the branches
    - There is no forum in Senior Management Group (SMG) to discuss operational issue, e.g. financial management
    - Some policies do not apply to the national offices due to the different governance in different nations

The list of concerns show that the main problem in Arthritis Care's data management practices is related to the lack of communication between the UK office and the national/regional offices. The lack of data accessibility to the regional and national offices also means the exclusion of the regional and national offices in planning. Consequently, there are a lot of disagreements in the regions/nations over Arthritis Care's data management practices, which causes duplication of data in the regions/nations and inconsistencies in the data storage format.

5.0 Conclusions

The data analysed in Chapter 4 shows that current data management practices in place does not suit a decentralised, multi-regional organisation like Arthritis Care. The data reveals that inefficiencies and problems arise especially when information passes through, or is needed by more than one office location.

From the analysed data, I identified three main data management problems for Arthritis Care to address: data accessibility, data format, and data flow. In this chapter, I identify the current data management practices that cause these problems and explain their consequences. Lastly, I offer some recommendations to solve the problems and assess the benefits of resolving them to Arthritis Care.

5.1 Data Accessibility

One tenet of effective data management practice, as described in Chapter 2, is easy access to information. Accessibility is very important especially for multi-regional organisation like Arthritis Care. Lack of accessibility may result in poor timeliness and data duplication. Yet, current data management practices at Arthritis Care only guarantee accessibility and sharing of databases within a single office location, but accessibility is not ensured when information must travel to different locations. For example, the Saturn database, "the corporate contact database" of Arthritis Care, is only accessible to the departments within the Communications directorate (Lynch, personal communication, June 19, 2002). Saturn database is thus, not accessible to users in the other office locations.

5.1.1 Accessibility Issues

Due to the lack of accessibility regional and national offices are not able to obtain the data they want on time. Whenever they need any kind of data, they have to send a request to the UK office and wait for the response to come. The waiting time can take from five business days to as long as several months. In some cases, the regional and national offices have to make the request several times. To remedy the lack of accessibility and timeliness, the regional and national offices maintain their own copy of data that is already stored in UK office. In short, they are duplicating the data. A summary of areas of data duplication can be found in Figure 5.

Duplication of data causes inefficiency in the internal work of Arthritis Care. Instead of merely being the medium between data collector, such as the branches, and the UK office as the data recorder, regional and national offices also record data. This means that both the UK office and the regional/national office devote their time and effort to do the same job, and more than one database is used to record the same data. This repetition amounts to a waste of resources, such as time and money.

Duplication of data also increases doubt on data reliability. When data is stored in more than one database, there is a great chance that the data in each database may not confirm to one another; one database may be updated regularly while the other databases may be left uninformed on updates. In fact, regional and national offices admitted that updates on branch member data are sometimes sent directly to the UK office without passing through the regional and national offices. When this happens, regional and national offices are unaware of their data inaccuracies.

5.1.2 Accessibility Recommendations

The most feasible way to eliminate data duplication in the regional and national offices is by storing data in one main database that is accessible by users throughout the organisation. This solution can be realised by sharing data on the Corporate Information Database (CID). However, this option is only feasible for data that is stored using compatible database software to be uploaded and downloaded on the CID, such as Microsoft Word or Microsoft Excel. Thus, all data must be maintained in compatible databases, and collected and stored in a consistent way (See 5.2).

5.1.2.1 Sharing Saturn Database

The biggest issue in data accessibility is found in the contacts data, in particular the branch member data stored in Saturn database (see Chapter 4). One possible option for increasing accessibility of the branch member data to the regional and national offices is by installing Saturn in the regional and national offices and giving them read-only access to the data stored in Saturn database. This option, however, may not solve the regional and national offices' problems because read-only access will only entitle the regional and national offices to view individual branch member data without being able to manipulate, extract or download a list of data. The regional and national offices still have to make a request to the Supporter Services department in the UK office for any list of data. Hence, the regional and national offices will still need to maintain their own database to get around this problem.

A more feasible way to share Saturn database is by sharing the branch member data on the CID. However, the format of data in Saturn is not compatible to be uploaded and downloaded in the CID. To be shared on the CID, the Supporter Services department

needs to move this data into a Microsoft Excel spreadsheet. To increase the satisfaction of the regions/nations further, the Supporter Services department should split the contacts data by region/nation and store each region/nation's data in separate folders. In this way, each region/nation will be able to view only the data related to their area.

This data should also be password protected to ensure that any updates pass through the Supporter Services department as the maintainer of Saturn database. The password protection will ensure that regional and national offices do not modify data; they can download and print data, but not to make any changes to it. In this way, the data security can be guaranteed, since the authority of modifying data is held solely by the Supporter Services department.

Instead of modifying the data themselves, regional and national offices should post any updates in a different spreadsheet called *Branch Member Update Spreadsheet*. The *Branch Member Update Spreadsheet* is an Excel spreadsheet that can be found along with the *Branch Member Data Spreadsheet*. The template of the two spreadsheets should resemble each other; the only difference is that the *Branch Member Update Spreadsheet* has three additional fields for information on the date when an update is posted, the date when the update is acknowledged by the UK office, and the modification code; whether or not the update concerns admission of new members, change of address in member's data, deletion of members for any reason, reinstatement of deleted/lapsed member, or admittance of younger member (Arthritis Care).

To realise this idea, the IT department should be involved. The IT department can provide assistance to the Supporter Services in posting this data on CID, and train the users in the regional and national offices. The training is aimed to ensure that the

regional and national offices know what features Microsoft Excel has to offer, and are able to manipulate data in the most practical way.

5.1.2.2 Sharing Other Data

With the exception of the contacts data, most other data is stored using Microsoft Word or Microsoft Excel, and can be easily shared on the CID. For examples of data that I suggest should be shared on the CID see Table 5. In Table 5, I have also provided the rationale on which my recommendations are based. Some of this data might not need to be shared, especially when the regional and national offices are not interested in it. There may also be more data that can be shared on the CID, especially those that concerns achievement of standard quality services, such as volunteer monitoring forms.

Department	Data	Purpose
Secretariat	• Regional/ National committees • ALC	• Enable regions/nations to view and check accuracy of data • Obtain quick updates from regions/nations • Ensure data reliability
Human Resources	• Who's Who list	• Enable regions/nations to view and check accuracy of data • Obtain quick updates from regions/nations • Ensure data reliability
Facilities Management	• List of facilities	• Enable regions/nations to view and check accuracy of data • Obtain quick updates from regions/nations • Ensure data reliability
Information Technology	• List of inventories	• Enable regions/nations to view and check accuracy of data • Obtain quick updates from regions/nations • Ensure data reliability
Trust Fundraising	• List of trust funds' names	• To avoid regions/nations from approaching the same funders
Media Relations	• List of press media	• To avoid regions/nations from approaching the same press media
Accounts	• (see 5.1.2.3)	
Supporter Services	• Branch members	• Enable regions/nations to view and check accuracy of data • Obtain quick updates from regions/nations • Ensure data reliability
Helplines	• Standard form on enquiries	• Provide a standard format for regions/nations to record how they handle enquiries
Information	• Information sheets • Index on information sheets	• Provide reliable information about arthritis to regions and nations
Publications	• List of publications (incl. information on whether or not it is outdated and what replaces it)	• Provide information on what kinds of publication are available • Inform regions/nations which publication is outdated
Service Development and Quality	• List of events	• Provide regions/nations with information on what kinds of courses or events are happening in other regions/nations

Table 5 Recommended shared data on CID

Before the CID is used for information sharing, there is one important feature that needs to be added to the CID. At the moment, the CID is organised by departments and there is no information on what data is hold by each department. During the interviews, the staff claimed that one of the reasons why they have not yet used the CID is because it is difficult to find data on CID. An index or a Search option needs be added to the CID to ease the staff in locating data in the CID. These added features should increase the enthusiasm of Arthritis Care's staff in using the CID.

5.1.2.3 Developing a Diary of Events

Not all types of data can be easily shared in one main database. An example of these kinds of data is the financial data. The financial data is stored in the UK office using Sun Account, a special accounting software. As explained by Paul Ghuman, Arthritis Care's Head of Financial Services, sharing the financial database on the CID means that Arthritis Care will need to spend a substantial amount of money for training and purchasing additional licenses for the Sun system usage. If the Sun Account is to be shared with the regional and national offices more Sun Account software will need to be used, and hence, as the British law for charity organisations requires, user-licenses need to be purchased as many as the number of potential users. Furthermore, the users in regional and national offices will need to undergo training. However, even if they have undergone training, the regional and national offices may still not use the system since they are not accountants. It is possible that two-day's training and the expenditures for additional site licenses would be wasted resources.

When sharing one main database is impractical, such as in the case of financial data, the best way to avoid data duplication in the regions/nations is by developing a

diary of events, which is already available to Arthritis Care through Groupwise. The purpose of the diary of events would be to accelerate data requisition from one office to another to improve timeliness. Through the diary of events the UK office would be able to prepare any requested report in advance so it would reach the regions/nations on time. Similarly, the senior managers or any department can request any report from any other departments.

The diary of events should be placed in each department's folder in the CID. It contains information on which department or which office requests data, what kind of data is requested, when the data is needed, and how the report should be formatted. An example of the format of diary of events is illustrated in Figure 14. It should be noted that the diary of events I present in this example resembles the calendar in Novell's Groupwise.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28 CE: CEMS 2001(note 1)	29
30	1	2	3	4	5	6

NOTES:

_____

_____

Figure 14 An Example of a Diary of Events

The example in Figure 14 shows the Account department's calendar of events. In this example, the Central England regional office (CE) requests a financial report on the Central England Miscellaneous Project 2001 (CEMS 2001). The report is expected on June 28th, 2002. The format of the request utilises the T-codes. 'Note 1' notifies that the format of the requested report is specified in item 1 of the 'NOTES' area below the diary.

Important occasions at Arthritis Care, such as Arthritis Care week, can also be placed in the diary of events. In this way, the regions/nations can obtain up-to-date information about any important events.

5.1.3 Accessibility Benefits

Improvements in accessibility and timeliness will benefit Arthritis Care in various ways. First of all, it will eliminate the need for regional and national offices to duplicate data that is already stored in UK office. Instead, they can utilise their resources, their time and money, to improve the quality of their services. Furthermore, if regional and national offices can access the data, they are able to check the accuracy of data stored in the UK office, and quickly inform the UK office when any mistake is found. The UK office can obtain quick updates, and ensure data reliability.

Increased accessibility will also help linking together the UK, national, and regional offices, and improve cooperation between offices in different areas. Furthermore, increased accessibility provides full inclusion of all the regional and national offices in planning organisational work, since it allows the regional and national offices to receive the same amount of information as the departments in UK office. For example, posting information sheets on the CID allows regional and national offices to have equal access to knowledge on arthritis as the other departments in UK office. In this way, the different offices of Arthritis Care can achieve corporate quality standards in the services they deliver.

5.2 Data Format

The second problem associated with Arthritis Care's data management practices is the lack of consistency in the data storage format. As illustrated in the matrices in Chapter 4, in duplicating data, each office stores the data in different formats. The variation occurs in the types of fields recorded, and the database software used to store the data. As can be seen in the matrices in Chapter 4, there are details that are recorded

in some offices but cannot be found in some other offices. The matrices also show the variation in the kinds of database software that each office uses to store their data.

5.2.1 Data Format Issues

The inconsistencies in data storage format present problems for the UK office in aggregating and compiling data from all of the national and regional offices. First of all, the offices use different terms in naming the details of their data. For example, as can be seen in Figure 10, 'Title' information in Saturn database is recorded under the heading 'Salutation' in some other offices. In the Saturn database, 'Salutation' contains details about the nickname of a person. Furthermore, the lack of consistency in data storage format increases the risk of missing details in some databases. For example, the Saturn database records both the title and salutation of each branch member. These details are sometimes not recorded in any other offices and causes problems for UK office in filling in this data field.

In another case, a type of data field might be recorded in every database; but fragmented into inconsistent numbers of fields. An example of the fragmentation problem can be seen in the address fields in the matrices in Chapter 4. Some office might have five address fields and incorporate the details about the postal codes in the address fields, while others only have three address fields with a separate field for postal code. When the UK office needs to compile data from all offices, they need to look at the content of each address field, and sort which details should be recorded in separate fields, such as the county and postal code.

The database software used to record each data may also vary from office to office. The variations are summarised in Figure 2. The variation of database software

may prevent the transfer of data from one database to another. This problem is especially encountered by the UK office in compiling data from the various regional and national offices. In some cases, the UK office will need to retype the data into their database.

5.2.2 Data Format Recommendations

To achieve effective information sharing, Arthritis Care must develop a standard format for data storage. Consistencies should be ensured especially in the types of fields recorded, the terms used, the fragmentation of address fields, and the database software used to store data. The standard data format should be developed through a discussion between the heads of departments in the UK office and the related regional and national offices to ensure that the standard format fulfils their needs. The matrices in Chapter 4 can be used as a starting point to determine what kinds of details need to be recorded, how address fields should be fragmented, and what database software is the most compatible.

In developing standard format for financial data, T-codes must also be considered. As explained in section 4.8, the T-codes are the special accounting codes used to classify the types of income and expenditure. If used properly, the T-codes are able to manipulate financial data in such a way to generate different kinds of financial reports. The downside of the T-codes is their complexity that may only be understandable by accountants. Unfortunately, some of the users in the regional and national offices, such as the administrator, may not have any accounting background.

Before a standard data format for the financial data can be developed, organisation-wide understandings of the T-codes must be ensured. The Accounts department should review and provide a more systematic explanation on the capabilities

of the T-codes and how to use the T-codes properly. A tree diagram might be useful to show the ability of T-codes to classify data according to regions, projects, and purpose of income and expenditure. The regional and national offices should be included in reviewing the T-codes to ensure that the codes are able to satisfy the needs of each office. Subsequently, a standard data format that incorporates the T-codes for effective use can be developed. Lastly, training should be conducted for the Administrator and the Resource Development Managers, as they are responsible for handling the financial data in the national and regional offices. In this training, the potential users are given an explanation on the purpose and ability of T-codes in classifying financial data. The training will help ensuring that users understand the complexity of the T-codes, and are able to manipulate the T-codes. In this way, the regional and national offices can use of the T-codes effectively to generate any kinds of reports requested by both funders and UK office.

5.2.3 Data Format Benefits

Development of standard data format is needed for effective information sharing. It is especially required to ensure that data storage format is able to meet the needs of the UK, national, and regional offices before the data is shared in one main database. Standard data storage formats can provide guidance to each of the regional and national offices on how to manage their data. This accurate guideline will also facilitate corporate quality standards in the services delivered by each Arthritis Care's regional and national office. Furthermore, a standard format can assist the expansion of Arthritis Care into new regions by giving accurate guidelines to newly created offices on how they should manage their data and ensure the quality of services in the new area.

5.3 Data Flow

The last problem I identified in Arthritis Care's current management practice is the confusion over transmission of updates, especially in 'supporter' contact information stored in Saturn database. For example, transmission of updates on volunteer's data from the regional/national office to the Supporter Services department in UK office is often done informally through telephone or email. The updates information is often lost or forgotten.

5.3.1 Data Flow Issues

As explained in the example above, the lack of formal data flow procedure may increases the risk in update information not reaching the UK office. Consequently, the data stored in the main database in UK office may be left inaccurate. Inaccuracy of data in UK office may cause a waste of money and dissatisfaction on Arthritis Care's services. For example, when information about the death of a branch member does not reach the Supporter Services department in the UK office, the UK office will keep sending the publications, such as Arthritis News magazine, that the branch member is entitled to. This may cause anger and dissatisfaction for the branch member's family and relatives. For Arthritis Care, the money the organisation spent for sending the magazine will be of no use.

5.3.2 Data Flow Recommendations

A standardised procedure for exchanging data needs to be formally defined. This can be done by developing a standard updates collection instrument, such as paper forms or electronic spreadsheet specialised for collecting updates. An example of a standard

data collection instrument is the *Branch Member Update Spreadsheet* I described in section 5.1.3.1.

5.3.3 Data Flow Benefits

Standard data flow procedures is needed to ensure the accuracy of data stored in the main database in the UK office. A formal procedure will eliminate the risk of updates not reaching the UK office, especially when it passes through the national/regional office first.

5.3 Summary

` Current data management practices at Arthritis Care do not support information sharing between the UK, national, and regional offices. Consequently, there is no co-ordination of work between offices in different areas. Furthermore, there are no standardised procedures for collecting, recording, transmitting, and reporting data. These problems created three major data management issues: data accessibility, data format, and data flow. Arthritis Care needs to improve its data management practices by addressing these three problems.

Improvements in data management practices will enable Arthritis Care to overcome the geographical boundaries separating its offices. As a result, each Arthritis Care's office is able to meet corporate quality standard in its services. In addition, an improved data management practice that ensure consistent data format and procedures will facilitate the future expansion of Arthritis Care by assisting the newly created office in managing its data and cooperating with the other offices. In conclusion, improvements in Arthritis Care's data management practices will support the growth of the organisation,

both in the quality and quantity of its services, by enhancing cooperation between Arthritis Care's offices in different areas.

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Appendix A: Staff Record

ARTHRITIS CARE

I should be grateful if you would complete this **confidential** form for staff record purposes and return it to Human Resources as soon as possible

SURNAME _____ Title(Mr/Mrs/Miss/Ms) _____

FORENAME(S) _____ Marital Status _____

ADDRESS _____

_____

POSTCODE _____ TEL NO _____

DATE OF BIRTH ___day___ month_____ year NATIONAL INSURANCE NUMBER _____

DATE OF JOINING ARTHRITIS CARE _____

POST _____ EMPLOYMENT STATUS: Full time / Part time / Casual

NEXT OF KIN (Please give name, address and telephone number)

_____

_____

Telephone Number: Work _____ Home _____

NAME, ADDRESS AND TELEPHONE NUMBER OR PERSON TO CONTACT IN THE EVENT OF SUDDEN ILLNESS, ETC (if different from next of kin)

_____

BANK DETAILS FOR PAYROLL

PERSONAL INFORMATION:

Bank/Building Society details for salary credit transfer

Name/s your account is in _____

Account number _____

Name of bank/building society _____

Sort code _____

Branch _____

Postal address of bank/building society _____

_____

Human Resources Use Only

Salary _____ Evaluated Level _____ Salary Scale Point _____ T Code _____

Number of Hours p/w _____ Number of Days worked p/y _____ Allowances _____

Appendix B: Who's Who in Arthritis Care UK Office

General tel. no. for central office: Tel. 020 7 380 6500 Direct line tel. Nos. 020 7 380 6*** (last three digits as shown below)
Main/Ground floor fax no. 020 7380 6505 Floor Faxes: 1st - 501 2nd - 502 3rd - 503 Publications - 504
HELPLINE NO: 0808 800 4050 HELPLINE DIRECT NO: 020 7380 6555

3rd Floor	CHIEF EXECUTIVE'S OFFICE	var. floors
William Butler	Chief Executive	528
Sheila Bennegworth	Executive Assistant	528
	Directorate Administrators	>>>

Philomena Dominique (2nd)	Resources Directorate Administrator	518
Kath Murchie (3rd)	Communications Directorate Administrator	558
Zara Begum (Grd)	Services Directorate Administrator	568

2nd Floor	RESOURCES DIRECTORATE	1st Floor
Elizabeth Lendering	Dir. of Resources	519
	Secretariat	
Alan Brooker	Acting Corporate Services Manager	516
	Human Resources	
Gill Chilvers	Acting Head of HR	515
Jennifer Lawson	HR Administrator	513
	Hunt Group	510
	Facilities Management (Grd)	
Janet Lawley	Facilities Manager	512
Halina Sabbagh	Receptionist	500
Gabriel Mejia (Bsm't)	Office Assistant	578

	Accounts	530
Paul Ghuman	Head of Financial Services	539
Joseph Ojo	Management Accountant	534
Liza Feng Gluch	Management Accountant	536
Parul Shah	Management Accountant	532
Josie Evangelista	Management Accountant	538
Steve Lang	Temp Purchase Ledger	535
Ann Miles	Temp Senior Income Officer	531
Prabha Acharya	Temp. Payroll Administrator	533
	Information Technology	
Dave Wright	Info & Office Systems Manager	509
Simon Goodwin (CSMB)	I T Support (on-site M/W/F)	508
CSMB Office	Off-site support 01344 424 458	

COMMUNICATIONS DIRECTORATE (3rd		
Kieran Kettleton	Director of Communication	559
	Trust Fundraising	550
Clare Wilson	Head of Trust Fundraising	554
Sandrine Caumont	Fundraising Assistant	556
	Media Relations	
Robina Lloyd	Media Relations Manager	551
Xander Noordermeer	Media Relations Volunteer	553
	Supporter Development	
Joanne Brakenburg	Head of Supporter Development	557
Ben McNaught	Direct Marketing Assistant	552
Patricia Aldridge	Volunteer Co-ordinator	562
	Supporter Service (1st Floor)	540
Killian Lynch	Supporter Services Manager	544
Sara Malic	Supporter Services Assistant	546
Ola Anidugbe	Supporter Services Assistant	545
Jonathan Wells	Supporter Services Assistant	542
Sharon Hawthorn	Supporter Services Assistant	543
	Public Policy And Campaigning (1st Floor)	
Neil Betteridge	Head of Public Policy and Campaigning	549
Jean Ashcroft (1) J	Public Policy Consultant	HB
Emily Butler	Policy & Campaign Officer (Eng)	548
	01748 821865	< wfh
Sandra Coello	Admin Assistant	547

SERVICES DIRECTORATE (Ground Floor)		
Gill Dorer	Director of Services	569
	Helplines (2nd Floor)	555
Julie Brookman	Helplines Manager	575
	Information Counsellors (PT)	575
Sandra Mason	Guy Brain	575
Tim Davies	Mark Thomas	575
Theresa Rowe	Lida Clark Jan Cantle	575
Denise Heritage	Tina Whiting Liz Mines	575
	Information (2nd Floor)	
Lizzie Eastwoood	Information Manager	577
Stuart Cantle	Information Assistant	576
	Hotels (Home Based)	
Tim Gardiner	General Manager of AC Hotels	01865 432 877
	Publications (3rd Floor)	520
Kate Llewelyn	Publications Manager	524
Chris Hogg	Production Manager	522
Jon Heal	Graphic Designer	523
Josie Allen	Publications Editor	525
Rosie Brunt	Editorial Assistant	521
	Service Development and Quality	
Keith Hawley	Bus. Development Consultant	01865 874 523
Ian McNeil	Head of Training Development & Quality	01463 711 121
Wendy Humphries	External Training Co-ordinator	564

Key: PT = Part Time Vol = Volunteer ML = Maternity Leave
For WFH, HB & PT Hours, Please refer to Directorate HUNT GROUP NO = Will search for a free extn in that team

Other Key Communication Channels

Hotels - Quick List		fax
Lovat Lodge	01667 453 298	/6246
Burnlea	01475 687 235	/9779
New Mayfair	01253 347 543	/9678
Orton Rigg	01202 707 946	/7946

Website	www.arthritiscare.org.uk
C.I.D.	www.cid.ac

Region/Nation Offices - Quick List		
		fax
Northern Ireland	028 25632477	028 25632477
Scotland	0141 952 5433	0141 952 5433
North England	01924 882 150	01924 882 151
Central England	0115 9525 522	0115 9525 522
South East England	01763 244243	01763 244249
South West England	01503 262524	01503 262524
Wales	01239 711 883	01239 711 883

Appendix C: Who's Who in Regions/Nations

Northern Ireland - Who's Who? May 2002

Ballymena Business Development Centre, 62 Fenaghy Road,
Ballymena, BT42 1FL
Main Tel:028 2563 2477
Fax: 028 2563 2477

Name	Title	Telephone
Office Based Staff		
Sharon Sinclair	AC Director	028 2563 2477
Lynda Jackson	Administrator	028 2563 2477
Amanda Hayes	Administration Assistant	020 8563 2477
Anne Thompson	Information Services Manager	020 8563 2477
Marcus Cooper	Resources Development Manager	020 8563 2477
Home Based Staff		
Annette Moore	Volunteer Network Manager	028 8225 0380
Linda Clements	Training Development Officer	028 2563 8366
Catherine Wright	Family &Youth Work Manager	028 9181 2794
Steve McBride	Policy & Campaigns Manager	028 9066 6070
Self Management Trainers		
David Megaw	SMT South East	028 9147 3752
Doris Johnson	SMT West	028 6772 1798
Patricia Bowers	SMT Belfast	028 9264 8034

Wales - Who's Who? May2002

Ty Trydan, Stryd y Castell, Castell Newydd Emlyn,
Sir Caefyddn, SA38 9AF
Main Tel: 01239 711883
Fax: 01239 711 883

Name	Title	Telephone
Office Based Staff		
Victoria Kalmaru	Regional Administrator	01239 711883
Julia Evans	Administrative Assistant	01239 711883
Home Based Staff		
Peter Johnson	Director	01545 580076
Hywel Evans	Policy & Campaigns Manager	029 2040 1285
Colin Lade	Training Services Manager	01685 886664
Lin Martin	Resource Development Manager	01239 851537
Amanda Walden	Volunteer Network Manager	01656 649688
Self Management Trainers		
Gillian Davies	SMT	01656 739732
Janine McGarvey	SMT	01685 877200
Herbie Rowley	SMT	01239 811226
Graham Thompson	SMT	01745 353219

South West England - Who's Who April 2002

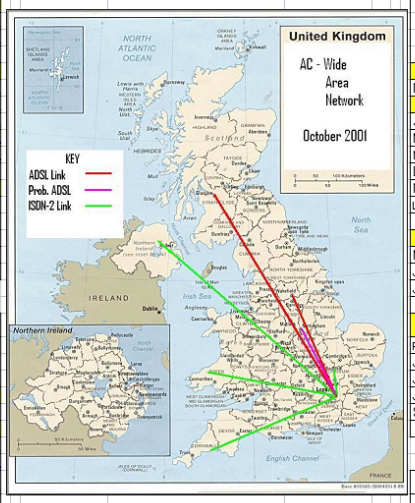
Riverside Court West Looe Square West Looe Cornwall PL13 2ES
Telephone 01503 262524
Fax 01503 262524

Name	Title	Telephone
Office Based Staff		
Melva McQuillen	Regional Director	01503 262524
Pamela Lacy	Snr Services Manager Training	01503 262524
Sheila Bing	Regional Administrator	01503 262524
Eileen Lewis	Administrative Assistant	01503 262524
Anne Harward	Administrative Assistant	01503 262524
Home Based Staff		
Janet Cowlard	Training Services Manager	01752 480364
Jayne Groves	Training Services Manager	01454 852118
Jayne Dunn	Information Services Manager	01225 766772
Sue Tanton	Resource Development Manager	01805 625512
Sandra Dakin	Volunteer Network Manager	Information to Follow
Self Management Trainers		
Pat Brodie	SMT	01752 330337
Jill Diggett	SMT	01208 269690
Anne Evans	SMT	01275 854934
Ricky Barnes	Course Co-ordinator	01736 369366
Marjorie Nicholson	Course Co-ordinator	01803 762352

Scotland - Who's Who? May 2002

Phoenix House, 7 South Avenue, Clydebank, G81 2LG
Main Tel: 0141 952 5433
Fax: 0141 952 5433

Name	Title	Telephone
Office Based Staff		
Katy Green	Administrator	0141 952 5433
Jacqui Bruce	Administrative Assistant - Policy and Campaigns	0141 952 5433
Home Based Staff		
Gill Watt	Director	0141 950 6500
Ian Darling	Training Services Manager	01382 541102
Sue James	Training Services Manager	01463 718188
Lynne Kalman	Training Services Manager	01560 484009
Marni Lamb	Volunteer Network Manager	01361 890611
Vacant	Volunteer Network Manager	
Tom Scott	Information Services Manager	01555 751120
Vacant	Information Services Manager	
Margaret Morton	Resource Development Manager	0141 889 8299
Angela Donaldson	Policy and Campaigns Manager	01592 770242
Self Management Trainers		
Anne Adams	Self Management Trainer	01620 895178
Muriel Anderson	Self Management Trainer	0141 950 6113
Helen Brough	Self Management Trainer	01337 828030
Alan Hawthorne	Self Management Trainer	01463 717808
Jan MacGillivray	Self Management Trainer	01475 673788
Kathy McSherry	Self Management Trainer	01698 854599
Carol Meiklejohn	Self Management Trainer	01387 721448
Susan Riddell	Self Management Trainer	01620 892896
Mhairi Shand	Self Management Trainer	01224 780669



North England - Who's Who? May 2002

Suit 1, Belle Vue Business Centre, Elm Tree Street, Doncaster Road,
Wakefield, WF1 5EQ
Main Tel: 01924 888126
Fax: 01924 882151

Name	Title	Telephone
Office Based Staff		
Sue Prior-Fox	Director North England	01924 882150
Angela Sibbit	Administrator	01924 882150
Amanda Morton	Administration Assistant	01924 882150
Angela Bailey	Information Services Manager	01924 882150
David Blythe	Senior Services Manager	01924 882150
Maria Davis	Volunteer Network Manager	01924 882150
Glenn Swindell	Training Services Manager	01924 882150
Home Based Staff		
Joe Galletley	Resource Development Manger	O1912865585
Self Management Trainers		
Pamela Marshall	SMT Tyneside	01661 854533
Bill Suddes	SMT Tyneside	0191 3848334
Tony Bonser	SMT Lancashire	01254 854323
Joyce Langlands	SMT Blackburn and Darwen	01254 693679
Carole Carter	SMT Yorkshire	01482 348126
Vicky Kirby	SMT Yorkshire	01482 215954
Mike Cryan	SMT Yorkshire	01482 348126
Peta Spibey	SMT North West	01942 820846

Central England - Who's Who? May 2002

Unit 7, Carlton Business Technology Centre, Station Road,
Carlton, Nottingham, NG4 3AT
Main Tel: 0115 952 5522
Fax:0115 952 0336

Name	Title	Telephone
Office Based Staff		
Jenifer Ainsworth	AC Director	0115 9525 522
Margo Basri	Administrator	0115 952 522
Mandy Holmes	Administration Assistant	0115 952 522
Diane Buckby	Administration Assistant	0115 952 522
Nicki Hastie	Information Services Manager	0115 952 522
Lynne Chapman	Information Services Manager	0115 952 522
Home Based Staff		
May Watt	Volunteer Network Manager	01526 353 111
Janet Keeble	Training Development Officer	01359 230 964
Joan Casewell	Volunteer Network Manager	To Follow
Self Management Trainers		
Phil Middlemiss	Notts, Leic, Northants & Rutlands	01623 489 900
Jane Monk	Cambridge & Suffolk	01394 410 208
John Simpson	Lincolnshire	01724 845 740
Jane Jago	Hereford, Shropshire & Worcester	01743 242 477
Sarah Oliver	Warcs & Worcestershire	01886 664 143

South East England - Who's Who? May 2002

1 Carrington House, 37 Upper King Street, Royston, Herts SG8 9AZ
Main Tel: 01763 244243
Fax: 01763 244249

Name	Title	Telephone
Office Based Staff		
Alastair Macdougall	Director	01763 244243
Pippa Nelson	Senior Services Manager	01763 244345
Carole Murray	Administrator	01763 244243
Maggie Sellen	Admin assistant	01763 244243
Margaret Smith	Admin assistant	01763 244243
Home Based Staff		
Eileen Francis	Training Services Manager	01727 825841
Frances Boyce	Training Services Manager	020 8961 6112
Janet Bull	Resource Development Manager	020 8291 9744
Silvie McDonough	Volunteer Network Manager	020 8399 5111
vacant post	Information Services Manager	
Self Management Trainers		
Jan Digby	SMT	01962 732102
Philippa Jones	SMT	020 8642 7040
Gloria Randall	SMT	020 8346 8088
Janis Crowder	SMT	020 8508 0875
Howard Haskell	SMT	01424 200762
Liz Morgan	SMT	0118 947 3518
Kaz Terry	LCO	01323 488982

Appendix D: Appointed Volunteer's Application Form

Application for Voluntary Position

ARTHRITIS CARE
Empowering people with arthritis.

Please complete in **black ink** or **type**

Position:

1. Personal details

Surname:	**Preferred title:** **Mr/Ms/Mrs/Miss etc**
Forename(s):	
Address for further communications: **Postcode:**	**Telephone numbers:** **Home:** **Work:** **Ext:**

2. Referees

Please give the names of two referees who are able to comment on your suitability for this position. Personal referees are acceptable.	
Name:	**Name:**

Organisation and position held (if applicable): **Address:** **Tel:**	**Organisation and position held (if applicable):** **Address:** **Tel:**

3. Representation of people with arthritis

We are seeking to increase the representation within Arthritis Care of disabled people who have experience of arthritis

Do you have arthritis? **Yes/No**

Does arthritis significantly affect your life? **Yes/No**

Do you consider yourself disabled? **Yes/No**

4. Availability

Please indicate below when you are available to volunteer? E.g. during the day, in the evenings, at weekends, etc.

5. Criminal Convictions

In view of the nature of the duties the post-holder will be expected to undertake, candidates called for interview will be asked to provide details of any criminal convictions, cautions, reprimands and final warnings they have received.

Successful candidates will be required to obtain a satisfactory 'Disclosure' from the relevant body (Criminal Records Bureau in England and Wales or Disclosure Scotland in Scotland).

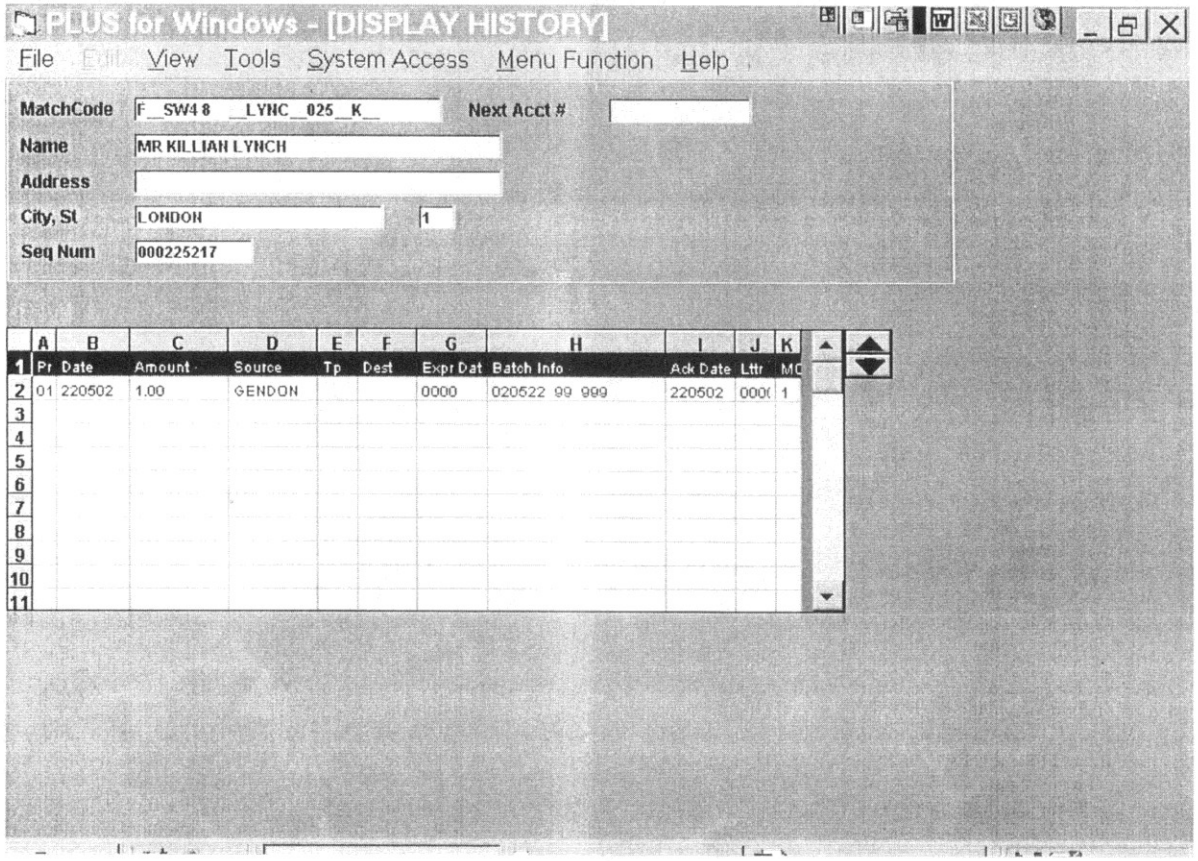
Arthritis Care has a written policy on the engagement of ex-offenders as volunteers, which is available on request. If you would like a copy, please contact the Human resources Department. Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences.

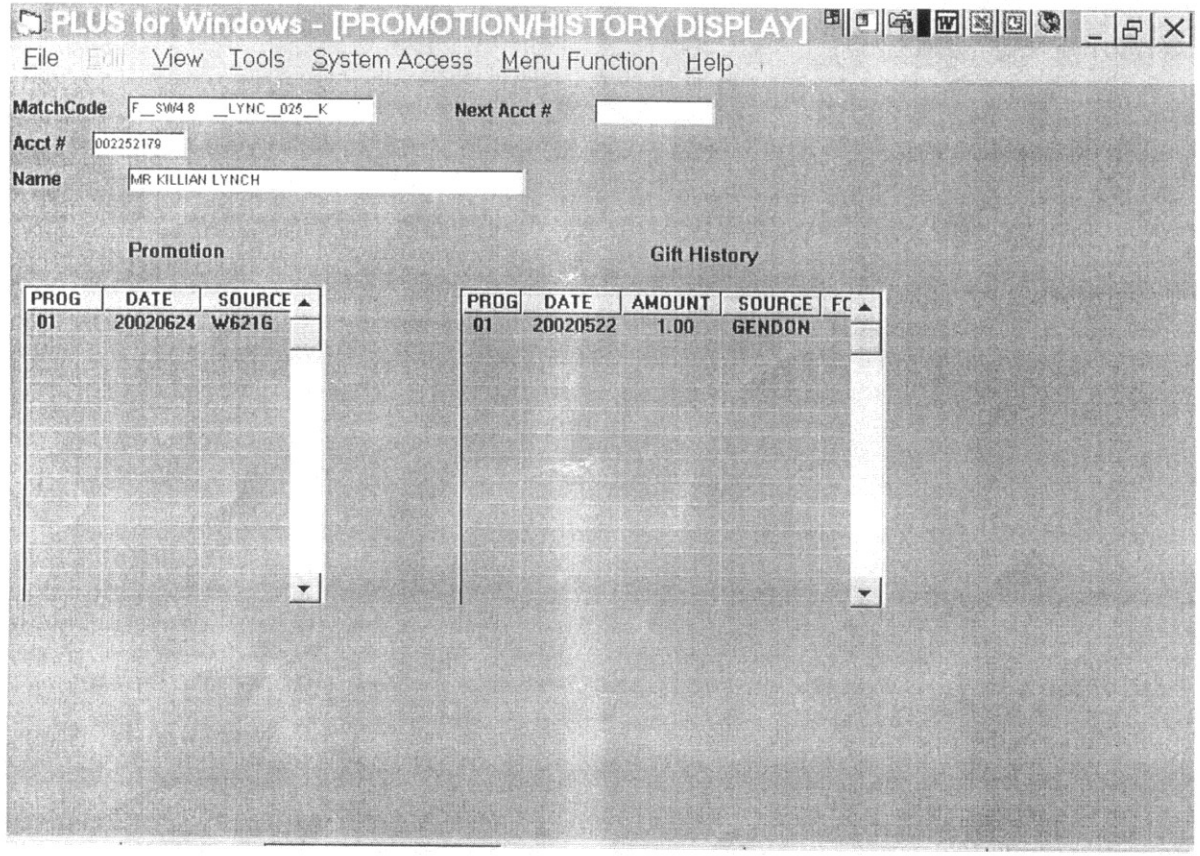
6. Information in support of your application

Please say why you are applying for this position and describe in what ways you meet the experience, skills and qualities requirements outlined in the role description (continue on a separate sheet if necessary):

Signature: **Date:**

Appendix E: Saturn Database


PLUS for Windows - [DISPLAY HISTORY]
File Edit View Tools System Access Menu Function Help
MatchCode F__SW4 8 __LYNC__025__K__
Next Acct #
Name MR KILLIAN LYNCH
Address
City, St LONDON 1
Seq Num 000225217
A B C D E F G H I J K
Pr Date Amount Source Tp Dest Expr Dat Batch Info Ack Date Ltr MC
01 220502 1.00 GENDON 0000 020522 99 999 220502 000(1


PLUS for Windows - [PROMOTION/HISTORY DISPLAY]
File Edit View Tools System Access Menu Function Help
MatchCode F__SW48 __LYNC__026__K
Next Acct #
Acct # 002252179
Name MR KILLIAN LYNCH
Promotion
PROG DATE SOURCE
01 20020624 W621G
Gift History
PROG DATE AMOUNT SOURCE FC
01 20020522 1.00 GENDON

Appendix F: Donation Form

Instruction to your bank or building society to pay by direct debit

DIRECT Debit

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank/building society

Bank/building society

Address

Postcode

Originator's identification number

8	5	8	3	6	8

AC reference number (for office use only)

Instruction to your bank or building society

Please pay Arthritis Care direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee.
I understand that this instruction may remain with Arthritis Care and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept direct debit instructions for some types of account.

Please return your completed form to:
Arthritis Care, FREEPOST,
18 Stephenson Way, London NW1 0YW

HOW TO BECOME A MEMBER OF ARTHRITIS CARE

MEMBERSHIP

Membership of Arthritis Care is open to everyone with arthritis, and to everyone concerned with and for people with arthritis.

Members receive our alternate-monthly magazine, *Arthritis News*, free of charge.

HOW YOU CAN HELP

DONATIONS

Arthritis Care receives very little government funding and we depend upon voluntary income from our supporters to continue to provide information, advice and support for people with arthritis.

If you would like to make a charitable gift towards our work, please tick one of the boxes overleaf.

If you pay tax on any part of your income, Arthritis Care can reclaim the tax on your donation, making your gift worth even more. Please request information on Gift Aid (overleaf) to enable us to reclaim the tax.

Please print in block capitals
Mr/Mrs/Miss/Ms *(delete as appropriate)*

Name

Address

Post Code

Tel. No.

PLEASE SEND ME INFORMATION ON:
(tick as many boxes as you wish)

- ☐ Becoming a volunteer
- ☐ Legacy and wills
- ☐ Arthritis Care's publications
- ☐ Holidays service
- ☐ Training

I WOULD LIKE TO JOIN ARTHRITIS CARE
Postal members receive Arthritis News *and new publications*

Annual membership rates.
Please tick one box. I enclose:

- ☐ £18 by cheque/postal order/credit card
- ☐ £16 if paying by direct debit

I am on a low income/benefits, and enclose:

- ☐ £9 by cheque/postal order/credit card
- ☐ £8 by direct debit

OR *Branch members receive* Arthritis News *and can attend their local group*

- ☐ Please send me details about joining my local branch or group

MAKING A DONATION TOWARDS THE WORK OF ARTHRITIS CARE

- ☐ I'd like to make a donation of £
- ☐ I'd like to pledge a regular gift of £

to be paid monthly/quarterly/annually
(delete as appropriate)
from / /
(date on which you would like the direct debit to commence). I understand that I can cancel this direct debit at any time.

PAYMENT

There are four ways of paying the annual subscription and/or making a donation:

1. **Cheque** or **postal order** made out to Arthritis Care.

2. **Credit/debit card**. Simply fill in your card number and sign the form as shown.

3. **Direct debit.** If you have a bank account, we hope you will pay your subscription and/or donation by direct debit. This saves you sending money every year and gives us an income we can depend on to plan ahead. Remember that you can cancel a direct debit at any time.

Please indicate what your payment includes
MEMBERSHIP ☐ DONATION ☐

TOTAL £

Please tick method of payment

- ☐ Cheque/postal order (payable to Arthritis Care)
- ☐ Direct debit (please complete form overleaf)
- ☐ MasterCard/Visa/CAF/Switch/Solo *(please give the number below)*

Signature Date

Card valid from / Card expiry date / Issue number Switch/Solo only

- ☐ If you are a UK taxpayer you can make your donation worth 28% more by signing a Gift Aid form. Tick here if you would like us to send you more information on Gift Aid.

The information given on this form will be stored on a computer and, from time to time, Arthritis Care may be involved in the promotion of certain goods and services. If you do not wish to participate in this way, please tick the box ☐

Appendix G: Branch Membership Form

Application for branch and group membership

ARTHRITIS CARE

Empowering people with arthritis.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

I wish to join _____ branch/group of Arthritis Care

Title (e.g. Mr/Mrs/Miss) | Initials | Surname

Address

Postcode | Telephone number

Date of birth

Your date of birth is helpful for our records but only give details if you are happy to do so

I enclose: My annual membership subscription £ 6.00 (branch/group rate from Jan 2001)

My annual publications service subscription £ .

A donation* of £ .

Total £ .

I apply to join Arthritis Care and in doing so I undertake to the best of my ability to further its objects, interests and influence. I agree to be bound by its Memorandum and Articles of Association.

Signature: _____ Date: _____

Transport: (please tick boxes)	Yes	No
(a) I need transport to meetings if this can be provided	☐	☐
If yes – I am able to sit in the back of a 4-door car	☐	☐
I am a wheelchair user and will bring my chair to meetings	☐	☐
(b) I am able and willing to drive other members to branch/group meetings in my car (all volunteer drivers are advised to obtain written consent from their insurers)	☐	☐

Emergency contact

Please complete this section if you would like to provide details of a person we can contact in the event of any emergency whilst involved in a branch or group event.

Name _____ Address _____

_____ Telephone No. _____

Completed forms should be returned to the membership secretary of the above-named branch/group

Empowering people to take control of their arthritis, their lives and their organisation.

NOTES:

For a further £12 branch members can join Arthritis Care's publications service. You will receive a copy of each new publication Arthritis Care produces. Tick this box if you would like this service. ☐

A special price of £10 is available for those who pay by direct debit. Please tick the box if you would like an application form. ☐

Personal data at the top of the form will be stored on a computer and, from time to time, Arthritis Care may exchange information with other organisations with which it works. Please tick the box if this is not acceptable to you. ☐

Note to membership secretary: If any of the above boxes are ticked the membership secretary should advise the central office supporter services team when sending details of new members.

***The membership subscription, which covers free copies of our bi-monthly magazine *Arthritis News*, forms only a very small part of our income. We rely heavily on our own fundraising efforts to run the branch/group. Any amount you are able to give in addition to your subscription will be greatly appreciated.**

Arthritis Care's memorandum and articles of association and the bye-laws may be seen on request to the branch secretary or can be supplied from central office at 18 Stephenson Way, London NW1 2HD (a charge may be made). In the event of Arthritis Care being wound up there would be a liability on all members, if required, to contribute a sum not exceeding £1 towards the charges and expenses incurred.

A company limited by guarantee
Registered in England No. 529321
Registered charity number: 206563
Registered office: 18 Stephenson Way, London NW1 2HD

Appendix H: Branch/Group Membership Updates Form

Changes in branch/group membership information

ARTHRITIS CARE
Empowering people with arthritis.

Note to branch/group membership secretaries
It is essential that UK office membership records are kept up to date. Would you please review membership at each branch/group meeting, note down any changes and advise the UK office of them. If you have access to email, you can email changes directly to the supporter services department at supporterservices@arthritiscare.org.uk. Alternatively you can enter the changes on this form, seal the form as indicated and return it to: Arthritis Care, FREEPOST, 18 Stephenson Way, London NW1 0YW. No stamp is required. There is no need to wait until the form is full, but if the number of changes you need to advise will not fit on this sheet, please continue on plain paper and attach.

Thank you for your co-operation.

Branch/Group ..... Branch/Group No. .....

FOLD 1

Please insert code – see footnotes	Central Office Membership Number	PLEASE USE BLOCK CAPITALS Member's name, address and Postcode
		.... Postcode
		.... Postcode
		.... Postcode
		.... Postcode
		.... Postcode
		.... Postcode

FOLD 2

Codes: **NM** – for new member
C – change of address (please include first line of previous address)
D – deletion (please give reason, if known)
R – reinstatement of deleted/lapsed member
Y – younger member (under 45 years)

IMPORTANT – If you require further copies of this form, please tick this box ☐

MOISTEN TO SEAL

Appendix I: Subscriber Registration Form

Subscribe to Arthritis News

Arthritis News is a full-colour magazine produced six times a year by Arthritis Care. Each issue has 48 pages packed with news stories and useful information for people with arthritis.

Please complete the form below and send £12.00 to receive your own copy every other month, posted to your home, for one year.

How would you like to pay for your subscription?

☐ I enclose a cheque/PO made payable to Arthritis Care

☐ I would like to pay by MasterCard/Visa/CAF/Switch or Solo (Delete as appropriate)

☐ I would like to pay annually by direct debit. Please send me a direct debit form.

Name

Address

Postcode

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Issue number Switch/Solo only ☐☐

Card valid from / Card expiry date /

Signature Date

☐ **Please send me information about becoming a member of Arthritis Care**

Please send the completed form to; Arthritis Care, 18 Stephenson Way, London NW1 2HD

Arthritis Care will hold your details for administrative purposes. If you do not wish to receive future communications from Arthritis Care, or any organisations with whom we co-operate, please contact our Supporter Services department.

ARTHRITIS CARE

Empowering people with arthritis.

Appendix J: IT Equipment Record

Schedule of IT Equipment as of :

Location | Role | Name | Date

	ID No.	Type	**Make**	**Model**	**TAG / Express-code or Serial number**	Date received	Purchase Value	**Notes**	Returned to / Destroyed
example Computer	*96512*	*Tower*	*Dell*	*GX110*	*JSEG2 / 332-377-94*	*22.05.01*	*1200*	*previously with D Goulds*	*n/a*
PC Box									
Screen									
Printer-1									
Printer-2									
Accessories									
Fax/modem									
Zip-drive									
Router									
Ext. CD									
Software	Type	**Make**	**Model**	Version/release	**Serial number**	Received	Value	**Notes**	Deleted ?
Software 1	System	Microsoft	Windows						
Software 2	Application	Microsoft	Internet Explorer						
Software 3	Application	Microsoft	Outlook Express						
Software 4	Application	Microsoft	Office	[illegible] 2000 / [illegible]	[illegible]				
Software 5	Application	Microsoft							
Non-IT Equipment									
Mobile ph.									
Answerph.									
Fax									
Photocopier									
OHP									
Projector									
Other									

£300

Appendix K: Regional Core Staff Expense Claim

Name: Victoria Kalmaru

ARTHRITIS CARE
REGIONAL CORE
Staff Expense Claim

WALES :-
Approved by:PETER JOHNSON

Signature _____ Date:
Authorised by:PETER JOHNSON
Signature _____ Date :

Signature

DATE:

Month _____

I have a float of £ _____ Year 2002

DATE	DESCRIPTION	TRAVEL MILEAGE	TRAVEL other	Accommodation & food	PHONE	POSTAGE	Stationery	OTHER AMOUNT	FINANCE VAT	TOTAL CLAIM
	TOTAL MILEAGE AMOUNT FROM PAGE 2 - D									
	TOTAL TRAVEL AMOUNT FROM PAGE 2 - E									
	TOTAL Carried Forward or TOTAL									
	A/C CODE	2212	2210	2218	2312	2313	2320			

FINANCE USE ONLY:

Description:(max 25ch)	A/C	T2	T3	T4	T5	T6	T7	T8	A/C PAYEE
V Kalmaru-	2130	RGNWL	ADM	P10	PiP16				850KALMV
CHEQUE NO	AMOUNT							ACCOUNTING PERIOD:	
DATE	CHEQUE/MANUAL/BACS							TRANSACTION DATE	
Authorised by	CHECKED BY							TRANS REF NoCH2002	
DATE	DATE							POSTED JOURNAL: J	

ARTHRITIS CARE

STAFF EXPENSES CLAIM FORM 2002

YEAR 2002

DATE	PLACE	NAME of people visited/PURPOSE	No. VISITS	MILES	TRAVEL
	TOTAL			A	E
				B	
				C	

transfer E to Page 1

NOTE: MILEAGE AMOUNT (D)
Mileage is 38p per mile.Please calculate using whole miles only.
TOTAL MILES (A) _____ x 38p = £_____(D) Please transfer to Page 1

A = Current mileage
B = Brought forward mileage
C = A+B = Year to date mileage

Appendix L: Helpline Enquiry Record

000710

Name:_____ **Date:**_____

Address:_____

_____

_____

Type of Arthritis:..... **Other health problems?**.....

Type of caller: pwa / yacnet / parent/ professional / carer / relative / friend / partner / other

Issues raised

Call via: Switchboard ☐
Helpline ☐
2000 Non-Source ☐
2000 *Source* ☐
Mailbox ☐
Mailbox *Source* ☐
e-mail ☐

Age: < 16 ☐
16 – 21 ☐
22 – 25 ☐
25 + ☐

Referral to PPC ☐
On COX-2 ☐ Denied COX-2 ☐
On anti-TNF ☐ Area_____ Strategy_____
Denied anti-TNF ☐ Area_____

Information sent same day ☐ **Date information sent:**_____

Logform 10.doc