Data Quality Policy

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Author: Director of Planning
Planning Directorate
Document Control Information

Status and reason for development
New. The University needs timely, accurate and reliable data in order to manage activities and meet internal and external requirements to demonstrate accountability through accurate reporting.

Revision History

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<tr>
<th>Date</th>
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<tr>
<td>27 Nov 2014</td>
<td>J Forshaw</td>
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Policy Management and Responsibilities

Owner: This Policy is issued by the Director of Planning who has the authority to issue and communicate policy on data quality.

Others with responsibilities (please specify):
All subjects of the Policy will be responsible for engaging with and adhering to this policy.

Assessment

Cross relevant assessments | Cross if not applicable
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Equality Analysis | X
Legal | ☐
Information Governance | X
Academic Governance | ☐

Consultation

Cross relevant consultations

Staff Trades Unions via HR | ☐
Students via USSU | ☐
Any relevant external bodies | ☐
(please specify) | ...........................................

Authorised by: Audit Committee

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Review due: 3 years by December 2017

Document location: University Policy & Procedure Pages
http://www.salford.ac.uk/about-us/corporate-information/governance/policies-and-procedures

Document dissemination and communications plan:

This policy will be communicated to all those involved in data quality and will be displayed on the University website. It is the responsibility of senior managers to ensure staff who are working with data are aware of the policy and understand how it relates to their work. The policy will be the overarching policy for the University but will fit within the framework of documentation appropriate to the different areas of responsibility for data. Each area with significant responsibilities for data quality will nominate an individual to sit on the HESA Working Group.
1.0 Purpose

1.1 The University needs timely, accurate and reliable data in order to manage activities and meet internal and external requirements to demonstrate accountability through accurate reporting. This policy defines the University’s approach to data quality.

1.2 Specifically the University needs to ensure its data quality so that it can:

- Provide effective and efficient services to students, staff and other stakeholders;
- Produce accurate and comprehensive management information on which timely, informed decisions can be made to inform the future of the institution;
- Monitor and review activities and operations;
- Produce accurate external returns to ensure accurate funding allocations, and to demonstrate accountability to public and private funders; and
- Meet the terms of the Memorandum of Assurance and Accountability between HEFCE and institutions.

2.0 Scope

2.1 The scope of this policy includes data held in the institution on all University-wide systems, and any data collected from these systems that are used to inform analysis and reporting including statutory returns.

2.2 This policy will inform an annual process of assuring data quality overseen by the HESA Working Group and reported to the Audit Committee.

2.3 The policy is the overarching policy for the University and should be supported by a framework of local operational documentation in areas with specific responsibility for data and data systems.

3.0 Policy Statements

Responsibility for Data Quality and Data Quality Assurance

3.1 The HEFCE Memorandum of Assurance and Accountability and Audit Code of Practice, August 2014, requires that the governing body are assured that the HEI “has effective arrangements for the management and quality assurance of data submitted to the Higher Education Statistics Agency (HESA), the Student Loans Company (SLC), HEFCE and other funding or regulatory bodies.”

3.2 HEFCE requires each HEI to have an audit committee which follows best practice in HE corporate governance including arranging for internal and external audit in accordance with the HEFCE Audit Code of Practice. The audit committee is responsible for assuring the governing body about the adequacy and effectiveness of:

- Risk management, control and governance;
- VFM; and
- The management and quality assurance of data.
3.3 The Audit Committee must produce an annual report for the governing body and the Vice Chancellor as accountable officer which includes the committee’s opinion on the adequacy and effectiveness of the HEI’s arrangements for the management and quality assurance of data submitted to HESA, SLC, HEFCE and other bodies.

3.4 Although ultimate responsibility for data quality assurance lies with Council, it is an integral part of the role of all members of staff to ensure that they follow the principles of this policy in order to maximise the accuracy, timeliness and quality of data collected and recorded, analysed and reported.

3.5 All managers are responsible for ensuring that the staff they manage understand their responsibilities in relation to data quality and have the appropriate training and facilities to meet them.

3.6 Each University-wide information system should have an identified owner who will have responsibility for ensuring that the system complies with this policy.

3.7 In addition, a number of specific responsibilities exist in relation to external data returns:
   - **Nominated Directors of Professional Services**: prepare and sign of specific external returns;
   - **Registrar and Director of Finance**: sign off specific data returns including changes to components of data returns that have a material impact on funding and key externally facing measures such as tariff rates;
   - **Vice Chancellor**: signs off specific data returns as required by HEFCE and HESA.

3.8 Responsibility for oversight of process, systems and review to ensure accurate and valid data rests with the HESA Working Group, chaired by a senior manager nominated by the Registrar, which reports to the Operations Board. Each area with significant responsibilities for data quality will nominate an individual to sit on the HESA Working Group. The Group maintains a set of principles to be followed for external data returns which are agreed at the start of each annual returns cycle. The Planning Directorate maintains a register of those responsible for preparing, reviewing and signing off each return.

**Risks**

3.9 Key risks relating to data are as follows:
   - Mandatory conditions of a grant could be breached;
   - Data could give misleading external and internal impressions of institutional performance in teaching and research;
   - Poor data could result in inappropriate decision-making across the institution;
   - Poor data could result in reputational damage in areas such as student recruitment and access, and student records;
   - Poor data could lead to inadequate reporting to sponsors of research, resulting in financial penalties from funders or, depending upon the extent of the problem, reputational damage and diminished funding for research;
   - Inaccurate data could lead to under-funding;
   - Inaccurate data could lead to over-funding with subsequent claw-back of overpaid funds which, if significant, could impact adversely on the institution's financial health;
• Inaccurate data could lead to reduced future funding (holdback) thereby undermining the cash flow forecasts and adversely affecting financial health.

Characteristics of Quality Data

3.10 The following six key characteristics of good quality data\(^1\) should be addressed in local policies, procedures and training:

• **Accuracy**
  - Data should provide a clear representation of the activity/interaction;
  - Data should be in sufficient detail;
  - Data should be captured once only as close to the point of activity as possible.

• **Validity**
  - Data should be recorded and used in accordance with agreed requirements, rules and definitions to ensure integrity and consistency.

• **Reliability**
  - Data collection processes must be clearly defined and stable to ensure consistency over time, so that data accurately and reliably reflects any changes in performance.

• **Timeliness**
  - Data should be collected and recorded as quickly as possible after the event or activity;
  - Data should remain available for the intended use within a reasonable or agreed time period.

• **Relevance**
  - Data should be relevant for the purposes for which it is used;
  - Data requirements should be clearly specified and regularly reviewed to reflect any change in needs;
  - The amount of data collected should be proportionate to the value gained from it.

• **Completeness**
  - Data should be complete;
  - Data should not contain redundant records.

Data Quality Requirements

3.11 In order to meet the above characteristics of good data quality, each area with responsibility for data and any associated systems should ensure that the following are adopted. Where the significance and purpose of the data does not justify a particular aspect (for example the cost of building an internal system validation check outweighs the benefit of the additional data accuracy) then this should be documented and agreed by the responsible manager as a valid exception:

• **Appropriate Responsibility, Accountability and Awareness**

  Local operating procedures, induction and training for staff with responsibility for processing and using data should cover:

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\(^1\) Audit Commission framework to support improvement in data quality in the public sector, 2007
The need for good quality data and how staff contribute to it;
Individual responsibilities with regard to data collection, storage, analysis and reporting;
The implications of poor data quality in their area in terms of internal and external accountability including those affecting other departments and the institution as a whole; and
Responsibility to report any systematic data quality issues immediately to their manager who should ensure remedial action is taken;
Policies related to data quality on security and data protection.

- Appropriate Policies and Procedures
  - Each system owner should document its key data requirements and assurance arrangements including the stages that will be undertaken to verify data inputs and review the quality of data outputs/reports; the person checking each stage and the method adopted should be captured;
  - Local procedures must exist for all key activities such as major data collection exercises and external returns;
  - All such policies and procedures should be reviewed regularly to consider their impact on data quality and to ensure they reflect any change in need;
  - Departmental managers should ensure that all such policies and procedures are adopted and embedded within working processes and that compliance is achieved.

- Appropriate Systems and Processes
  - Clear systems and business processes should exist in which data collection, validation, checking, and reporting are an integral part;
  - Guidelines for all processes supporting key data requirements as defined by the institution should exist and be followed consistently across the institution;
  - Data should be collected and recorded once only wherever possible without the need for multiple systems;
  - Data collection systems, including major University-wide systems for student, staff and financial information, should have internal validation checking facilities to ensure data is complete, consistent, accurate and internally validated; where these cannot be provided by internal system validation checks then alternative arrangements should be identified such as the adoption of a second reviewer for data inputting or a sample audit of data items;
  - Validation reports should be reviewed regularly to ensure timely intervention and remedial action where data quality issues arise
  - All systems should be electronic wherever possible to reduce the risk of manual error, except where there is a need to collect, process and store original documents;
  - There should be clear strategies for data storage and archiving from systems, with retrieval and security appropriate to an evaluation of present value and future use.

- Appropriate security
  - The institution should have in place appropriate security arrangements to ensure that data is protected from unauthorised access from outside the institution;
  - All University-wide systems should have security arrangements in place to ensure appropriate levels of access to data by individual staff and students.
• **Appropriate Staff Development**
  - Accountable managers should ensure that there is a minimum of two members of staff who are capable of fulfilling the necessary responsibilities for data quality and external data returns in their area;
  - All members of staff accessing, inputting and amending data on University-wide systems should have the appropriate knowledge, competencies and capacity to carry out the activity and preserve data quality;
  - All policies procedures and guidelines should be communicated effectively to relevant staff, and this will include policies on security and data protection as part of the wider consideration of data quality;
  - Appropriate staff development should be provided at induction and periodically to enable staff to meet the objectives of this policy, and be reviewed at PDR and updated to reflect any change in need; this should include learning lessons from within the University and the adoption of best practice from other organisations;
  - Responsibility for data quality should be included in job descriptions with significant data handling or management responsibilities.

**Reporting and Representation of Data**

3.12 All management information reports should be clear in what they are representing, bearing in mind the audience for which they are intended, and regular reports should be reviewed to ensure that they reflect any change in need. The review should be balanced with the need for consistency over time so that trends can be recognised and reported.

3.13 External returns (for example the annual HESA returns) should be subject to rigorous validation and verification, submitted on a timely basis and should evidence a full audit trail, including appropriate approval and sign-off as specified by the body to whom the return is submitted, or agreed by the HESA Working Group in the absence of such a recommendation. The person producing the return should not be responsible for the final sign-off which should be completed by a senior manager.

**4.0 Related Documentation**

HEFCE Financial Memorandum and Accountability and Audit Code of Practice, August 2014

HESA Working Group Terms of Reference

HESA Working Group Principles for external returns [Note: this is reviewed and updated as appropriate for each annual cycle prior to endorsement by the Registrar and Operations Board; a copy of the 2013/14 principles is attached for information]

Register of responsibilities for external data returns
Principles for HESA and HESES Returns 2014/14

The following principles will apply to the 2013/14 cycle for all HESA/HESES returns:

1) The HESA Working Group will operate as a Project Board with the associated disciplines including a project plan for generic activities and each individual return. Resourcing will be assessed against the baseline plan and progress tracked on a weekly basis.

2) Where decisions are required these will be supported by papers distributed at least 3 working days in advance via the meeting secretary to allow members of the Working Group time to consider the options and their associated impacts.

3) Minutes of meetings will capture the process followed, progress, decisions, the considerations, assumptions and justification of the Working Group in reaching those decisions, and any actions arising. Where appropriate minutes will cross reference meeting papers. As such the minutes will act as a record of the cycle of returns and could, if required, be utilised internally and by auditors who wanted to track back key assumptions and decisions associated with each return.

4) The responsibility for each return ultimately resides with the respective Director for each area submitting the return. It is therefore essential that key decisions associated with the return are signed off by the Director.

5) Every assumption and decision taken with regard to each return will be impact assessed for both cost (income to the University) and implications for league tables/other external data representation.

6) All assumptions made in respect of each return will be documented. Changes to assumptions that have a material impact on funding, league tables or other returns will be reviewed by the Working Group prior to the Group making a recommendation to the Registrar and Finance Director.

7) Where the process of completing the return requires changing being made to data then these changes will be fed back in to the underlying source data as soon as is reasonably practical after the change has been identified.

The maximum time to make the changes will be one week, except in exceptional cases approved by the HESA WG. All exceptions must be accompanied by a plan for updating the source data including the extended timescales.

8) For each return there must be a minimum of 2-3 individuals below the responsible manager capable of completing the return. For practical reasons it may be that some of the individuals are identified outside the area responsible for the return. We will use the 2013/14 to identify and train the 2-3 individuals for each return so that any one of them plus the responsible manager can complete the return the next year.

9) Planning will maintain a list of those responsible and involved in completing each return. Planning will ensure that any changes to designated contacts associated with these returns are communicated to HESA/HEFCE.
10) For each return, the area responsible will start the return cycle with a review (workshop) of the source HESA guidance to test that we have full understanding of what each requirement involves, what assumptions we need to make, what each piece of information is used for, and what the risks and issues are associated with the return. These workshops need to include 2-3 people who are being trained, plus some individuals from outside the area to help challenge assumptions.

11) The key steps for each return and associated responsibilities (including for provision of data sources) need to be documented as a process map from the first workshop. Similarly all assumptions need to be clearly documented. No returns will be signed off unless this documentation is in place by the time of sign off.

12) We will conduct a post return submission workshop for each return. This will review the process, issues identified, and lessons for the next return in advance of the following cycle commencing.