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**DATA ASSURANCE POLICY**

This document describes the University’s policy for assuring the quality and management of data created and held by the institution, including data submitted in statutory returns to governing bodies, such as HEFCE and HESA. The policy outlines the principles, responsibilities and reporting structures required to be able to maintain a high standard of data quality throughout the University.

CONTENTS

[1. INTRODUCTION 3](#_Toc325463649)

[2. SCOPE 3](#_Toc325463650)

[3. CONTEXT AND VALUES 4](#_Toc325463651)

[4. AIMS AND OBJECTIVES 5](#_Toc325463652)

[Aim 1: To explain the University’s objectives for data assurance and data quality 5](#_Toc325463653)

[Aim 2: To document the roles and responsibilities of key stakeholders who are responsible for data quality and assurance 7](#_Toc325463654)

[Aim 3: To outline the returns process for all key statutory, statutory and non-statutory returns 9](#_Toc325463655)

[Aim 4: To outline the risks related to data assurance and key statutory high risk returns 11](#_Toc325463656)

[Table One: Risks related to Key Statutory Returns 13](#_Toc325463657)

[Aim 5: To identify the main reporting and review procedures 17](#_Toc325463658)

[5. MONITORING AND REVIEW 17](#_Toc325463659)

[6. COMMUNICATION OF POLICY 17](#_Toc325463660)

[Appendix One 19](#_Toc325463661)

[DATA ASSURANCE FORM 19](#_Toc325463662)

[Appendix Two 21](#_Toc325463663)

[KEY STATUTORY RETURN SIGN OFF FORM 21](#_Toc325463664)

[Appendix Three 23](#_Toc325463665)

[STATUTORY RETURN SIGN OFF FORM 23](#_Toc325463666)

[Appendix Four 25](#_Toc325463667)

[NON-STATUTORY RETURN SIGN OFF FORM 25](#_Toc325463668)

[Appendix Five 27](#_Toc325463669)

[RESPONSIBLE OFFICERS 27](#_Toc325463670)

**DATA ASSURANCE POLICY**

# INTRODUCTION

The University of St Mark & St John is committed to maintaining high standards in its management of data, working in accordance with best practice across the sector to provide appropriate assurance regarding data quality. The University recognises the benefits of achieving the highest possible standards of data quality and management so that it can:-

1. Meet the requirements of statutory and other reporting standards and requirements of external stakeholders and partners
2. Meet the terms of the Financial Memorandum and the requirements of the Information Commissioner
3. Produce high quality information and services, thus providing excellent student experience
4. Provide accurate and timely information that enables the University to manage its performance effectively through informed decision-making

This policy describes the processes for assuring the quality and management of data created and held by the institution, including data submitted in statutory returns to governing bodies, such as HEFCE and HESA. The University works with definition of data given by the Audit Commission[[1]](#footnote-1), that is:

*‘Data are numbers, words or images that have yet to be organised or analysed to answer a specific question’* (Audit Commission, 2007, page 4)

Data Assurance is ultimately the responsibility of the Board of Governors, however, every member of staff at the University has a responsibility to ensure all data held within their areas of responsibility is:-

* Accurate and complete
* Appropriately coded in compliance with University requirements
* Properly managed and maintained

The Audit Committee of the Board of Governors, as part of their Annual Audit opinion, must make assurances over the management and quality of data submitted to HESA, HEFCE and other funding bodies. The Vice-Chancellor, as the Designated Officer under the terms of the Financial Memorandum between the University and HEFCE, is responsible for implementation of this policy across the University and is the primary signatory on all key statutory returns, as defined by the University (see Section 4, Aim 3).

# SCOPE

The University recognises its statutory responsibility in relation to the quality and management of data under the Data Protection Act 1998, the Freedom of Information Act 2000 and associated legislation, together with the requirements of the HEFCE Financial Memorandum and Audit Code of Practice.

This policy applies to all staff at the University.

The scope of this policy includes data held in the institution on all corporate systems and any data which is collected from these systems which is re-presented or manipulated to inform analysis and reporting. This policy also relates to the data supplied by Third Parties and the University expects the quality of data provided by external third parties e.g. UCAS, to be of a high standard. The University recognises that responsibility remains with employees to ensure that quality (in respect of data produced in the form of reports, statutory returns and performance indicators) is maintained whether it originates from a third party or internally, and that it is validated and processed to the highest standards.

# CONTEXT AND VALUES

The Audit Commission paper ‘*Improving Information to Support Decision Making: Standards for Better Quality Data’,* published in November 2007, identifies six key characteristics of good quality data:

* **Accuracy** - Data should be sufficiently detailed for the purposes for which they are collected, represent the associated activity clearly, and be captured once only as close to the point of activity / interaction as possible
* **Validity** - Data should be collected and used in compliance with internal and external requirements, to ensure consistency and that they appropriately reflect what they are intended to measure
* **Reliability** -Data should be collected and processed consistently and in accordance with defined processes to ensure that any changes in data are genuinely reflective of the activities represented
* **Timeliness** - Data should be collected as promptly as possible after the associated activity and be available for use within a reasonable timeframe
* **Relevance** - Data collected should be relevant for the purposes for which they are obtained
* **Completeness** - Data should be complete and as comprehensive as necessary to provide an accurate representation of the activity concerned and meet the information needs of the institution

The University will seek to ensure that its processes for collecting, managing, and reporting on data are efficient and effective, and it provides data to external and internal stakeholders that exhibit the above characteristics.

The Model Financial Memorandum between HEFCE and institutions, updated in 2016[[2]](#footnote-2), states that the Board of Governors must have:-

*“effective arrangements for the management and quality assurance of data submitted to HESA, the Student Loans Company, HEFCE and other funding or regulatory bodies”* (Page 8)

The Financial Memorandum also places a requirement on the Audit Committee, as part of its annual opinion, to provide assurance on data quality. The Audit Committees conclusions should be based on understanding the arrangements for:-

*“management and quality assurance of data submitted to HESA and to HEFCE and other funding bodies … to ensure adequate governance oversight of the systems used to generate funding data by the HEI, since poor data may represent a significant financial risk for HEIs that Audit Committees need to consider”* (Page 18)

HEFCE's guidance to Audit Committees on how they need to reach the required opinion on data quality states that the committee "*needs to be sure that management has assessed the risks posed by data accuracy and taken appropriate mitigating actions*"[[3]](#footnote-3).

The University recognises the risks related to poor data and monitors this through regular review of the Strategic Risk Register. Risk is discussed in further detail under Section 4, Aim 4.

The Information and Planning Department have produced a Process Handbook – ‘Data Handling and Administrative Processes’ for the use of all staff who are working with data. This document explains the processes required for the handling of all University data and has been compiled in conjunction with various members of staff responsible for working with data as part of their roles. The document supplements and is used with the latest Status Changes document, the Student Regulations Framework and any Capita documentation.

# AIMS AND OBJECTIVES

The key aims and objectives of the Data Assurance Policy are:-

1. To explain the University’s objectives for data assurance and data quality
2. To document the roles and responsibilities of key stakeholders who are responsible for data quality and assurance
3. To outline the returns process for all key statutory, statutory and non-statutory returns
4. To outline the risks related to data assurance and key statutory high risk returns
5. To identify the reporting and review procedures

## Aim 1: To explain the University’s objectives for data assurance and data quality

The University aspires to maintaining 100% accuracy of its data items and to the principle of ‘right first time’. The characteristics of good data quality identified in Section 3 above will be adopted by the University and the University will seek to meet these characteristics.

The Data Assurance policy objectives are:-

* To assure the quality of data produced within the University
* To aspire to 100% accuracy in data items and to ‘right first time’
* To ensure the data provided in external returns complies with audit standards, reporting guidelines and statutory regulations
* To enable effective decision-making supported by high quality data
* To ensure staff working with data understand, take ownership and are responsible for the production of relevant, accurate and timely data
* To support the University in achieving its objectives and priorities by ensuring its data is of high quality and by identifying areas for improvements

These objectives will be achieved by:

* Identifying staff with responsibility for data collection and input, and ensuring their appraisals place emphasis on this responsibility
* Ensuring senior managers are aware of their responsibility for the quality of data collected within their area and that this is cascaded down to all staff within their areas
* Regularly providing, to staff with data responsibilities, any changes to guidelines and regulations regarding data management and collection
* Having a robust framework in place so as to be able to respond effectively to findings arising from data assurance reviews
* Undertaking data assurance throughout the year and providing performance indicators to help Responsible Officers (see Aim 2) to maintain the quality of data produced
* Reviewing the appropriateness of determined and collected data, to ensure it satisfies the requirements of the University
* Reporting on an annual basis to the Audit Committee on the data assurance findings in respect of compliance with guidelines / regulatory requirements, data accuracy and data management processes
* Providing training and support to data users to ensure data continuously improves and to ensure data quality
* Ensuring the Data Assurance Policy is regularly reviewed and accessible to all staff with data responsibilities

The following key principles outline the University’s approach to data assurance and data quality:

* The Board of Governors has ultimate responsibility for ensuring that the University has effective arrangements for the management and quality assurance of data
* The Board of Governors devolves responsibility for ensuring that the correct processes are in place to the Audit Committee
* The Audit Committee has specific responsibility for data assurance and, although it will not review actual data, is responsible for providing an opinion on the processes for ensuring data quality and managing data at the institution to HEFCE through the annual audit opinion. The Audit Committee is also responsible for the Strategic Risk Register and will therefore ensure that risks related to data management are properly addressed by the SMG
* The Senior Management Group (SMG) is responsible for reviewing key returns, as identified by the University. The SMG is also responsible for ensuring that the risks identified on the Strategic Risk Register reflect the principle risks that face the University in its continued operation, ensuring that effective mechanisms are in place to manage these risks, and this includes the risk related to data management
* The SMG is responsible for the publication and review of the Data Assurance Policy in conjunction with the Audit Committee and subject to approval by the Board of Governors
* Senior managers at the University are responsible for the quality of data collected within their areas
* All staff working with data understand, take ownership and are responsible for the production of relevant, accurate and timely data

## Aim 2: To document the roles and responsibilities of key stakeholders who are responsible for data quality and assurance

It is ultimately the responsibility of the **Vice-Chancellor,** as the Designated Officer under the terms of the Financial Memorandum between the University and the Higher Education Funding Council for England (HEFCE),to ensure that the Data Assurance Policy is implemented throughout the University.

The **Board of Governors** role is to approve the arrangements for data management and data assurance within the University and ensure that data returned to HESA, HEFCE and other funding bodies is accurate, timely and fit for purpose. The Board of Governors has designated the Vice-Chancellor overall responsibility for data management and assurance and the processes will be monitored through the Audit Committee. The Board of Governors will normally receive the Audit Committee annual opinion, which will include a statement on data assurance, at the November meeting of the Board.

The **Audit Committee**, in accordance with HEFCE guidance, will provide an opinion to the Board of Governors on the management and quality assurance of data provided to HESA, HEFCE and other funding bodies.

The Audit Committee is responsible for:

* Advising the Board of Governors that there are suitable arrangements in place to ensure data quality
* Drawing to the Board of Governors attention all matters which may affect data quality and therefore may have an implication on the University’s risk profile
* Preparing the Annual Audit Report
* Considering and recommending the Data Assurance Policy
* Considering and recommending the Strategic Risk Register, which includes risks related to data management
* Liaising with internal auditors to ensure that there are regular audits of data quality and management

The Vice-Chancellor, in conjunction with the **Senior Management Group**, is responsible to the Audit Committee and the Board of Governors for the implementation of the Data Assurance Policy, as agreed by the Board of Governors, and securing a culture of data quality across the institution.

The **Information and Planning Department** is responsible for monitoring data quality and completeness for all student related data returns. They are also responsible for identifying any problems that may arise and maintaining a high level of data quality throughout the University. This includes informing relevant senior managers of common / persistent errors made and arranging training, where necessary and through the error checking process managed by staff in the Registry. The Information and Planning Department will maintain regular checks and alert managers to any urgent issues identified particularly where compliance with the appropriate guidelines / regulations is not being achieved.

**Senior Managers**, which includes the Deans and all Heads of Service Departments, are responsible for ensuring that departmental procedures are in place to support staff in complying with the Data Assurance Policy, providing staff with access to adequate guidance and training on the processes and systems involved in their role in relation to data quality. This will be undertaken in conjunction with the Information and Planning Department and more specifically the Registrar, who will jointly, where appropriate, ensure that a process is in place to monitor and address errors in data from their areas. Senior Managers are responsible for liaising with the Information and Planning Department, where appropriate, to address errors and problems with accuracy.

Senior Managers are required to annually sign the Data Assurance Form to confirm that there are effective arrangements in place within their departments to ensure data quality. Senior Managers are responsible for writing a written report if there are any areas of improvement required to ensure full compliance with the Data Assurance Policy (see Appendix One) and the requirements of the governing body for which they hold data.

The **Data Scrutiny Group** is made up of the Registrar, Director of Finance and Facilities and the corporate Information Officer and has been formed to ensure compliance with, and data assure, all Key Statutory Returns (see Aim 3 for the definition of Key Statutory Returns). The Data Scrutiny Group sanity check all Key Statutory Returns and robustly challenge the data. The Data Scrutiny Group are responsible for completing Section Two of the Key Statutory Sign Off Sheet (see Appendix Two), following completion by the Responsible Officer (see below), and for recommending to the Vice-Chancellor the return for submission.

The **Responsible Officer** is the person(s) with overall responsibility for compiling and completing a return. The Responsible Officer must have a comprehensive understanding of the return, provide assurance that the systems and processes used in the compilation of the return are fit for purpose and provide assurance to the Data Scrutiny Group that, to their knowledge and competencies, the return complies with the appropriate guidelines / regulations of the return and has been completed in accordance with the Data Assurance Policy. The Responsible Officer must complete a Returns Sign off Sheet for all non-statutory, Statutory and Key Statutory Returns, the process for authorisation of these forms is detailed below.

At the commencement of employment all staff who are likely to undertake the role of Responsible Officer, are required to sign a contract of employment and associated job description, which should include a data quality and confidentiality clause. The job description for their role will clearly state their responsibility for compiling and completing returns.

Appendix Five provides a list of the current staff who undertake the role of Responsible Officer.

The **Executive Officer**, or designate in the Vice-Chancellor’s Office is responsible for managing and updating the Returns Log for all key statutory, statutory and non-statutory returns. Any changes to the Returns Log will be notified to the Senior Management Group. The Executive Officer, or designate in the Vice-Chancellor’s Office, will hold a file on all submitted returns and is responsible for ensuring that the required sign off sheet is completed. The Executive Officer, or designate in the Vice-Chancellor’s Office, will submit all returns to funding and other bodies, where appropriate.

All **staff** who record and manipulate data have a responsibility to ensure that it is accurate, complete and captured in a timely manner. Staff involved with data must ensure that they read, understand and comply with the Data Assurance Policy and any relevant University procedures. They should refer any questions / points of clarification to their line manager and must advise their line manager of any factors which may be affecting the production of valid data. Staff must take responsibility for improving poor data, including that entered by other staff. Significant and / or consistent problem areas must be monitored and reported to the Information and Planning Department to ensure any compliance impact can be assessed and managed. Where appropriate a plan for corrective action must be agreed.

The University expects that all data provided by external **Third Parties**, e.g. UCAS, will be of a high standard. It remains, however, the responsibility of the University staff to ensure that quality (in respect of data produced in the form of reports, statutory returns and performance indicators) is maintained whether it originates from a third party or internally, and that it is validated and processed to the University’s high standards.

## Aim 3: To outline the returns process for all key statutory, statutory and non-statutory returns

The University defines returns in three ways:-

1. Key Statutory
2. Statutory
3. Non-Statutory

Key Statutory Returns are those returns identified by the University as those that have the highest risk apportioned to them and those which would have the most significant impact on the institution if submitted inaccurately. These Key Statutory Returns are:-

1. HESES
2. HESA – Student
3. HESA – Staff
4. NCTL Census
5. DLHE
6. EMS
7. Annual Monitoring Statement (including financial forecast)

The risks related to these seven Key Statutory Returns are considered in further detail under Aim 4, below.

Statutory Returns are returns that form part of the normal annual returns cycle but carry less risk than the seven Key Statutory Returns identified above. Examples of Statutory Returns are the Transparent Approach to Costing Return (TRAC), OFFA return and the HEBCI. Statutory Returns are also specific returns that are required by the Office for National Statistics, Companies House and VAT and Tax returns.

Non Statutory Returns are returns that are either annual returns or are returns that are notified by HEFCE, QAA or another body during the year and require the institution to produce a response. Examples of Non-Statutory Returns include opportunities to bid for funding, responses to proposals to change policy, and returns that arise from changed policies where the University can opt to amend submitted returns if this is deemed to be advantageous.

As defined in Aim 2 above, there are a number of key stakeholders who are responsible for data assurance and data quality. For data returns and submissions, the following roles are fundamental:

* The Responsible Officer as the individual with overall responsibility for compiling and completing the return
* The Data Scrutiny Group who are responsible for reviewing all key statutory returns and recommending their submission to the Vice-Chancellor
* The Vice-Chancellor as the individual who has overall responsibility for authorising the submission of all key statutory returns (as defined above)
* The Executive Officer, or designate from the Vice-Chancellor’s Office, for maintaining the record of all submissions and ensuring the data returns processes are followed

The University has developed the following key process stages for the completion of Non-Statutory and Statutory Returns:

* The regulations and guidance for the return are reviewed for the current year’s return
* A draft return is compiled by the Responsible Officer and discussed with their Line Manager or Dean, where appropriate
* All non-statutory and statutory returns must be submitted to the Executive Officer with a completed Statutory / Non-Statutory Return Sign Off Form (See Appendix Three and Appendix Four) to request authorisation to submit the return to the relevant body
* The return is submitted to the relevant body by the Executive Officer, or designate in the Vice-Chancellor’s Office
* The Responsible Officer provides a complete hard copy of the return, with a completed and authorised Return Sign Off Form to the Executive Officer or designate in the Vice-Chancellor’s Office for filing

The University has identified the following key process stages for all Key Statutory Returns:

* The regulations and guidance for the key return are reviewed and are supplied to the members of the Data Scrutiny Group for information
* A draft return is compiled by the Responsible Officer and discussed with the Data Scrutiny Group, as necessary
* The data is scrutinised by the Data Scrutiny Group and any errors will be notified directly to the Responsible Officer. The Data Scrutiny Group will also confirm compliance with the return guidelines and internal procedures to test the accuracy of the data and its completeness
* A second draft is considered by the Data Scrutiny Group, as necessary
* A final return is presented, with a completed Key Statutory Return Sign Off Form (See Appendix Two), to the Data Scrutiny Group. The Data Scrutiny Group will recommend the submission of the key statutory return, to the relevant Body, to the Vice-Chancellor
* The final return is authorised for submission by the Vice-Chancellor prior to the submission deadline
* The return is submitted to the relevant body by the Responsible Officer, Executive Officer or designate in the Vice-Chancellor’s Office as required.
* The Responsible Officer provides a final copy of the return, with a completed and authorised Key Statutory Return Sign Off Form to the Executive Officer or designate in the Vice-Chancellor’s Office for filing
* The responsible officer, will report on all key returns to the Board of Governors and Audit Committee

The Vice-Chancellor is responsible for the sign off for all Key Statutory Returns prior to submission (through both the University’s internal procedures and those set out by the funding of governing body, e.g. HEFCE), however, there will be circumstances where it is not possible to gain a signature before the submission deadline, and in these circumstances, the Responsible Officer will be the Designated Officer for authorisation on agreement from the relevant funding or governing body. Written confirmation will be obtained from the relevant funding or governing body and filed with the return in the Vice-Chancellor’s Office. The Vice-Chancellor will be required to sign-off the return as soon as is practicable and, where necessary, this signature will be sent to the relevant funding or governing body.

## Aim 4: To outline the risks related to data assurance and key statutory high risk returns

HEFCE's guidance to Audit Committees[[4]](#footnote-4) identifies the following key risks related to data assurance:

* Mandatory conditions of grant could be breached
* Data could give misleading external and internal impressions of institutional performance
* Poor data could result in inappropriate decision-making by management across the institution
* Inaccurate data could lead to under-funding
* Inaccurate data could lead to over-funding with subsequent clawback 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 cash flow forecasts and adversely affecting financial health
* An institution which submits inaccurate data could suffer reputational damage with public and private funders, other stakeholders and the public

Accordingly, the University has incorporated Data Management as a key institution wide risk in its Strategic Risk Register (Risk Number 14). Further to this and as part of the data assurance process, the Data Scrutiny Group have assessed the seven Key Statutory Returns (as defined in Aim 3), using the same Risk Matrix, to clarify the probability and impact, before and after mitigation, of the risks related to these Key Statutory Returns.

A summary of the risks related to the Key Statutory Returns and the Data Management risk as defined in the University’s Strategic Risk Register is summarised in Table One below. This also indicates the risk description and score for Data Management Strategic Risk Register[[5]](#footnote-5).

### Table One: Risks related to Key Statutory Returns

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Gross Score** | | | | |  | | **Net Score** | | | | | |  | |  | |  | |  | |  | |  | |
| **ID** | **Category** | **Risk Title & Description** | **Risk Owner** | **P** | | **I** | | **O** | **Existing Controls to Mitigate Risk** | | **P** | | **I** | | **O** | | **Possible Impacts - Immediate** | | **Longer Term Implications** | | **Assurance Over Risk Controls** | | **Action Owner & Review** | | **Action Review Date** | | **Movement** | |
| **INSTITUTION WIDE STRATEGIC RISKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14** | Financial Operational | Data management. University is ineffective with regard to data management leading to audit issues | VC | 3 | 3 | | **Substantial** | | | Sanity groups review all data returns; maintain regular internal and external audit reviews | | 1 | | 3 | | **Tolerable** | | Poor data quality could impact financially | | No additional concerns | | Data Assurance report Internal Audit | | SMG | | Bi-annually | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Gross Score** | | |  | **Net Score** | | |  | | |
| **ID.** | **Category** | **Risk Title** | **Risk Description** | **Risk Owner** | **P** | **I** | **O** | **Existing Controls to Reduce Risk** | **P** | **I** | **O** | **Action Plan** | **Action Owner** | **Action Review Date** |
|  |  | **HESES Return** | This return is prospective. Inaccurate or incomplete data could lead to under-funding or over-funding and subsequent holdback. Poor forecasting could affect financial forecasts and undermine the planning process | **Corporate Information Officer** | 2 | 3 | **Moderate** | Data Assurance Policy. Error traps for data to ensure ongoing review of data. HESES review period and query analysis | 1 | 3 | **Tolerable** | Return must be submitted by the deadline. Accurate forecasting with outturn that does not affect funding contract.  Accuracy of data confirmed by periodic external HESES audit or internal audit | SMG | Annual |
|  |  | **HESA – Student** | This return is retrospective. Inaccurate or incomplete data could lead to under-funding or over-funding and subsequent holdback | **Corporate Information Officer** | 2 | 3 | **Moderate** | Data Assurance Policy. Error traps for data to ensure ongoing review of data. HESA review period and query analysis | 1 | 3 | **Tolerable** | Return must be submitted by deadline. Reduce unknown values year on year. Accuracy of data confirmed by periodic external HESA audit or internal audit | SMG | Annual |
|  |  | **HESA – Staff** | This is a prospective return. Inaccurate or incomplete data affects League Table position | **Director of HR** | 1 | 3 | **Tolerable** | Data Assurance Policy. Ongoing review processes. | 1 | 3 | **Tolerable** | Return must be submitted by deadline. Accuracy of data confirmed by HESA Audit | Resources | Annual |
|  |  | **NCTL Census** | This is a prospective return. Inaccurate or incomplete data could lead to under-funding or over-funding and subsequent holdback. Poor forecasting could affect financial forecasts and undermine the planning process | **Corporate Information Officer** | 2 | 3 | **Moderate** | Data Assurance Policy. Error traps for data to ensure ongoing review of data. NCTL review period and query analysis | 1 | 3 | **Tolerable** | Return must be submitted by deadline.  Accuracy of data confirmed by annual NCTL Audit | Resources | Annual |
|  |  | **DLHE** | This is a retrospective return. Inaccurate or incomplete data affects League Table position | VC | 2 | 3 | **Moderate** | Data Assurance Policy. Ongoing review processes. Internal review | 1 | 3 | **Tolerable** | Return must be submitted by deadline.  Accuracy of data confirmed by internal review | Academic Board | Annual |
|  |  | **EMS** | This is a retrospective return. Inaccurate or incomplete data affects League Table position and funding for capital projects | **Head of Finance & Facilities** | 1 | 3 | **Tolerable** | Data Assurance Policy. Ongoing review processes. Subject to HEFCE Annual Review | 1 | 3 | **Tolerable** | Return must be submitted by headline. Accuracy of data will be confirmed by HEFCE Annual Review | Resources | Annual |
|  |  | **AMS** | This is a retrospective return which requires the Board to signal their overall assurance in respect of University activity. | **VC** | 1 | 3 | **Tolerable** | Data Assurance Policy.  HEFCE review | 1 | 3 | **Tolerable** | Return must be submitted by deadline.  HEFCE review | SMG | Annual |

## Aim 5: To identify the main reporting and review procedures

All external data returns should be:-

* Subject to rigorous validation and verification
* Submitted on a timely basis
* Evidence a full audit trail, including appropriate approval and sign off as specified by the body to whom the return is to be submitted and the University’s internal procedures

As a general rule the Responsible Officer should not be responsible for approving the submission of an external return. If the Responsible Officer should be in this position, approval must be sought from the Vice-Chancellor.

In summary, the main reporting and review procedures are:

* The Responsible Officer will thoroughly check the return before signing the Sign off Sheet for all returns
* The Data Scrutiny Group will rigorously sanity check all Key Statutory Returns before recommending their submission to the Vice-Chancellor
* The Executive Officer will authorise all non-statutory and statutory returns for submission, on the recommendation of the Responsible Officer
* The Vice-Chancellor is responsible for authorising the submission of all Key Statutory Returns
* The Audit Committee is responsible for reviewing all Key Statutory Returns and ensuring that the internal Audit programme includes a review of Data Assurance and Data Management on a regular basis. The Audit Committee will recommend to the Board of Governors approval of all Key Statutory Returns
* The Audit Committee will monitor and review the Statutory Risk Register at every meeting and will, therefore, consider Data Management in this context
* The Finance & Resources Committee will note all Key Statutory Returns which have financial implications
* The Board of Governors is responsible for overall approval of all Key Statutory Returns to HEFCE, HESA and other funding bodies. The Board of Governors will approve these on the recommendation of the Audit Committee or Finance & Resources Committee, as appropriate.

## MONITORING AND REVIEW

The Data Assurance Policy will be reviewed on an annual basis by the SMG and, where changes are necessary, these will be recommended by the Audit Committee for approval by the Board of Governors.

This policy is effective for five years in line with the University’s regulations.

## COMMUNICATION OF POLICY

The Vice-Chancellor, in conjunction with the SMG, will implement the Data Assurance Policy as agreed by the Board of Governors and communicate to the wider institution that data assurance is the responsibility of every member of staff at the University and that staff must ensure that all data within their areas of responsibility is accurate and complete, appropriately coded in compliance with the institutions requirements and is properly managed and maintained.

The SMG is also responsible for arranging training for key staff with responsibility for data assurance.

This policy will be published on the University Website and Intranet.

# Appendix One

## DATA ASSURANCE FORM

**TO BE COMPLETED ANNUALLY BY SENIOR MANAGERS**

**Name**:

**Position**:

The Data Assurance Policy for the University of St Mark & St John stipulates that Deans and senior managers with responsibility for data have effective arrangements in place for the management and quality assurance of data. This encompasses data submitted to the Higher Education Statistics Agency, HEFCE and other funding bodies and includes, but is not limited to, financial, student, module, programme, business and research data.

Section 4 of the Data Assurance Policy sets out the responsibilities of Senior Managers.

I certify that for my area of responsibility the following arrangements are in place:

*(Please tick the appropriate box to indicate the current level of compliance with each statement)*

|  |  |
| --- | --- |
| **Satisfied:** | Acceptable in terms of both effectiveness and efficiency |
| **Improvement required:** | Scope for improvement to bring up to a satisfactory level |

|  |  |  |
| --- | --- | --- |
| **Satisfied** | **Improvement required\*** |  |
|  |  | There is a framework for the management and accountability of data quality, with a commitment to secure a culture of data quality including all staff being made aware of and complying with the Data Assurance Policy |
|  |  | The Faculty / Service Department has appropriate processes and procedures in place to secure the quality of the data recorded and used in reporting |
|  |  | There are systems and processes implemented that secure the quality of data as part of the normal business activity of the area e.g. actioning monthly audit reports |
|  |  | There are arrangements to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality e.g. SITS training and refresher courses, specific return guidance |
|  |  | Where appropriate staff with data quality responsibilities have this highlighted in their job descriptions |

***\*****Where you have selected ‘Improvement required’, you must also provide a supporting statement outlining the areas of concern, the remedial activity and the proposed timescales.*

**Signed**:

**Date**:

**This form must be completed and returned to the Executive Officer annually.**

# Appendix Two

**DATA ASSURANCE**

## KEY STATUTORY RETURN SIGN OFF FORM

**PART ONE – to be completed by the Responsible Officer**

**Name**:

**Position**:

**Title of Key Statutory Return**:

**Submission Deadline**:

*The completed data return must be submitted to the Data Scrutiny Group prior to submission. On the recommendation of the Data Scrutiny Group, the Vice-Chancellor will authorise the submission of this key statutory return. A copy of the final submission with the completed Sign Off form must be sent to the Executive Officer within a week of submission.*

* I confirm that the data for the above named key statutory return has been checked and verified.
* All queries and internal validation checks have been investigated and to the best ability of this area.
* A copy of the return has been sent to the EO.

**Signed**:

**Date**:

**PART TWO – to be completed by the Data Scrutiny Group** (made up of the Registrar, Director of Finance & Facilities and the Corporate Information Officer)

I confirm that the above named key statutory return has been considered by the Data Scrutiny Group on (please insert date of meeting (s)\*)

*\*you must ensure that a review of the data has taken place prior to its submission and in adherence with the data policy.*

As Chair of the Data Scrutiny Group, I recommended this key statutory return for submission.

**Signed**:

**Date**:

**PART THREE – to be completed the Vice-Chancellor**

I authorise the above named key statutory return to be submitted on the recommendation of the Data Scrutiny Group.

**Signed**:

**Date**:

*For Vice-Chancellor’s Office use only:*

|  |
| --- |
| Statutory Return Received  with signed and authorised Sign off Sheet |
| Filed (with sign off sheet) |

# Appendix Three

**DATA ASSURANCE**

## STATUTORY RETURN SIGN OFF FORM

**PART ONE – to be completed by the Responsible Officer**

**Name**:

**Position**:

**Title of Statutory Return**:

**Submission Deadline**:

*A copy of the final submission together with the completed Sign off form must be sent to the Data Scrutiny for authorisation prior to submission by the designated deadline.*

*A copy of the final submission with the completed Sign Off form must be sent to the Executive Officer* *within a week of submission.*

* I confirm that the data for the above named statutory return has been checked and verified.
* All queries and internal validation checks have been investigated and to the best ability of this area.
* I confirm that this submission is complete and correct and request authorisation to submit this statutory return.

**Signed**:

**Date**:

**PART TWO – to be completed by the Data Scrutiny Group (**made up of the Registrar, Director of Finance and Facilities and the corporate Information Officer)

I authorise the above named statutory return to be submitted.

**Signed**:

**Date**:

*For Vice-Chancellor’s Office use only:*

|  |
| --- |
| Statutory Return Received  with signed and authorised Sign off Sheet |
| Filed (with sign off sheet) |

# Appendix Four

**DATA ASSURANCE**

## NON-STATUTORY RETURN SIGN OFF FORM

**PART ONE – to be completed by the Responsible Officer**

**Name**:

**Position**:

**Title of Non-Statutory Return**:

**Submission Deadline**:

* I confirm that the data for the above named statutory return has been checked and verified.
* All queries and internal validation checks have been investigated and to the best ability of this area.
* I confirm that this submission is complete and correct and request authorisation to submit this statutory return.

*A copy of the final submission with the completed Sign Off form must be sent to the Executive Officer within a week of submission.*

**Signed**:

**Date**:

**PART TWO – to be completed by the Executive Officer**

I authorise the above named non-statutory return to be submitted.

**Signed**:

**Date**:

*For Vice-Chancellor’s Office use only:*

|  |
| --- |
| Non-Statutory Return Received  with signed and authorised Sign off Sheet |
| Filed (with sign off sheet) |

# Appendix Five

## RESPONSIBLE OFFICERS

**July 2017**

|  |  |  |
| --- | --- | --- |
|  | **NAME** | **ROLE** |
| 1 | Rob Warner | Vice-Chancellor |
| 2 | Jenny Barnicoat | Head of Student Support |
| 3 | Stephen Plant | Registrar |
| 4 | Roger Pitt | Student Recruitment and Widening Participation Manager |
| 5 | Dave Fulton | Information and Planning Officer |
| 6 | Lucy Pengelly | Director of HR |
| 7 | Mark Potts | Corporate Information Officer |
| 8 | Rich Watson | Director of Finance & facilities |

**Data Scrutiny Group**

Registrar

Director of Finance and Facilities

Corporate Information Officer

|  |  |
| --- | --- |
| **Document Title:** | **Data Assurance Policy** |
| Document Version: | 0.5 |
| Issuing Authority: | Senior Management Team |
| Approval Authority: | Board of Governors via the Audit Committee |
| Author: | Executive Officer and Clerk to the Governing Body |
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1. Audit Commission (2007), ’Improving Information to Support Decision Making: Standards for Better Quality Data’, November 2007 [↑](#footnote-ref-1)
2. HEFCE 2016/12, Memorandum of assurance and accountability between HEFCE and institutions, July 2016 [↑](#footnote-ref-2)
3. <http://www.hefce.ac.uk/finance/assurance/guide/arrange.asp> [↑](#footnote-ref-3)
4. <http://www.hefce.ac.uk/finance/assurance/guide/arrange.asp> [↑](#footnote-ref-4)
5. Accurate at time of publication [↑](#footnote-ref-5)