

Information Quality Improvement Plan Form

**Version Control**

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| --- | --- | --- | --- |
| Date | Version | Description | Author |
| *DD/MM/YYYY* | *X.X* | *Completed for ‘name of Information Access* | *First Name Last Name* |
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| Information Quality Improvement Plan  (Improvement Plan) |

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| Improvement Plan Details | | | | | | | |
| Full name of information asset: | | | | | | | |
| Click here to enter text. | | | | | | | |
| Start date of Improvement Plan: | | | | | Date | | |
| Review Date of Improvement Plan: | | | | | Date | | |
| Name and position of Steward: | | | | | | | |
| Name: | | Click here to enter text. | | **Position:** | | | Click here to enter text. |
| Custodian details and approval: | | | | | | | |
| Name: | Click here to enter text. | | **Position:** | | | Click here to enter text. | |
| Signature/ HE Number: | Click here to enter text. | | | | | | |
| Name and position of staff member(s) assisting with the Improvement Plan  (where relevant): | | | | | | | |
| Name: | Click here to enter text. | | **Position:** | | | Click here to enter text. | |
| Signature/ HE Number: | Click here to enter text. | | | | | | |
| Name: | Click here to enter text. | | **Position:** | | | Click here to enter text. | |
| Signature/ HE Number: | Click here to enter text. | | | | | | |

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| Objective(s) |

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| Please state the overall objective(s) of the Improvement Plan. |
| *For example:*  *To improve the current documentation that exists around the Chronic Illness Registry, particularly with the documentation for Metadata and references including data dictionaries, business rules and user guides. This was a limitation raised in the Information Quality Summary and aims to improve the Chronic Illness Registry’s current information quality.* |

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| Information quality issues and priorities | |
| Use the findings from the Information Quality Summary to identify and prioritise information quality issues\*. | |
| Information quality issue | **Standards of information quality** |
| 1. Click here to enter text. | Choose |
| 2. Click here to enter text. | Choose |

\*If any information quality issues have been documented in a risk register (corporate or clinical), please reference the relevant risk identification number(s).

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| Detailed Action Plan | | | | | |
| Use the findings from the Information Quality Summary to identify strategies/activities for information quality improvement and name the person with key responsibilities for implementing each of the strategies/activities by the required date. Measures of success refer to the indicators that demonstrate achievement of each key strategy/activity as the project progresses. | | | | | |
| Information quality Issue (number) | **Standards of information quality** | **Strategy or improvement activity required** | **Responsible person to action (Name/Position)** | **Required by (date or ongoing)** | **Measures of success** |
| 1. | Choose | ***For example:***  *Review of current documentation* | ***For example:***  *Jasmine Moore, Data Management Officer* | ***For example:***  *06/10/2023 initially, but to be reviewed continuously going forward* | ***For example:***   * *Completion of a Gap Analysis* * *Development of a Project on a Page* |
| 2. | Choose | ***For example****:*  *Implementation of a project team to focus on developing Metadata documentation and reference/resource guides* | ***For example:***  *Colin Smith – to act as Project Sponsor*  *Jasmine Moore – to act as Project Lead*  *Additional project team members to be sources* | ***For example:***  *06/12/2023* | ***For example:***   * *Development of Metadata documentation* * *Resource and reference guides created* |
| 3. | Choose | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4. | Choose | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |