South East Coast Ambulance Service NHS
NHS Foundation Trust

AQI Measurement, Reporting and Validation Policy

Contents

1 Scope

1.1. This document describes how any updates or changes to that specified in *"SECAmb Ambulance Quality Indicators Interpretation Guide – Nov 2017"* and "*SECAMB Data Validation Procedure"* will be managed, reviewed and authorised.

1.2. The policy describes what changes are and are not permissible to be approved directly by the Performance and Information Manager for immediate implementation (Section 3.1), with subsequent review by the Executive Team.

1.3. This policy also sets out the quarterly review process to be supplied to the Executive Team for review and assurance.

1.4. The policy does not include the consideration of operational or clinical instructions.

2 Policy – Levels of Delegated Authority

2.1. Where potential inaccuracies in reporting are identified then the Performance Information Manager should complete and submit an DIF1 (Datix) incident reporting form.

2.2. Following an investigation, changes to the measurement methodology or data validation detailed in either SECAmb's 'AQI Interpretation guide' or the 'Data Validation Procedure' may be required.

2.2.1. Should this occur the Performance and Information Manager is authorised to approve and implement the required changes.

2.2.2. Any such amendments shall be reviewed as part of the quarterly review presented to the Executive Team.

2.3. All other changes to the 'Data Validation Procedure' or SECAmb's 'AQI Interpretation guide' will be presented and authorised through the Executive Team prior to implementation. This includes changes mandated by NHS England.

2.3.1. When immediate updates are required before a scheduled governance meeting then approval can be sought either:

i. Via sign off by both the Medical Director and the Chief Executive Officer with subsequent review at the next governance meeting, or

ii. At a requested extraordinary meeting.

3 Responsibilities

3.1. The **Performance and Information Manager** has overall responsibility for this policy, including:

3.1.1. Collating, presenting and recording any changes or updates;

3.1.2. Applying any necessary updates to the document;

3.1.3. Monitoring and audit of this policy.

3.2. The **Executive Team** will receive quarterly assurance reports and will be responsible for:

3.2.1. Approving any changes or updates to the policy and associated procedures (Section 5);

3.2.2. Sharing any relevant information related to this policy and associated procedures with internal and external stakeholders, for example Clinical Quality Review Group (CQRG) and the Trust Board of Directors.

4 Audit and Review

4.1. The application of the policy and the associated documents it regulates, will be governed by internal audit for assurance. The results of this will be presented to the Executive Team.

4.2. In addition to the above, a quarterly review will be submitted to the Executive Team to allow:

4.2.1. A review of any changes to data measurement / validations implemented in the previous quarter (signed off by the Performance and Information Manager; ref 2.1.1);

4.2.2. An Annual Review for consideration of any proposed changes to interpretation or measurement methodology; including changes resulting from amended AQI guidance released by NHS England;

4.2.3. A review and discussion of any challenges to accurate AQI reporting and measurement, and how these will be progressed. This includes how assurance will be obtained relating to accuracy of reported data;

4.2.4. The review will also ensure discussion is held regarding horizon scanning to identify and potential changes to the AQIs and how these will be best managed and authorised;

4.2.5. Consideration of actions recommended following formal peer audits undertaken by officers of the National Ambulance Information Group (NAIG) to review accurate interpretation and implementation of the extant

AQI Guidance – System Indicators, for accuracy of data submission to NHS England.

4.3. This Policy will be also be reviewed annually to ensure compliance with any new information governance legislation.

4.4. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

4.5. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

4.6. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

5 Associated Documentation

5.1. 20190912 AmbSYS specification (published on 12 September 2019)

5.2. SECAmb Interpretation Guide for Ambulance Quality Indicators (AQIs) Guidance – Nov 2017 (previously titled as the "SECAMB Procedure for the new AQI Guidance January 2016 v14").

5.3. .SECAmb Data Validation Procedure - June 2019.

6 References

6.1. 20190912 AmbSYS specification (pdf, 389KB) (published on 12 September 2019)

6.2. See Supporting information section – 'AQI Quality Statement' : AQI Quality Statement v1.2

7 Equality Analysis

7.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

7.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and

have the duty to comply with the equalities duties when carrying out those functions.