South Central Ambulance Service
NHS Foundation Trust

CORPORATE* POLICY
(CPP* BIT2021/001)

Data & Information Quality.

July 2021.

Author:	Simon Mortimore – Assistant Director for Business Information.
Ratifying committee/group:	IM&T Control Board.
Equality impact assessment date:	22nd March 2019.
Date of Issue:	16th July 2021
Review due by:	07/2023
Version:	1.4

Contents

1 Introduction. 4
2 Scope. 6
3 Aims. 7
4 Roles & Responsibilities. 7
4.1 The Executive. 7
4.2 Director of Digital. 7
4.3 Heads of Department. 7
4.4 Procurement. 7
4.5 Assistant Director for Business Information. 7
4.6 IG Manager. 7
4.7 Functional Heads. 8
4.8 Business Intelligence Team. 8
4.9 Managers and Supervisors. 8
4.10 All staff. 8
5 Definitions. 9
6 Abbreviations. 10
8 Main Policy. 11
8.1 Policy Benefits. 11
8.1.1 Process automation to reduce bureaucratic burden. 11
8.1.2 Improved clinical care. 11
8.1.3 Improved staff morale. 11
8.1.4 Better fiscal management. 11
8.1.5 Better quality management decision making. 11
8.1.6 Delivery of national reporting requirements. 12
8.1.7 Faster delivery of information. 12
8.1.8 Reduced cost of information management. 12
8.1.9 Enhanced relationship with commissioners. 12
8.1.10 Improved corporate and clinical governance. 12
8.1.11 Operational efficiency improvement. 13
8.1.12 Enabling Accountability. 13
8.2 The Definition of Quality. 13
8.2.1 Completeness. 13
8.2.2 Timeliness. 14
8.2.3 Correctness. 14
8.2.4 Consistency. 14
8.2.5 Relevance 14
8.3 Assessing Good Data and Information Quality. 14
9 Training. 16

10 Consultation and Review. 17
10.1 Stakeholders and Groups consulted. 17
11 Implementation. 18
11.1 Data and Information Standards. 18
11.1.1 Principles. 18
11.1.2 Designated applications. 18
11.1.3 Core data & information items. 19
11.1.4 Business models. 19
11.1.5 KPI definitions. 19
11.1.6 Reference data, including master data management. 20
11.1.7 Lists of Values. 20
11.2 Issue Management. 20
12 References. 22
13 Associated Documentation. 23
14 Equality and diversity. 24
15 Monitoring. 25
16 Appendix 1: Review Table. 26
17 Appendix 2: Responsibility Matrix. 27
18 Appendix 3: Equality Impact Assessment Section One – Screening. 29
19 Appendix 4: Equality Impact Assessment Section Two – Full Assessment. 34
20 Appendix 5: Ratification Checklist. 35
21 Appendix 6: Data and Information Quality, Issue Management. 37
21.1 Prioritisation of Issues. 37
21.2 Management of Resolution. 39
22 Appendix 7: Designated Applications List. 40
23 Appendix 8: Data and Information Explained. 41
24 Appendix 9: Business Model Definition Template. 42
25 Appendix 10: KPI Definition Form. 45
26 Appendix 11: Procedures of this policy. 48

1 Introduction.

Data and Information Quality (D&I quality) is often perceived as a bureaucratic process which delivers little or no organisational value. However, high quality D & I quality can deliver:

- Reduced bureaucratic burden through process automation.
- Improved clinical care.
- Improved staff morale.
- Better fiscal management.
- Better quality management decision making.
- Delivery of national reporting requirements.
- Faster delivery of information.
- Reduced cost of information management.
- Enhanced relationship with commissioners.
- Improved clinical governance.
- Operational efficiency improvement.
- The enabling of accountability.
- Improved revenue management.
- Compliance with policies and relevant legislation, GDPR regulations.

Quality is a relative measure, and is based on the decision that the information (derived from data) is being used for, but has 5 key elements:

- Completeness.
- Timeliness.
- Correctness.
- Consistency.
- Relevance.

An example of the application of the above is incident management. For real time operational management data would need to be available in near real time. However, for strategic planning immediate availability would not be required.

Implementation of the D & I quality policy, through its associated procedures, is split into two areas:

- The setting of data and information standards, which includes; Designated applications, core data & information items, business models, KPI definitions, reference data (master data management), and list of value management.

- The management of D&I issues. Issue management operates under the principle that issue resolution lies with those that triggered the issue, with the Business Intelligence Team (BIT) being responsible for defining and operating the governance process.

2 Scope.

This policy will apply to the Trust's data, and the information derived from it, that is stored in any electronic form within designated applications.

This policy forms part of the Trust's information assurance framework (IAF)

3 Aims.

The aims of this policy are:

- That there is a consistent understanding of the organisational benefits of data and information quality.
- That there is a consistent understanding of what good data and information quality is and how it will be measured.
- That all staff have a clear understanding of their roles and responsibilities in the delivery of data and information quality, and that resolution of issues lies with those triggering the deviation and/or error.

4 Roles & Responsibilities.

4.1 The Executive.

Will have overall responsibility for ensuring that there is compliance with this policy, and any associated strategies and procedures.

4.2 Director of Digital.

Has responsibility for ensuring that all ICT systems, applications, infrastructure, and projects are compliant with this policy and associated strategies and procedures.

4.3 Heads of Department.

Will ensure that all staff, and where relevant external suppliers, are aware of this policy and associated procedures and that they are being complied with.

That all projects they are ultimately responsible for have been passed in terms of data and information quality, and the appropriate SME advice sought throughout the project life cycle.

4.4 Procurement.

Will ensure that any contracts placed contain the relevant conditions to reflect this policy, and any associated procedures, and compliance requirements, for example: reporting, master system management, KPI and information standards management.

4.5 Assistant Director for Business Information.

Has organisational responsibility for ensuring that there is in place the appropriate governance framework to support the delivery of fit for purpose D&I quality.

They will also provide final authority for the setting of any standards where this cannot be resolved by the normal governance process.

4.6 IG Manager.

Has responsibility for ensuring that the relevant D & I quality policies and procedures are compliant with relevant IG requirements, including the IG Toolkit.

4.7 Functional Heads.

The following areas will nominate an information lead who will have ownership for ensuring that their functions have in place the process for the setting of the relevant data and information standards. This will include the interpretation of relevant external standards (for example ISN's):

- Finance.
- HR.
- Clinical Quality.
- Estates.
- CCC, 111-IUC, Operations, & NEPTS (undertaken by the Business Intelligence Team).

4.8 Business Intelligence Team.

BIT has responsibility for ensuring the governance over the setting and monitoring of data and information standards but does not have responsibility for the defining of them except where they are regarding CCC and operations activity and performance.

They will also have responsibility for ensuring that the appropriate initial and on-going communication and education is in place.

Finally, BIT have responsibility for providing SME support to all projects and BAU changes related to data and information flows including the definition of; reference data sets, LOV[1] sets etc.

4.9 Managers and Supervisors.

Managers and supervisors will have responsibility for ensuring that staff are aware of and adhere to relevant policies and procedures.

4.10 All staff.

All staff have a responsibility to:

- Record data and information promptly and accurately in the appropriate manner, whether this be paper or electronic.
- Adhere to the relevant policies, procedures and relevant legislation.
- Ensure familiarity with this policy and raise any questions with their line manager.

[1] List of Values, the values that may be selected within the applications.

5 Definitions.

Term	Definition.
Acute	A condition that is short term in nature.
Chronic	A condition that is long lasting or permanent.
Data	The creation of a specific item, e.g. date and time, case number, ESR number, journey type, performance category, incident cost, call revenue.
Data & Information Quality.	The set policies, procedures, & governance that ensures that data, and the information derived from it are fit for purpose in enabling decision making.
Information	The presentation of data in such a way that it supports the decision being made. For example, the date and time of PTS pickups could be grouped to show the average number per hour.
Information Assurance Framework	The Trust's overarching approach (strategies, policies, procedures etc) to ensure that the security, resilience, availability and accuracy of data and information are to an appropriate level.
Subject Matter Expert.	A person who is an authority in an area or topic. Within the context of this policy that will be a member of the BIT team of the functional nominated lead for the area.

6 Abbreviations.

Abbreviation.	Definition.
SME	Subject Matter Expert.
CCC	Clinical Co-ordination Centre.
M&M	Mortality and morbidity.

8 Main Policy.

8.1 Policy Benefits.

Data and information quality can very often be perceived as a bureaucratic process with little or no relevance to the front-line delivery of services.

However, there are significant benefits that are enabled with the appropriate D&I quality management being in place.

8.1.1 Process automation to reduce bureaucratic burden.

A significant amount of resources, with the resultant cost and time implications, may deployed manually controlling process that could be automated with good quality D & I, allowing data to be shared automatically between systems.

8.1.2 Improved clinical care.

Good D & I quality can be used to improve operational clinical delivery. For example; clinical information capture in ePR can be used along the patient's pathway. It can also be used for demand and capacity forecasting where it enhances a simple incident count approach.

8.1.3 Improved staff morale.

Use of systems can very often be viewed as an administrative burden with little or no individual or departmental benefit. However, if improved D & I quality can show direct benefits, then this can improve staff morale and sense of empowerment as people will see directly how their efforts are of value to them and their department and generate a sense of control over an individual's work.

For example, accurate HR information, means less time correcting or seeking information and completing of HR processes.

8.1.4 Better fiscal management.

As the Trust's core billing is based on a transactional mode, the accurate recording of activity, volume and type, is vital in ensuring the Trust receives the income that it is due.

As well as safeguarding income D & I quality directly supports the accurate calculation of costs, both in terms of accurate recording of staff, activity etc, and also by ensuring that there are in place agreed business models to ensure the appropriate allocation of revenue and costs.

8.1.5 Better quality management decision making.

To design and implement new services, and to monitor that they are being delivered to the appropriate standard, requires relevant information to understand what we presently do, what is required in the future, and how it will be delivered.

Inaccurate and/or missing data could make this process very difficult and lead to a reactive rather than proactive approach.

With the rate and complexity of change increasing dramatically it is unlikely that this approach will be sustainable, so the management information the organisation requires will need to be available; on demand, be more complete, and accurate.

8.1.6 Delivery of national reporting requirements.

Although there has been an active program to try and reduce the data collection burden on front line organisations, there is no doubt that these requirements will increase both in terms of volume and complexity.

At present many of these information provisions are highly reliant on manual processes (to validate and complete), and reworking of data due to poor D & I. With improved quality many of these processes could be automated and the burden on front line and back office resources dramatically reduced.

There is also a reduction of the risk of the image of the organisation being tarnished by the failure to provide required information, or information that is inaccurate.

8.1.7 Faster delivery of information.

Good D & I quality means that there is less requirement to manually and/or multiple process data, and therefore it can be made available in a timelier manner.

8.1.8 Reduced cost of information management.

Where information is not automated and requires complete or partial manually processing, there will be a cost associated with it.

Very often the need to do this is driven by poor D&I quality, rather than technology issues. For example, data validations, translations etc.

Whilst difficult to exactly quantify, savings of circa 20% - 25% in time can often be realised.

8.1.9 Enhanced relationship with commissioners.

Improved D & I quality will enhance the relationship with our commissioners, ensuring clarity of activity and avoiding challenges based on poor D & I quality, for example symptom group, NHS number etc.

In addition, it allows more proactive analysis to be undertaken.

8.1.10 Improved corporate and clinical governance.

More focus will be placed on ensuring governance in both the clinical and organisation areas.

In clinical areas measures such as; M&M, clinical protocol adherence, clinical effectiveness etc, will become more of an emphasis. This can only be effectively managed through robust D&I quality.

In the corporate arena elements such as efficiency, monitoring of resource usage, and adherence to governance protocols will also be enhanced.

8.1.11 Operational efficiency improvement.

Enhanced D & I quality will drive a more robust understanding of operational reality through accurate activity delivery and the associated resource usage, how fuel is used per journey, what is the actual cost/resource of an incident etc.

Through a more robust “picture” areas of deviation can be identified, examined and more efficient processes implemented.

This more robust “picture” will also enable a better understanding of how various functions integrate with each other and will allow process redesign to be more robust.

Finally, as already noted, better D & I quality will allow greater process automation.

8.1.12 Enabling Accountability.

A lack of trust and/or belief in information can often be used to avoid decision making. Whilst recognising that this problem will never be totally resolved, robust D & I quality (the issue management process in particular) can significantly mitigate it by identifying that the information is of an acceptable level to make the decision required.

8.2 The Definition of Quality.

Generally D & I quality must be fit for purpose. Within the Trust this will be driven by two key requirements:

- The purpose of information is to support decision making, the nature of the decision drives the required quality. For example, in monitoring Cat 1 performance, data will have to be timely (real time) and accurate, all incidents, must be recorded. However, for undertaking and service review a certain amount of lag is allowed and minor inaccuracies would be acceptable.

- The meeting of mandated national, regional, or local standards, for example NHS number completeness to support integrated pathways, patient communications, and commissioning.

Quality is a relative term, and the reality is that it can never be “perfect”, and that pragmatism must play a significant part in any programme.

It should also be recognised that it is a “chronic” rather than “acute” issue and requires an on-going approach.

When setting and assessing D & I quality there are generally 5 domains considered.

8.2.1 Completeness.

Is data recorded to derive the information required? For example, NHS number.

8.2.2 Timeliness.

If the data is correct, is it available in the required timescales. For example, resource status.

To support operational resource allocation, this must be real time, so that resources may be allocated appropriately.

However, if analysis is being undertaken of productive time, the status data must be correct, but would not have to be entered in real time.

8.2.3 Correctness.

Even if the information has been entered in a timely manner, if it is factually incorrect then this can be a significant impact, for example the entry of ePR clinical information.

The incorrect data could be entered, not only leading to issues further along the clinical pathway but leading to poorer demand and capacity planning.

It is also a requirement under the General Data Protection Regulations that relevant data be correct.

8.2.4 Consistency.

Data and information must be consistent to ensure effectiveness and credibility, and this is of two types.

- Over time. If the same piece of information changes over time (e.g. the income a service is receiving for a given period) then it immediately stops being useful and undermines the credibility of the information.

- Between sources. If the same piece of information from disparate sources is inconsistent (e.g. organisational location) then it again undermines the credibility and usefulness of the information.

8.2.5 Relevance

Data, and the information derived from it must be relevant to the decision being made.

8.3 Assessing Good Data and Information Quality.

As has already been outlined quality is a relative term focussed on how data and the derived information is being used.

However, in general we would have an effective D&I quality management regime if:

- Information about the same thing is consistent in terms of stability (it does not change over time).

- For each key type of data and information there is a definitive source which is managed to ensure quality.

- The perception of data and quality is seen as being fit for purpose.

- Where appropriate we meet, or exceed, national norms of compliance.
- We meet external reporting requirements in terms of timeliness and accuracy.
- An efficiency gain can be demonstrated for IM (efficiency being the same output, or more likely given the increased data and information requirements on the organisation, an increase in output without resource requirements increasing at the same rate).
- Information consumers have access to the information earlier, either through the processing being speeded up, or through the deployment of self-service information systems.
- The capturing of data is engrained as part of the business process, rather than seen as an additional bureaucratic burden, and is only manual as a last resort.
- Workflows are fully digitised.

9 Training.

Once ratified notification of the implementation of this policy, and ongoing education, will be undertaken as follows:

- Articles will be included in staff matters.
- An introductory e: mail will be sent to all heads of departments.
- BIT Business Information Analysts will communicate at their BAU management meetings with each of the service areas.
- The IG presentation will be updated to reflect the rationale and requirements for data and information quality.
- BIT training materials re the accessing and use of information will be updated to reflect the requirements of the policy.

10 Consultation and Review.

10.1 Stakeholders and Groups consulted.

This policy has been reviewed and sent for consultation to all staff within the organisation as noted in the table below.

Stakeholder or group.	**Consultation Period (from – to).**	**Comments received (Y/N).**
All SCAS Staff	14/05/2019 06/06/2019	Y
Information Security & Governance Steering Group	18/06/2019 – 18/06/2019 (by e-mail as previously tabled)	N
Workforce Board	23/04/2021 – 28/05/2021 (by e-mail via HR Senior Managers Group)	N
IM&T Control Board (accountable group).	29/06/2021 – 06/07/2021. By e-mail, previously reviewed by Group 15/06/2019)	Y

11 Implementation.

Please refer to the training section for initial roll out and ongoing staff engagement.

Implementation of a D & I quality policy will focus on two areas:

- The setting of data and information standards.
- The management of D & I quality Issues.

11.1 Data and Information Standards.

11.1.1 Principles.

The Trust will implement and manage a process for defining and use of data and information standards as categorised below.

Where national or external standards are available[2] these will be used and adhered too, with deviation requiring formal approval.

11.1.2 Designated applications.

Designated applications are those that are critical to the functioning of the Trust, either because they support a core business process, or they provide master data supply to other systems, whether internally or externally hosted, and will therefore be subject to stricter levels of governance[3].

Designated application will be considered the prime application for the business process they support for both transactional and reference data and derived information.

Each designated application will have a business and technical owner. These will generally be respectively, the Information Asset Owners and Information Asset Administrators.

The business owner has overall responsibility for ensuring that the application information and data it contains (either transactional or reference), align with business need.

The technical owner has responsibility for ensuring that the application is operationally managed, including change control, in such a manner that it meets organisational need.

Where the system is hosted externally, or relies on external resourcing to support it, there will be a nominated commercial owner to ensure that the external supplier is meeting organisational requirements. This will be either the business or technical owner, whichever is the more appropriate.

---

[2] For example; ONS, Ordnance Survey, NHS Digital, ISCO etc.
[3] As defined in the IM&T and Management Information Change Control Protocols.

11.1.3 Core data & information items.

The Trust will identify core data & information items, either type (e.g. date) or by business process (e.g. PTS journey abort reason) and for each of these ensure that there is a set of standards defined for the key data & information quality attributes, (timeliness, completeness, consistency etc).

Where a data or information item is used for multiple purposes, then the highest relevant standards will apply.

There will be a Trust approach whereby data creation & capture is automated as standard, and manual creation and processing is seen as a last resort.

11.1.4 Business models.

A business model (BM) is the algorithm that derives information from data. For example; cost allocation, demand seasonality, effective whole-time equivalents.

By formalising the BM definition process;

- That the required organisational entities are aware of the model.
- They agree with it.
- There is an understanding of the model.
- The organisational impact of the model has been assessed, and if required relevant actions initiated.
- There is consistency in the reporting the same information item.

There will be a formal process for review, approval and monitoring of the models. The process will be led by the relevant functional lead.

11.1.5 KPI definitions.[4]

A key performance indicator is an information item that is used to measure either a defined output of performance, or a control to enable its delivery.

For example, the performance KPI may be to break even. The control KPI's would be revenue and expenditure variance.

The individual presenting the KPI or indicator for approval should ensure that the relevant review groups have commented on it before submission.

By approval the individual, group or governance body acknowledges:

- They are aware of the KPI or indicator.
- Where the KPI is internal, they understand and agree with the rationale.
- They have assessed the organisational impacts of the KPI or indicator.

---

[4] See Appendix 6 for KPI definition template.

- That where listed in the accountable person section, they accept accountability for delivery.

11.1.6 Reference data, including master data management.

Reference data is a set of data that is predefined, often hierarchical in nature, and is used across designated applications.

This may be:

- External and generic, for example the PAF file.
- External but domain specific, for example NHS ODS data sets.
- Internal, organisational wide, for example site locations.
- Internal, function specific, for example resource call signs.

Where data sets are either nationally mandated or enabling a core business process they will be subject to formal change control.

As noted above, each set will be held within the designated application, which is considered the master.

The Trust will operate a push process, either automatic or manual, for subscribing system updates.

Each reference data set will be owned by the functional information lead, and any changes must be approved by them.

Where the sets are external the functional lead will be responsible for monitoring them and ensuring that organisational impact is assessed and where relevant implementation managed.

11.1.7 Lists of Values.

Lists of values are application and field specific, as opposed to reference sets which may be used within many fields of a single application, or across multiple applications.

Where LOV's are associated with a core data item, then they must be approved by the functional lead for the relevant area.

It is good practice for all others to be reviewed.

11.2 Issue Management.

A data and/or information issue is defined as where data and/or information is not meeting the required quality standards or where it is not a core item does not demonstrate compliance with the core attributes of quality noted above, e.g. it is incorrect.

The core principle of issue management resolution resides at source. For each issue identified a named individual will be tasked with delivering resolution.

BIT will be responsible for the definition and management of the issue reporting process[5] including resolution monitoring.

Resolution of issues will form part of the Trusts performance management framework.

Once this policy has been ratified, then the relevant operational procedures will be developed and implemented.

[5] See Appendix 2.

12 References.

None identified.

13 Associated Documentation.

None identified.

14 Equality and diversity.

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marital status, disability, race, nationality, gender, religion, sexual orientation, gender reassignment, ethnic or national origin, beliefs, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law or relevant to the requirements of the post.

By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

The Trust will therefore take every possible step to ensure that these procedures are applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other relevant factor.

Where there are barriers to understanding e.g an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resource Department.

15 Monitoring.

Adherence and review of this policy will be through the Information Security & Governance Steering Group.

Adherence reports e.g. issue resolution, will also be distributed to relevant managers.

16 Appendix 1: Review Table.

Version.	Reason for change.	Date of Issue.	Overview of change.
1.0	Initial Release.	29th April 2019.	None.
1.1	General consultation feedback.	6th June 2021	Incorporation of feedback from Trust wide review.
1.2	IG Steering Group Feedback.	18/06/2019.	Minor modifications in roles and responsibilities section.
1.3	Updates	29th June 2021	Minor modifications to reflect changed organisational elements. E.G. Director of Digital new post and terminology changes.
1.4	Updates.	16th June 2021	Finale minor updates post virtual approval from IM&T Control Board.

17 Appendix 2: Responsibility Matrix.

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operating Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associate Director of IM&T	Information Governance Steering Group	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operating Officer	As appropriate	Quality and Safety Committee	Committee decision

Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision

18 Appendix 3: Equality Impact Assessment Section One – Screening.

Name of Function, Policy or Strategy: Data & Information Quality.

Officer completing assessment: Simon Mortimore – Assistant Director for Business Information.

Telephone: 07768393904

1. What is the main purpose of the strategy, function or policy?
To provide a rationale for the organisational value of fit for purpose data and information quality and ensure that all SCAS staff, vendors and other key stakeholders are aware of their responsibilities under the policy.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
• Define what data and information quality is. • Ensure there is a clear understanding of the responsibilities of all staff members in the delivery of the above. • Outline the high-level operational procedures required to implement the policy.
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff required to undertake decision making.
1. Use the table overleaf to indicate the following: - a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Men	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
RACE	Asian or Asian British People	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Black or Black British People	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Chinese people and other people	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	People of Mixed Race	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	White people (including Irish people)	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Disabled People	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.

	Lesbians, gay men and bisexuals	Yes		Will allow more effective employee equity evaluation.
	Trans people	Yes		Will allow more effective employee equity evaluation.
AGE	Older People (60+)	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Younger People (17 to 25) and children	Yes		Will allow monitoring of service delivery and clinical quality to ensure equity.
	Faith Groups			None identified.
	Equal Opportunities and/or improved relations			Will allow more effective employee equity evaluation

5. If you have indicated that there is a negative impact, is that impact: No		
	Yes	**No**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		
Level of Impact	**High**	**Low**
If the negative impact is possibly discriminatory and not intended complete a thorough assessment aft		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
I do not believe that there is a way to alter the policy which will promote equality, equal opportunities or improves relations.		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.
Signed:
Name: Simon Mortimore
Date: 16th July 2021

19 Appendix 4: Equality Impact Assessment Section Two – Full Assessment.

No negative impacts were identified as part of the part one screening.

20 Appendix 5: Ratification Checklist.

To be completed by Author prior to submission for ratification

Policy Title	Data and Information Quality Policy
Author's Name and Job Title	Simon Mortimore – Assistant Director for Business Information.
Review Deadline	2 Years – 31/03/2021
Follows Best Practice? (Y/N)	N/A
If No, please state why and what is in place to mitigate the risk. Include escalation to Risk Register	
Consultation From – To (dates)	14/05/2019 – 15/06/2021
Comments Received? (Y/N)	Yes
All Comments Incorporated? (Y/N)	Yes
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	08/02/2019
Name of Accountable Group	IM&T Control Board.
Date of Submission for Ratification	29th June 2021

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Yes		
All Sections Completed (Y/N)	Yes		
Monitoring Section Completed (Y/N)	Yes		
Date of Ratification	29th June 2021		
Date Policy is Active (Issue Date)	16th July 2021		
Date Next Review Due			
Upload to Intranet: Yes: No:	Yes	**Upload to Internet: Yes: No:**	**Yes**
Signature of Accountable Group Chair (or Deputy)			

Name of Accountable Group Chair (or Deputy)	Charles Porter – Director of Finance.

21 Appendix 6: Data and Information Quality, Issue Management.

21.1 Prioritisation of Issues.

Issues will be logged in the HoTH system, with following scoring matrix used to set a priority of A – E with A being the highest.

	Negligible (1)	Minor(2)	Moderate(3)	Significant(4)	Major(5)
Clinical Safety	**A)** Unable to report clinical KPI for 1 RP **B)** Minor injury to one person not requiring first aid	**A)** Unable to report internal clinical KPI indictor for 2 - 3 RP's **B)** Minor injury to one person requiring first aid and/or 3 days work absence C) Mismanagement of care increasing overall treatment period with no long term clinical impact	**A)** Unable to report internal clinical indicator for <= 3 months or external indicator for 1 RP **B)** Moderate staff injury needing professional care and/or 4 - 14 days off work **C)** Is reportable (RIDDOR, HSE, HSE etc.) **D)** Impacts 3 - 15 patients in any manner	**A)** Unable to report internal clinical indicator for > 3 months or external indicator for 2-3 RPs **B)** Major staff injury and long term incapacity (more than 14 days off work) **C)** Mismanagement of care generating long term effects, non permanent **D)** Impacts 16 - 30 patients/staff	**A)** Unable to report external clinical indicators for > 3 RPs **B)** Death or serious injury with permanent health impact **C)** Impacts > 30 people
Service Delivery	A) Minor injury to one person not requiring first aid	**A)** Service interruption of 1 - 7 hours **B)** Unable to report internal indicator for 1 - 2 months **C)** Project schedule slippage of 1 - 2 months	**A)** Service interruption of 8 - 24 hours **B)** Unable to report internal indicator for 2 - 3 RPs **C)** Project schedule slippage of 3 - 4 months **D)** Team objectives not met for quarter	A) Service interruption of 25 hours - 4 days B) Unable to report internal indicator for > 3 =< 5 RPs C) Project slippage of 5 - 8 months D) Team objectives not met for 2 consecutive quarters	A) Service interruption > 4 days B) Unable to report internal indicator for > 5 RPs C) Project slippage for > 8 months D) Team objectives not met for whole year
Fiscal Impact	+/- <£10k	+/- =>£10k & <£50k	+/- =>£50k & < £100K	+/- =>£100k & < £500K	+/- =>£500k
Statutory & Commercial Duty	**A)** Failure to submit 1 statutory return for 1 RP **B)** Partial delivery of cycle of commissioning data/information for 1 RP	**A)** Failure to submit more than 1 statutory returns for 1 RP **B)** Failure to deliver complete cycle of commissioning data/information for 1 RP	**A)** Failure to submit statutory returns for 2 - 3 RPs **B)** Failure to deliver full cycle of commissioning data/information for 2 RPs	**A)** Failure to submit statutory returns for 4 - 6 RPs **B)** Failure to deliver full cycle of commissioning data/information for 3 - 4 RPs	**A)** Failure to submit statutory returns for 7 or more RPs **B)** Failure to deliver full cycle of commissioning data/information for 5 or more RPs
Adverse Publicity	**A)** Rumours	**A)** Local media interest (short term)	**A)** Local media interest (long term)	**A)** National media interest < 3 days **B)** Local MP concern	**A)** National media interest for 3 or more days **B)** National MP concern (questions in Parliament)

Score		Priority Band
1		E
2		E
3		E
4		E
5		E
6		D
7		D
8		D
9		D
10		D
11		C
12		C
13		C
14		C
15		C
16		B
17		B
18		B
19		B
20		B
21		A
22		A
23		A
24		A
25		A

Any issue that has element assessed as major would automatically be banded A

RP = Reporting period.

21.2 Management of Resolution.

Each issue will have a named lead for resolution who is organisational empowered to resolve the issue.

The Business Information Team will produce a monthly status report regarding issue management. The information from this will be reviewed at the relevant operational management meetings.

Issue resolution will also form part of the Organisations performance management framework, with KPI's set regarding issue resolution to ensure executive and Board awareness.

22 Appendix 7: Designated Applications List.

The list below details the current designated applications:

Application	Owners (business and technical)	Core process supported.	Prime transactional data sets.	Prime reference/master data sets.

23 Appendix 8: Data and Information Explained.

When discussing a D & I quality strategy it is vital that the difference between the two concepts is clearly understood.

Organisations invest in information systems to support decision making. This can be tactical operational decision making made on the front line, which resource to despatch to an incident, to middle management decision making, understanding demand time and date to plan work rosters, to senior level decision making, service configurations etc.

Data and information support this. However, they serve too distinct functions in doing so.

Data is a technically focussed discipline looking at how elements such as database tables are built to store data efficiently both in terms of hardware and software efficiency, but also ensuring that the same data elements can be used to provide multiple information needs.

Information is the presentation of the data in the context of the decision being made.

For each of these corporate data standards would be applied to ensure consistency across systems. For example, date will be numeric international standard using a 4-digit year (DD/MM/YYYY), and time will be 24 hours local.

The information would be derived by taking the date/time of discharge from the date/time of admission to produce a number.

It should be noted that this example shows why data standards need careful thought through in their specification. To meet the Department of Health Information standard in calculating LOS the time elements would not be required, it being based on midnight bed occupancy. Therefore, it would simply be; date of discharge minus date of admission.

However, in operational terms the actual LOS may be very different increasing actual bed occupancy rates, particularly given the increase in short stay and day case admissions. Therefore, this would be calculated to include time.

24 Appendix 9: Business Model Definition Template.

South Central Ambulance Service Business Model Definition Form.

Business Model Name.				
Reference Number:				
Description:				
Organisational rationale.				
Relevant organisational domains:	Quality:	Efficiency:	Fiscal:	People:
Organisational strategies supported:				
Raised by:		**Job Title:**		
Is this a new or change request:	New:		Change:	

Date raised:		**Version:**	1.0
Business description.			
Model algorithm.			
Known DQ issues:			
Selection criteria:			
Source of data/information:			
Accountable person for delivery of indicator	Name:	Job Title:	
Approved by, on date:		**Review date:**	
Review date.		**Review by:**	
Output:		**Reviewed by (person/groups:**	

Performance required:		**Performance period to be monitored.**	

The individual presenting the BM for approval should ensure that the relevant review groups have commented on the submission before submission.

By approval the individual, group or governance body acknowledges:

- They are aware of the model.
- Understand and agree, where the model is internal, with the rationale for it.
- Have assessed the organisational impacts of the model.

25 Appendix 10: KPI Definition Form.

South Central Ambulance Service MI KPI Definition Form.

KPI/Indictor Title:				
Reference Number:				
Description:				
Organisational rationale (it should be noted here if the indicator is a statutory or contractual indicator).				
Relevant organisational domains:	Quality:	Efficiency:	Fiscal:	People:
Organisational strategies supported:				
Control or performance KPI:	Control:		Performance:	
Raised by:		**Job Title:**		

Is this a new or change request:	New:				Change:		
Date raised:			**Version:**				
Numerator:							
Denominator:							
Known DQ issues:							
RAG Thresholds	**Red**		**Amber**		**Green.**		
Selection criteria:							
Source of data/information:							
Accountable person for delivery of indicator	Name:				Job Title:		
Approved by, on date:			**Review date:**				
Review date.			**Review by:**				
Output:			**Reviewed by (person/groups:**				

Performance required:		**Performance period to be monitored.**	

26 Appendix 11: Procedures of this policy.

The table below details the procedures that support the implementation of this policy.

Policy	Status and if applicable date of approval.	Responsible Officer.