

Statement of Administrative Sources



Annex B: Supporting metadata

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| Organisation | The Information Centre for Health and Social Care (The NHS Information Centre for health and Social Care) http://www.ic.nhs.uk/ | |
| Enquiries | Please contact the NHS IC Contact centre Telephone: 0845 300 6016 and email: enquiries@ic.nhs.uk | |
| Responsible Statistician | Name: Nick Armitage Section: Workforce and Facilities | |
| Section 1: Statistical End Product | Ambulance Services, Annual Statistical Bulletin | |
| Section 2: Original Administrative/Management Source/System | Name | KA34 – Ambulance Services, England |
| | Name of the organisation responsible | All NHS Ambulance Trusts in England. |
| | Purpose of the administrative source | Various operational uses within the Ambulance Trusts, Strategic Health Authorities (SHAs), etc, such as: <ul style="list-style-type: none"> • performance management of emergency services responses; • policy development and monitoring; • local performance monitoring and benchmarking; • data quality improvement. |

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| | Unit of Inquiry | Individual Emergency Calls – The information obtained from the KA34 is provided by individual ambulance service providers to show volume of service and performance against required standards. Aggregate data is collected covering the number of emergency and urgent calls and those resulting in an ambulance or emergency vehicle arriving at the scene within 8 or 19 minutes, and patient destinations/treated at scene. These data are categorised according to Category A (immediately life-threatening), Category B (serious but not life-threatening) and Category C (not immediately serious or life-threatening). Data are collected using the NHS IC's Omnibus Survey tool. Ambulance Trusts populated the online form where it is validated. |
| | Intended Coverage | All Emergency Calls - please see Unit of Inquiry above. |
| | Actual Coverage | <p>Full coverage to meet statutory requirements - Ambulance services will have robust governance arrangements, including data management protocols, in place to assure their Board and independent auditors that all performance data submitted as part of the KA34 return is measured and recorded in accordance with the related guidance.</p> <p>Furthermore, there are specific parameters for the triage and subsequent categorisation of patients calling '999' that allow different types, and speeds of response to be provided.</p> <p>In addition, data validation is carried out upon submission of the data to the NHS IC's Omnibus web</p> |

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| | | tool, as well as subsequent offline validation against reference data. Key data (total number of calls and 8 and 19 minute response times) are shared back with the Trust and signed off by NHS Ambulance Trust Chief Executive or Senior Operating Officer. |
| | Geographical Coverage | England |
| | Lowest level of Geographical Coverage | Individual NHS Ambulance Trusts. |
| | Extent to which statistical end-producers can influence system? | There is little or no scope for influencing the system – the information is required for operational reasons and is provided for statistical monitoring as a by-product. |
| | Data definitions used | Please see <i>Unit of Inquiry and Actual Coverage</i> above. |
| | Classification systems used | Please see <i>Unit of Inquiry and Actual Coverage</i> above. |
| | Data Collection Process | 1)Periodicity/Timing 2)Validation process |
| | | Please see above sections for more detail. The data is collected in the administrative system on a constant basis, delivered for the statistical return annually. Validation is carried out at source as part of the administrative system and also rigorous data validation is carried out upon submission of the data to the NHS IC's Omnibus web tool, as well as subsequent offline validation against reference data. Key data (total number of calls and 8 and 19 minute response times) are shared back with the Trust and signed off by NHS Ambulance Trust Chief Executive or Senior Operating Officer.. |
| | Access Arrangements | The data is collected from suppliers annually, validated, and then shared internally with the NHS IC Workforce and Facilities team for analysis. Information at national level does not exist until the |

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| | | NHS IC receives information from all provider organisations and aggregates it – therefore national information is not shared prior to publication. Local providers may share their own local information with other organisations but this would not be known to the NHS IC |
| | Dissemination Procedures | Not aware of any dissemination beyond the statistical publication, for example it is not published by supplier at unit level. Please see Access Arrangements above. |
| | Publication procedure | Not Applicable |
| | Timing/Periodicity of public release | Not Applicable |
| | Nature of changes to system that could impact on statistics | Any changes to the system would need to fall within the statutory requirements for the operational system and would need to allow for statistical monitoring. |
| Section 3: Change Process | See above – the return is a by-product of the administrative system which feeds it. Therefore the change process is governed by the needs of the administrative source and any legal requirements that are put upon it. So there is no formal process for changing the data source for statistical purposes alone. | |
| Section 4: The subsequent statistical production process | Validation procedures | Please see notes on validation above in section 2. Besides sense checks and validation against standard reference data the figures are also returned to suppliers prior to full national aggregation as a final check on the data quality. |
| | Quality assessment | Information on quality is available in the publication. |
| | Periodicity of release | Annual |

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| | Potential impact of changes to the source on the statistics produced | As these are a by-product of the monitoring regime, if this changes then so will the statistics. |
| | Procedures for mitigating such discontinuities | Impact of changes would be assessed and described as necessary. |

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