

## Statement of Administrative Sources



### Annex B: Supporting metadata

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<b>Organisation</b>	The Information Centre for Health and Social Care (The NHS Information Centre for health and Social Care) <a href="http://www.ic.nhs.uk/">http://www.ic.nhs.uk/</a>
<b>Enquiries</b>	Please contact the NHS Information Centre (NHS IC) Contact centre Telephone: 0845 300 6016 and email: <a href="mailto:enquiries@ic.nhs.uk">enquiries@ic.nhs.uk</a>
<b>Responsible Statistician</b>	Name: Tony Childs Section: Clinical Indicators

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**Section 1: Statistical End Product**

The indicators presented measure mortality rates for patients, admitted for certain conditions or procedures, where death occurred either in hospital or within 30 days post discharge.

There are five 'deaths within 30 days' indicators:

- Operative procedures:
  - Deaths within 30 days of a hospital procedure: surgery (non-elective admissions)
  - Deaths within 30 days of a hospital procedure: coronary artery bypass graft
- Emergency admissions:
  - Deaths within 30 days of emergency admission to hospital: fractured proximal femur
  - Deaths within 30 days of emergency admission to hospital: myocardial infarction
  - Deaths within 30 days of emergency admission to hospital: stroke

Data is presented for the latest 10 year period (2001/02 to 2010/11), and in separate tables for females, males, and persons. The indicators are presented at the following health and local government geographies:

- England
- Region (aggregated from LAs, boundaries as of April 2009)
- ONS Area Classification (aggregated from LAs, boundaries as of April 2009)
- Strategic Health Authority of residence (boundaries as of July 2006)
- Local Authority of residence (based on postcode look-up, boundaries as of April 2009)
- PCO of residence (based on postcode look-up, boundaries as of April 2011)
- Counties (aggregated from LAs, boundaries as of April 2009)
- Index of Multiple Deprivation 2010 Based data at England level - Based on 7 groups
- Index of Multiple Deprivation 2010 Based data at England level - Based on 5 groups
- Trust clusters
- Trust

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<b>Section 2: Original Administrative/Management Source/System</b>	Name	Hospital Episode Statistics (HES) linked with deaths data from the Office for National Statistics (ONS)
	Name of the organisation responsible	HES: NHS Trusts Deaths data: ONS
	Purpose of the administrative source	HES: Administering patient care Deaths data: Death registrations
	Unit of Inquiry	Number of continuous inpatient (CIP) spells where the patient dies in hospital or after discharge, between 0-29 days (inclusive) of the procedure or emergency admission of analysis, in the spell in the respective financial year(s)
	Intended Coverage	Activity in English NHS Hospitals and English NHS-commissioned activity in the independent sector
	Actual Coverage	All episodes submitted by the NHS
	Geographical Coverage	England
	Lowest level of Geographical Coverage	NHS provider Trusts
	Extent to which statistical end-producers can influence system?	HES: NHS Information Standards Board controls what information is collected from hospital administration systems  Deaths data: The deaths register data are covered by the Statistics and Registration Service Act 2007 which came into force on 1 April 2008. Sections 39(4) and S42(4) apply. <a href="http://www.legislation.gov.uk/ukpga/2007/18/contents">http://www.legislation.gov.uk/ukpga/2007/18/contents</a>

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	Data definitions used	Link to HES data dictionaries: <a href="http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=289">http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=289</a>
	Classification systems used	Link to ICD10 codes for diagnosis: <a href="http://apps.who.int/classifications/apps/icd/icd10online/">http://apps.who.int/classifications/apps/icd/icd10online/</a>
	Data Collection Process	<p>1)Periodicity/Timing</p> <p>2)Validation process</p> <p>1. Final annual data are used for this publication.</p> <p>2.</p> <p><u>HES</u></p> <p>When submitting data there are some validation checks which ensure valid data items are entered. In addition, data validation and cleaning is carried out when the NHS IC receive HES.</p> <p><u>Deaths data</u></p> <p>The mortality data are based on the details collected at death registration and subsequently coded by ONS. The majority of deaths are certified using the Medical Certificate of Cause of Death (MCCD). Other deaths are certified by a coroner, for example if the death was unexpected or suspicious. There are various processes and checks that are carried out before the data can be used for analysis. These include checks that are carried out at the time of registration, data entry checks, coding validation checks and pre- and post- analysis frequency checks.</p>

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	Access Arrangements	<p>HES</p> <p>Access to HES data is strictly controlled by the NHS National Information Governance Board. Two committees of this Board, the Ethics &amp; Confidentiality Committee and the Database Monitoring Sub Group, approve any access to HES data.</p> <p>Deaths data</p> <p>Access to mortality data is governed by the Statistics and Registration Service Act 2007. Sections 39(4) and S42(4) apply.</p>
	Dissemination Procedures	N/A
	Publication procedure	N/A
	Timing/Periodicity of public release	N/A
	Nature of changes to system that could impact on statistics	<p><u>HES</u></p> <p>System changes are implemented by Dataset Change Notice(s) (DSCNs).</p> <p><a href="http://www.connectingforhealth.nhs.uk/dscn">http://www.connectingforhealth.nhs.uk/dscn</a></p>
<b>Section 3: Change Process</b>	Dataset Change Notice process is followed (as above)	

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<b>Section 4: The subsequent statistical production process</b>	Validation procedures	<ol style="list-style-type: none"> <li>1. Northgate undertakes extensive checks related to the Northgate production work, including checks by a person other than the analyst;</li> <li>2. The output files are checked for systematic errors based on numbers, rates, trends, gender differences, deprivation differences, differences within / between organisation types, inconsistencies etc. Only random checks are feasible – each sheet covering a 10-year series may have between 200,000 and 250,000 cells of data. When the HES indicators were part of the Department of Health’s NHS Performance Indicators or the then Healthcare Commission’s NHS Performance Ratings, they used to be sent to NHS organisations for validation prior to publication. The decision to include and extend the indicators in the Compendium, once the Ratings ceased, was by popular demand but validation is no longer feasible. Given the volume of data, there is a dependence on user queries post-publication to identify potential errors.</li> </ol>
	Quality assessment	Quality of Indicator - Annex 12 (Additional reading > Statistical methods > Methods section of the NHS IC Indicator Portal <a href="http://indicators.ic.nhs.uk">http://indicators.ic.nhs.uk</a> ) describes the criteria that should be used to judge the quality of this indicator. The application of the criteria is dependent on the context (e.g. describing a single organisation, comparing several organisations) and the level (e.g. national / regional with large numbers of events, local with small numbers of events) at which the data are to be used.
	Periodicity of release	Annually
	Potential impact of changes to the source on the statistics produced	Substantive changes to source data will result in breaks in time series data. For example, new diagnosis codes and changes in geographical boundaries.

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	Procedures for mitigating such discontinuities	Discontinuities are assessed on an individual basis with any resulting action decided and reflected on the relevant documentation, web pages, etc.
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