

## WELSH INFORMATION STANDARDS BOARD

<b>DSC Notice:</b>	DSCN 2017 / 10
<b>Date of Issue:</b>	13 <sup>th</sup> December 2017

<b>Ministerial / Official Letter:</b> N/A	<b>Subject:</b> Deaths Subject to a Universal Mortality Review (UMR)
<b>Sponsor:</b> Janet Davies, Head of Healthcare Quality, Healthcare Quality Division, Welsh Government	
<b>Implementation Date:</b> 1 <sup>st</sup> April 2017	

### DATA STANDARDS CHANGE NOTICE

A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 3<sup>rd</sup> August 2017

**WISB Reference:** ISRN 2017 / 001

#### Summary:

To introduce a new standard to collect information pertaining to Universal Mortality Review (UMR).

#### Data sets / returns affected:

- None – this is a new standard.

Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: [data.standards@wales.nhs.uk](mailto:data.standards@wales.nhs.uk) / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

## DATA STANDARDS CHANGE NOTICE

### Introduction

As part of an independent review into the use of the Risk Adjusted Mortality Index (RAMI) in assessing the quality of care in Welsh hospitals, the resulting 2014 report concluded that RAMI data was not a reliable measure and could divert attention away from more meaningful approaches to measuring and improving hospital care. The Report recommended health boards used a wider range of performance indicators and metrics, specifically using the findings from national clinical audits and mortality case note reviews.

Health boards now have systems in place for reviewing all deaths in acute hospitals and routinely use this information to report to their Boards. A culture is developing whereby medical staff are used to looking critically at the causes of death and learning lessons from the reviews. As a result, the Cabinet Secretary for Health, Well-being and Sport took the decision to discontinue the quarterly publication of RAMI indicators for Welsh hospitals.

This new information standard will support the effective operation of the Universal Mortality Review (UMR) in monitoring its effectiveness. In addition, it will prepare the NHS in Wales for the introduction of the Medical Examiner system in 2019.

### Description of Change

To introduce a new standard to collect information pertaining to Universal Mortality Review (UMR).

Velindre NHS Trust and Health Boards (excluding Powys THB) are required to submit data. Submissions are to be made monthly as outlined in the Definitions & Guidance provided in the pro forma.

The new standard requires these organisations to submit data relating to Universal Mortality Reviews to highlight:

- *Timing of reviews* – this is designed to capture mortality case note reviews which were undertaken within 1 week and more than three months of the death.
- *Completion* – this is designed to capture the percentage of all deaths that had a mortality case note review.

The standard will cover adult deaths (people aged  $\geq 18$  years at the time of death) in Welsh acute hospitals. All deaths relating to paediatrics and maternity (mother and baby) are excluded (a list of treatment function codes to exclude is provided in the pro forma). Only admitted inpatient deaths should be included. In the future patients who die whilst in emergency departments may be included but work is on-going as to how the use of UMRs in this area can be standardised.

### Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.8 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.9 of the NHS Wales Data Dictionary.

## Actions Required

### Local Health Boards / Trust:

- Ensure arrangements are in place to enable the collection of the information required for Universal Mortality Review in accordance with the definitions set out in this DSCN.
- Velindre NHS Trust and Health Boards (excluding Powys THB) to submit the pro forma monthly to the Welsh Government Delivery & Performance Division ([hssdg.performance@gov.wales](mailto:hssdg.performance@gov.wales)) as outlined in the Definitions & Guidance provided in the pro forma.

### Actions for the Welsh Government Delivery & Performance Division:

- On an annual basis, make the form available for Velindre NHS Trust and Health Boards (excluding Powys THB) to complete and notify them of the deadline for the submission of data.

**Appendix A: Table reflecting areas that are impacted as a result of this DSCN**

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

<b>Data Definition Type</b>	<b>Name</b>	<b>New/Retired/Changed</b>	<b>Page Number</b>
Aggregate Pro forma	Universal Case Note Mortality Review	New	5

## **Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary**

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

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### **Universal Case Note Mortality Review**

#### **Return Submission Details**

Velindre NHS Trust and Health Boards (excluding Powys THB) to provide one completed spreadsheet containing a breakdown for each acute hospital (as listed) on the pro forma.

All submissions should be e-mailed to the Welsh Government Delivery & Performance Division inbox at [hssdg.performance@gov.wales](mailto:hssdg.performance@gov.wales)

Forms are to be submitted at the end of the following month. Exact dates of submission, guidance notes and definitions for the completion of the form are included in the Definitions & Guidance provided in the pro forma.

Only case note reviews for deaths relating to adults should be included i.e. persons aged  $\geq 18$  at the time of death. In addition, deaths relating to maternity which fall under treatment function codes *501 Obstetrics* and *560 Midwifery Service* should also be excluded.

Only admitted inpatient deaths should be included. In the future patients who die whilst in emergency departments may be included, but work is on-going as to how the use of UMRs in this area can be standardised. The latest version of each form is available on the Welsh Government's Performance Management Website:

<http://howis.wales.nhs.uk/sitesplus/407/home>

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail:

[hssdg.performance@gov.wales](mailto:hssdg.performance@gov.wales)

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### **Information Requirements**

This pro forma is designed to capture the length of time it has taken to undertake a Universal Mortality Review (UMR) following a death

For each acute hospital within the Health Board/NHS Trust it asks for the total number of deaths which have occurred during a month and then how many UMRs were undertaken within categorised time periods from the date of death.

#### **1) Indicator**

This is pre populated in the pro forma with the acute hospitals for the respective Health Board/NHS Trust area and monthly rows for the data.

**2) Total number of deaths which occurred during the month**

This is a count of the number of deaths that occurred during the reporting period irrespective of when the UMR was undertaken.

**3) Of the deaths which occurred during the month, how many UMRs for these deaths were undertaken**

- a. Up to and including 7 days from the date of death
- b. 8 days and over and up to and including 28 days from the date of death
- c. 29 days and over and up to and including 56 days from the date of death
- d. 57 days and over and up to and including 84 days from the date of death
- e. 85 days and over from the date of death

This is the count of UMRs undertaken during the reporting period split by the number of days from the date of death that the Review was undertaken.

Because a UMR for a death which occurred in one reporting month may not be undertaken until, for example, 2 months after the death then organisations will be required to back populate previous months' data when submitting data for the current period (see working example below).

**4) Total number of UMRs undertaken for the deaths that occurred during the month**

This is auto calculated as a sum of the data entered for points 3a to 3e (see above) for the respective reporting period.

**5) Percentage of UMRs undertaken within 28 days for deaths which occurred during the month**

This percentage is auto calculated and is based on the sum of data in points 3a and 3b (see above) divided by the Total Number of Deaths which Occurred During the Month for the respective reporting period.

**6) Percentage of UMRs undertaken for deaths which occurred during the month, irrespective of when the UMR was undertaken**

This percentage is auto calculated and is based on a division of Total Number of UMRs Undertaken for the Deaths that Occurred During the Month by the Total Number of Deaths which Occurred During the Month for the respective reporting period.

**Working example**

Note that the screen shots below only display the relevant columns referenced in the working examples and do not represent all columns present in the pro forma.

3 deaths occurred in April 2017, therefore 3 would be entered for the relevant month under Total Number of Deaths which Occurred During the Month

Patient A died on 1<sup>st</sup> April 2017 – UMR completed on the 3<sup>rd</sup> April 2017  
Patient B died on 2<sup>nd</sup> April 2017 – UMR completed on the 23<sup>rd</sup> April 2017  
Patient C died on 30<sup>th</sup> April 2017 – UMR completed on the 1<sup>st</sup> June 2017

## April data submission (due to be sent to WG by 31<sup>st</sup> May 2017)

Universal Case Note Mortality Reviews - Completion of Universal Mortality Reviews (UMRs) - Monthly Submission Proforma

Indicator			Total number of deaths which occurred during the month [monthly count]	Of the deaths which occurred during the month (column E), how many UMRs for these deaths were undertaken:		Total number of UMRs undertaken for the deaths that occurred during the month [rolling total]	Percentage of UMRs undertaken within 28 days for deaths which occurred during the month	Percentage of UMRs undertaken for deaths which occurred during the month, irrespective of when the UMR was undertaken
				Up to and including 7 days from the date of death	8 days and over and up to and including 28 days from the date of death			
1a	Hospital A	Apr-17	3	1	1	2	66.7%	66.7%
		May-17				0		
		Jun-17				0		
		Jul-17				0		
		Aug-17				0		
		Sep-17				0		
		Oct-17				0		

## June data submission (due to be sent to WG by 31<sup>st</sup> July 2017)

Universal Case Note Mortality Reviews - Completion of Universal Mortality Reviews (UMRs) - Monthly Submission Proforma

Indicator			Total number of deaths which occurred during the month [monthly count]	Of the deaths which occurred during the month (column E), how many UMRs for these deaths were undertaken:			Total number of UMRs undertaken for the deaths that occurred during the month [rolling total]	Percentage of UMRs undertaken within 28 days for deaths which occurred during the month	Percentage of UMRs undertaken for deaths which occurred during the month, irrespective of when the UMR was undertaken
				Up to and including 7 days from the date of death	8 days and over and up to and including 28 days from the date of death	29 days and over and up to and including 56 days from the date of death (approx. 1 - 2 months)			
1a	Hospital A	Apr-17	3	1	1	1	3	66.7%	100.0%
		May-17					0		
		Jun-17					0		
		Jul-17					0		
		Aug-17					0		
		Sep-17					0		
		Oct-17					0		

**Note** – the Total Number of UMRs Undertaken for the Deaths that Occurred During the Month cannot be more than the Total Number of Deaths which Occurred During the Month. If this occurs, the relevant cell in the Total Number of UMRs Undertaken for the Deaths that Occurred During the Month will be highlighted in red indicating that an error has occurred and therefore must be corrected before submission.