

Parliamentary briefing

Summary Hospital-level Mortality Indicator (SHMI)

FAQs for Parliamentarians, 27 October 2011

The NHS Information Centre launched a new Summary Hospital-level Mortality Indicator (SHMI) for non-specialist acute trusts on Thursday 27 October 2011. The new indicator covers all deaths of patients admitted to hospital that occur in a hospital setting, and those that occur up to 30 days after discharge from hospital.

This briefing is intended to assist Parliamentarians in understanding the new mortality indicator. It sets out the NHS Confederation's view on the new indicator and includes some frequently asked questions.

NHS Confederation viewpoint on SHMIs

We welcome the publication of this data. It is absolutely essential that the NHS is fully accountable to its patients, and that trusts are able to provide a view of how local services are performing.

The overriding principle for NHS boards must be that their services are safe for the patients who rely on them. It is essential the NHS looks critically and questioningly at this data and what it tells them about the quality of their services, so that, if commissioners and providers have cause for concern, they take swift action to improve standards.

It is important this data is not considered in isolation, but in the context of a range of factors, including hospital location and what other local health and social services are available. We must remember there are many reasons why variations in mortality levels may occur. These indicators do not tell the whole story.

It is essential NHS boards scrutinise whether there are underlying problems in the quality of care their hospital is delivering to patients, the care that patients are receiving after they have been discharged, or the way that the hospital is collecting data.

NHS organisations have a responsibility to clearly communicate all information on its performance to the public in a way that can be easily understood and does not cause

undue cause for concern. It is absolutely right that NHS organisations take responsibility for assuring patients, their families and the local services that work with them that services are safe and performing well.

Frequently asked questions

Q: What is the Summary Hospital-level Mortality Indicator?

A: The Summary Hospital-level Mortality Indicator (SHMI) is a new indicator for non-specialist acute trusts. It covers all deaths of patients admitted to hospital that occur in a hospital setting, and those that occur up to 30 days after discharge from hospital.

Q: How does it differ from the Hospital Standardised Mortality Ratio?

A: One of the most significant differences is that the Hospital Standardised Mortality Ratio (HSMR) only covers deaths that occur in a hospital setting.

Q: When is the SHMI being published, who is publishing it, and how often?

A: The SHMI was published on 27 October 2011. The Information Centre, England's central, authoritative source of health and social care information for frontline decision makers, is publishing it as an official statistic. It is available on the [Information Centre website](#). [NHS Choices](#), which helps patients make choices about their health, is also publishing it. The SHMI will be published on a quarterly basis.

Q: How should NHS boards respond to the publication of the SHMI?


A: NHS boards will be looking to understand and to account for the SHMI in nonspecialist acute trusts. A high SHMI should trigger questions from board members about whether there are underlying problems in the quality of care that a hospital is delivering to its patients, the care they are receiving after they have been discharged, or the hospital's data capture processes. Boards should therefore be considering what additional contextual information may help them understand the SHMI, and whether there is a need to look in more detail at specialty-level data.

These questions should include:

- How many of these deaths are inevitable due to the seriousness of the patient's condition at the time of admission and the complexity of treatment needed?
- How many of these deaths are expected, for example if the patient is receiving end of life care?
- How many of these deaths could be potentially avoidable?
- Are we confident that the trust is providing high quality care in all areas?
- Are we less confident about some areas, and – if so – how can we improve them as a matter of urgency?
- Does the trust have effective discharge policies in place?
- Are we confident about the quality of care that is being provided to patients after they have been discharged?
- Is the trust collecting the right data and coding it appropriately?

Q: Which NHS boards should respond to publication of the SHMI?

A: NHS providers that deliver non-specialist acute care will be looking to understand and to account for their SHMI. NHS commissioners will be looking to understand and



to account for the SHMI in trusts they commission care from. Providers and commissioners in local health economies should work together to ensure high quality care is provided to patients in hospital, and during and after their discharge to primary care, community or social care services.

Q: Will the SHMI be used by the media to develop league tables that pillory the 'worst' hospitals?

A: The SHMI should not be used in this way: the working party that developed the indicator is clear that league tables are completely inappropriate.

It is important this data is not considered in isolation, but in the context of a range of factors, including hospital location and other local health and social services. We must remember there are many reasons why variations in mortality levels may occur. These indicators do not tell the whole story.

Q: Why has a new indicator – the SHMI – been developed?

A: NHS medical director Bruce Keogh decided a working party should be set up to investigate mortality indicators following debate within the health service about their usefulness. The working party was tasked with defining a new single indicator that would be given consensus support by its members.

Q: Who has been involved in the development of this new indicator?

A: The working party consisted of representatives from the King's Fund, the royal colleges, the Information Centre, the Care Quality Commission, University Hospital Birmingham, CHKS and Dr Foster, with Sheffield University completing the analysis. Its recommendations were adopted in full by the National Quality Board in November 2010.

Q: Will the SHMI calculation change in the future or is it set in stone?

A: A periodic review will take place by a nominated technical group that is likely to involve those who have developed the SHMI.

About the NHS Confederation

The NHS Confederation is the only body to bring together the full range of organisations that make up the modern NHS to help improve the health of patients and the public. We are an independent membership organisation that represents all types of providers and commissioners of NHS services.