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TO:

All Chief Executives in NHS Trusts in England,
All Chief Executives in Primary Care Trusts in England,
All Chief Executives in NHS Foundation Trusts in England,
All Chief Executives in Strategic Health Authorities in
England
All Medical Directors in England

CC:

All Chairs in NHS Trusts in England,
All Chairs in Primary Care Trusts in England,
All Chairs in NHS Foundation Trusts in England,
All Chairs in Strategic Health Authorities in England
Monitor
Care Quality Commission

4 November 2010

Dear colleague

National review of hospital standardised mortality ratios (HSMR)

As you will be aware, following the recommendations of the Francis Inquiry, an independent working group was established on behalf of the National Quality Board to review the methodology for calculating hospital standardised mortality ratios (HSMR) and recommend how these statistics should be used in the future. We would like to take this opportunity to update you on the findings of the Steering Group for the National Review of HSMR, and to set out the next steps in this process.

The steering group, led by Ian Dalton in his role as Chief Executive of NHS North East, was made up of a wide range of the leading experts on mortality as well as representatives of key interests and stakeholders. The Review and its outputs, published today, therefore reflect three months of work from a number of people and organisations, for which we are very grateful.

One of the key issues that needed addressing by the group is that there are a number of variations of mortality indicator currently in use in the NHS (including HSMR), which have been developed by different organisations. This has given rise to confusion about the measure itself and the relative status of the different variants used by different NHS organisations.

In order to tackle this inconsistency, the report recommends, by April 2011, the adoption of a methodology for a national mortality ratio for use across the NHS, to be known as the Summary Hospital-level Mortality Indicator (SHMI),

and which will be owned and reviewed by a subcommittee of the National Quality Board.

The report itself provides detailed context, analysis and further recommendations on the adoption of the SHMI, and is available on the Department's website at http://www.dh.gov.uk/en/Healthcare/NationalQualityBoard/DH_102954, alongside a consensus statement from the steering group. However, there are a few key points we would like to emphasise.

We are aware of the considerable debate that has taken place within the clinical and management community about the use of HSMR, particularly around their use out of context or as a measure of quality of care. As is the case with all summary mortality calculations the SHMI *on its own* does not have sole face validity when considering it as a direct measure of quality of care, and should always be considered as part of a range of more detailed indicators. It is also inappropriate to place the SHMI alone into a league table to compare hospitals. However, a relatively "poor" SHMI should trigger further analysis or investigation by the hospital Board. This should be conducted in order to understand the underlying local context, drivers and factors affecting the hospital's SHMI score. Taking no action to review the situation is inappropriate and would be a signal of poor Board governance, which is a matter for the commissioners of the care involved and the regulator - it is not acceptable for a hospital Chief Executive, Board or Medical Director not to be interested in the SHMI.

It is not yet possible to state exactly when the SHMI should be formally introduced, but it is intended that this will be around April 2011. Before the formal launch of the SHMI, there remain some substantial pieces of work to take forward. A detailed independent statistical modelling and analysis exercise will be undertaken over coming months, the results of which will determine the exact detail of the final risk adjustment method, as well as analysing behaviour of the SHMI across hospitals and across time periods. Technical guidance and commentary will be finalised once the modelling work is completed. It is proposed that a subcommittee of the National Quality Board will undertake more extensive discussion with stakeholders and NHS organisations about governance and assurance issues associated with the use and ongoing review of the SHMI.

I am sure that you will all appreciate the importance of the consistent use of the SHMI to ensure that we are achieving the highest quality patient care possible, and we look forward to working with you and your colleagues in taking this work forward.

Yours sincerely,



Professor Sir Bruce Keogh
NHS Medical Director



Ian Dalton
Managing Director, Provider
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