2.3.1 Summary Hospital Level Mortality Indicator (SHMI) Banding

1. Summary Hospital Level Mortality Indicator (SHMI) banding

The Trust considers that this data is as described for the following reasons. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics and acuity of the patients treated here. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge from SFHT. SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

Reporting period	SHMI value	Banding
DEC20-NOV21	0.9713	2
JAN21-DEC21	0.9723	2
FEB21-JAN22	0.9796	2
MAR21-FEB22	0.9839	2
APR21-MAR22	0.9917	2
MAY21-APR22	1.0007	2
JUN21-MAY22	1.0164	2
JUL21-JUN22	1.0144	2
AUG21-JUL22	1.0191	2
SEP21-AUG22	1.0273	2
OCT21-SEP22	1.0309	2
NOV21-OCT22	1.0327	2

The last year's most up to date data (published March 2023) is in the table below. This data runs 4-5 months in arrears due to handling processes.

2. Narrative

The trust remains "as expected" according to this metric. We are aware that within this banding there appears to be a slight upward drift in the context of the last 3 years (Fig.1)



When we examine the observed and expected deaths over this period (Fig. 2) we see that despite fluctuations observed deaths are around pre-pandemic levels. Expected deaths are lower and appear to be on a downward trajectory. The point where they cross represents the time where our SHMI became greater than 1.



This fall in expected mortality is not consistent with our clinical experience of an ageing, multi-morbid population or the National picture which shows relatively stable mortality either side of the pandemic waves.



Source of data <u>Deaths registered monthly in England and Wales - Office for National</u> <u>Statistics (ons.gov.uk)</u>

A likely explanation of this is the clear decline in the depth of coding which can be seen in Fig. 4. This is consistent with concerns we have around clinical documentation which are also suggested by other mortality metrics.



Activity within the coding department has been externally validated and we are confident that we are capturing what is written in the notes within the coding rules. A clinically-led working group headed by the Deputy Medical Director is reviewing our documentation and processes to see if there is scope for improvement which could reverse this upward trend in the SHMI.