This publication compares the actual number of deaths following time in hospital with the expected number of deaths, using the Summary Hospital-level Mortality Indicator (SHMI).

The expected number of deaths is estimated using the characteristics of the patients treated; age, sex, method and month of admission, current and underlying medical condition(s) and birthweight (for babies). It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged.

Between December 2018 and November 2019, there were around 9.4 million discharges, from which approximately 290,000 deaths were recorded either while in hospital or within 30 days of discharge for the 129 hospital trusts covered. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.

The 9 trusts with a higher than expected number of deaths were:
- Bolton NHS FT
- County Durham and Darlington NHS FT
- Dorset County Hospital NHS FT
- North West Anglia NHS FT
- Northern Lincolnshire and Goole NHS FT
- Tameside and Glossop Integrated Care NHS FT
- The Dudley Group NHS FT
- The Rotherham NHS FT
- Wrightington, Wigan and Leigh NHS FT

The 12 trusts with a lower than expected number of deaths were:
- Cambridge University Hospitals NHS FT
- Chelsea and Westminster Hospital NHS FT
- Guy’s and St Thomas’ NHS FT
- Homerton University Hospital NHS FT
- Imperial College Healthcare NHS Trust
- Kingston Hospital NHS FT
- London North West University Healthcare NHS Trust
- Royal Free London NHS FT
- Royal Surrey County Hospital NHS FT
- St George’s University Hospitals NHS FT
- The Royal Bournemouth and Christchurch Hospitals NHS FT
- University College London Hospitals NHS FT
- University College London Hospitals NHS FT

‘FT’ means ‘Foundation Trust’. Trusts in the same category in the same period in the previous year cannot be highlighted because SHMI values for the same period in the previous year are not available. This is due to the SHMI now being published monthly rather than quarterly.

* Results for this trust are based on incomplete data and should be interpreted with caution.
** Day cases are excluded from the SHMI. Due to classification errors, results for this trust include some day cases. There is also a shortfall in the number of records for this trust and so the results should be interpreted with caution.

The SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of trusts, regulators and commissioning organisations.

The SHMI is not a measure of quality of care. A higher/lower than expected number of deaths should not immediately be interpreted as indicating poor/good performance and instead should be viewed as a ‘smoke alarm’ which requires further investigation.

The SHMI cannot be used to directly compare mortality outcomes between trusts and it is inappropriate to rank trusts by their SHMI.