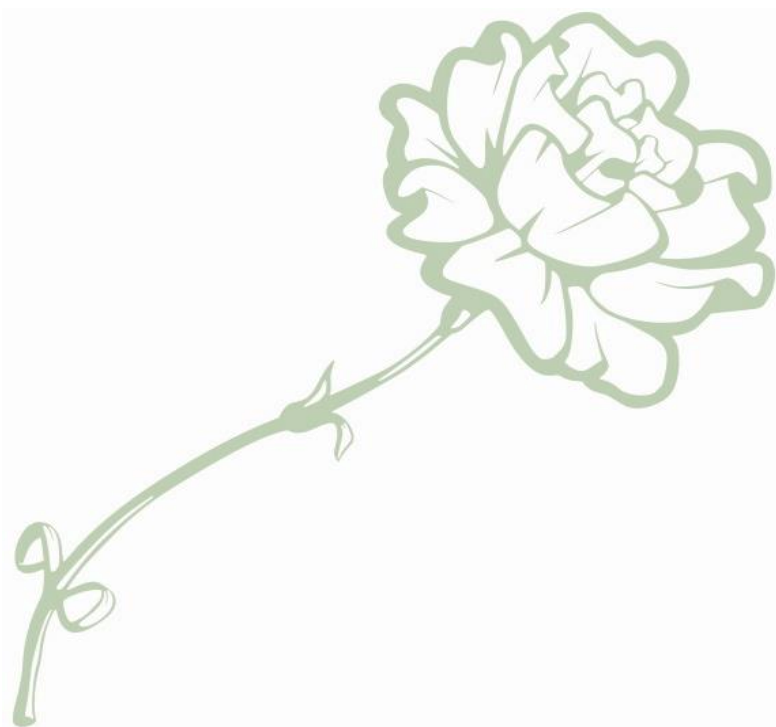


National Audit of Care at the End of Life

**Second round of the audit (2019/20)
appendices
England and Wales**



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Appendix 1: Staff Reported Measure (SRM) development

It was a contractual requirement of HQIP that the NHSBN consider the development of a Staff Reported Measure (SRM) during the second round of NACEL, as the fourth element of the audit. The full rollout of the SRM is to occur during the third round of NACEL. The rationale for developing the SRM was that staff working with patients who are approaching end of life must be properly prepared for this role and must be supported by their trust/HB, including being equipped with the right level of skills and knowledge, and being given sufficient time and support to provide this care. Staff are also well placed to observe and judge the quality of care received by dying patients and those close to the patient. Staff experience is a vital component of the whole picture of care at the end of life that can be built from the NACEL data.

NACEL has collected information in the Organisational Level Audit on whether training was provided to staff, but the effectiveness and impact of such training is difficult to measure effectively through the Organisational Level Audit. The object of the SRM component would be to capture the wider impact of training and preparation – not just the mechanisms, but the effectiveness and outcome in relation to caring for dying people and those close to them.

The SRM was developed during the summer of 2019 and followed the process outlined below:-

1. Desk-based research occurred which identified where similar, validated staff surveys/measures were in use in the NHS.
2. Following this, a long list of questions was developed which covered three different aspects for staff who may encounter dying people in the course of their work or be involved in delivering end of life care:-
 - staff member demographics;
 - questions directed at the individual staff member regarding their confidence and experience in dealing with dying patients and those important to them; and
 - questions directed at hospital procedures and processes, including availability of training.
3. A Delphi process, based on a consensus approach, was undertaken with the NACEL Steering Group and Advisory Groups to determine a short list of questions. The process took the form of three rounds, before a short list of questions was agreed for piloting. The NACEL Steering Group took the view that narrative questions would be excluded from the SRM. With the exception of the staff demographic questions, all questions were asked with a Likert scale response. A 'not applicable' response was permitted.
4. In round three, the SRM will take the form of an online survey, as per the Quality Survey. The online survey is linked back to the individual organisation/submission but is not linked back to individual staff members within an organisation, and therefore remains anonymous.
5. During the summer of 2019, the SRM was piloted with 11 different sites (across 7 organisations), covering both acute and community hospital providers. NACEL project leads at the sites were requested to ask at least 20 members of staff to complete the survey. This was not just for staff who come into direct contact with the dying person and those important to them, but to staff who may come into contact with the dying as part of their work.



Appendix 1: Staff Reported Measure (SRM) development

- Guidance was circulated to the pilot sites, including which staff to approach and which areas should be covered. A month was given for all responses to be received.
- 195 responses were received from the 11 sites.
- All sites were requested to feedback on a number of different areas, including the ease of use of the online technology, the questions asked, the coverage of staff, etc.
- All pilot sites were given a dashboard with the results of their findings compared to the whole sample.
- Following the pilot, the SRM has undergone a validation exercise in readiness for full rollout. The validation exercise indicated two strong sub-scales (reflecting the two differing aspects of the SRM) and that two questions did not fit either sub-scale.
- For the full rollout of the SRM, the NACEL Steering Group has agreed that all acute providers will be requested to submit 100 staff responses, community hospitals to submit 20 responses and mental health providers to submit 20 responses.
- The SRM will be open in line with the data collection timescales for the main audit.
- A new 'staff experience' summary score will be developed for the third round of NACEL, and the findings from the SRM will be used to triangulate with the other elements of NACEL.



Appendix 2: Third round of NACEL

NACEL has been commissioned by HQIP to run as an annual audit, initially for three years from 2017 to 2020. The NHSBN is in discussion with HQIP regarding a contract extension to deliver a further two years of the audit.

NACEL round three will be delivered during the 2020/21 financial year. The scope and content of NACEL is under discussion with HQIP, the funders of the audit, the NACEL Steering Group and Advisory Group following feedback from audit participants.

The findings from round one and round two of NACEL have been successful in identifying key priorities for improvements in care at the end of life in acute and community hospitals, and there is evidence that the findings from the first two rounds are actively being used. The NHSBN team, together with the Co-Clinical Leads have spoken at conferences and workshops on the NACEL findings over the time period of the first two rounds.

In round three of NACEL, the following elements will be undertaken:

1. An audit for acute, community and mental health hospital providers which will run along the lines of the round two audit, that is, a reduced Case Note Review concentrating upon the key areas identified for improvement. The Quality Survey will continue to be administered to those close to the dying person, recognising that the bereaved are well placed to give feedback on the overall quality of care received.
2. The introduction of a new Staff Reported Measure (see Appendix 1).
3. The re-introduction of the trust/HB overview data specification in order to assess progress with the 'governance' theme. Metrics requested will be reviewed by the NACEL Steering Group.
4. The mental health providers of inpatient mental health care will be requested to complete all aspects of NACEL in round three. A new NACEL Mental Health Reference Group has been established, under the Clinical Leadership of Dr Anushta Sivananthan (Medical Director of Cheshire and Wirral NHS Partnership Trust) to advise on this aspect of NACEL. The group was tasked with advising the NACEL Co-Clinical Leads and the NACEL Steering Group on the scope and content of the NACEL mental health workstream. The Mental Health Reference Group has advised the NACEL Co-Clinical Leads on the differing circumstances and context within which mental health inpatient services operate, and the particular context of deaths occurring within mental health inpatient settings. Ultimate responsibility for the delivery of NACEL remains with the NACEL Co-Clinical Leads.

At the time of publication NACEL round three has been postponed due to COVID - 19.



Appendix 3: Glossary

Acronyms and abbreviations

CNR	Case Note Review (see page 7 for definition)
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DPIA	Data Protection Impact Assessment
e-ELCA	End of Life Care for All - e-Learning
ESR	Electronic Staff Record
GDPR	General Data Protection Regulation
GMC	General Medical Council
H/S	Hospital/Site Organisational Level Audit
HB	Health Board (in Wales)
HDU	High Dependency Unit
HQIP	The Healthcare Quality Improvement Partnership is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices
ICS	Integrated Care System
ICU	Intensive Care Unit
IV	Intravenous
NACEL	The National Audit of Care at the End of Life commissioned by HQIP from NHSBN in October 2017
NCAPOP	National Clinical Audit Programme and the Clinical Outcome Review Programmes
NHSBN	The NHS Benchmarking Network is the in-house benchmarking service of the NHS promoting service and quality improvement through benchmarking and sharing good practice
NICE	National Institute for Clinical Health and Excellence
NMC	Nursing and Midwifery Council
OLA	Organisational Level Audit (see page 7 for definition)
QS	Quality Survey (see page 8 for definition)
SPC	Specialist Palliative Care
SRM	Staff Reported Measure (see page 8 for definition)



Appendix 3: Glossary

Terms used in this report

'anticipatory medication'	Medication prescribed in anticipation of symptoms, designed to enable rapid relief at whatever time the patient develops distressing symptoms.
Audit Summary	The Audit Summary component of NACEL was requested from each hospital or site and covered four key metrics; three on the overall number of deaths within the audit period, and a final one on how many Quality Survey letters were sent to bereaved carers by the hospital or site.
Case Note Review	The Case Note Review component of round one and round two of NACEL. A set of questions completed for each death in the first two weeks of April and May 2019 (acute hospitals) or all deaths occurring during April and May 2019 (community hospital providers).
Category 1 death	Definition of deaths to be included in NACEL. Category 1: It was recognised that the patient may die - it had been recognised by the hospital staff that the patient may die imminently (i.e. within hours or days). Life sustaining treatments may still be being offered in parallel to end of life care.
Category 2 death	Definition of deaths to be included in NACEL. Category 2: The patient was not expected to die - imminent death was not recognised or expected by the hospital staff. However, the patient may have had a life limiting condition or, for example, be frail, so that whilst death wasn't recognised as being imminent, hospital staff were "not surprised" that the patient died.
'Families and others', 'nominated person', 'next of kin', 'carer'	These terms are used interchangeably in this report to refer to 'those important to the dying person' as used in <i>One Chance To Get It Right</i> . It is recognised that some dying people do not have such a person.
'Five priorities for care'	The <i>Five priorities for care of the dying person</i> as set out in <i>One Chance To Get It Right</i> .
'Individualised plan of care'	An 'individualised plan of care' as envisaged in <i>One Chance To Get It Right</i> . This could include any form of care plan that documents an individualised plan for care at the end of life.
'Learning from deaths'	This is a national framework for NHS trusts (England only) on identifying, reporting and learning from deaths in care.
Likert Scale	A Likert Scale is a type of rating scale used to measure attitudes or opinions. With this scale, respondents are asked to rate items on a level of agreement.
Medical Examiners	From April 2019, a national system of Medical Examiners was introduced (in England and Wales) to provide greater scrutiny of deaths. The system offers a point of contact for bereaved families to raise concerns about the care provided to a loved one prior to death.
Organisational Level Audit	The Organisational Level Audit element of NACEL is where a set of questions is completed at overall hospital or site level. The metrics requested related to the financial year 2018/19.



Appendix 3: Glossary

Terms used in this report	
Project Lead	The person who will act as the lead contact for this project within participating organisations. This role will be the primary recipient of any correspondence and will be responsible for co-ordinating the data collection.
Quality Survey	The survey designed for round one of NACEL and administered once again in round two of NACEL to capture the views of those important to the dying person.
Staff Reported Measure	The Staff Reported Measure element of the audit, which was piloted in round two, captures the views of staff who work closely with people who are dying and those important to them.
‘submission’	A hospital or site identified by the participating organisation to be audited separately.
‘sudden death’	<p>Deaths which were sudden and unexpected; this included, but was not limited to, the following:</p> <ul style="list-style-type: none">• all deaths in Accident and Emergency departments• deaths within 4 hours of admission to hospital• deaths due to a life-threatening acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place.



Appendix 4: References

- The Leadership Alliance for the Care of Dying People.** *One Chance to Get it Right. Improving people's experience of care in the last few days and hours of life.* June 2014
- NICE.** Guideline NG31, *Care of dying adults in the last days of life.* 2015
- NICE.** Quality Standard 13, *End of life care for adults.* November 2011
- NICE.** Quality Standard 144, *Care of dying adults in the last days of life.* March 2017
- NHS England.** *The NHS Constitution for England.* 2012
- NHS England.** *The 2016/17 NHS Outcomes Framework.* 2016
- Nursing and Midwifery Council.** *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates.* October 2018
- Welsh Government.** *NHS Wales Delivery Framework and Reporting Guidance 2019 – 2020.* March 2019
- Welsh Government.** *A Healthier Wales: Our Plan for Health and Social Care.* 2019
- Welsh Government/NHS Wales.** *Safe Care, Compassionate Care. A National Governance Framework to enable high quality care in NHS Wales.* January 2013



Appendix 5: Hospital score table

Key theme	National summary score
Recognising the possibility of imminent death (RD)	-
Communication with the dying person (CDP)	7.8
Communication with families and others (CFO)	6.9
Needs of families and others (NFO)	6.0
Individual plan of care (IPC)	7.2
Families' and others' experience of care (EOC)	7.0
Workforce/specialist palliative care (W)	7.4

Not every hospital has received a full set of summary scores. To receive a full set, hospitals were required to provide completed responses for the Workforce/specialist palliative care summary score component indicators from the Organisational Level Audit, five or more Case Note Review responses for each component indicator and five or more Quality Survey responses.

The summary score table should be read in conjunction with the number of Case Note Reviews completed and Quality Survey responses received for each submission, this information is included in the participation table at Appendix 13.



Appendix 5: Hospital score table

Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Airedale NHS Foundation Trust	6.5	6.2	-	6.6	-	9.4
Aneurin Bevan University Health Board - Acute Hospitals	6.5	5.9	-	5.2	-	-
Ashford and St. Peter's Hospitals NHS Foundation Trust - Acute	7.6	6	3.8	7.3	5.7	9.4
Barking, Havering and Redbridge University Hospitals NHS Trust - Acute	9.6	7.7	5	7.1	6	7.5
Barnsley Hospital NHS Foundation Trust	7.3	7.4	6.9	8.1	8	7.5
Barts Health NHS Trust - Margaret Centre	7.4	7.5	-	8.2	-	6.3
Barts Health NHS Trust - Newham University Hospital	8	7.8	-	7.7	-	6.3
Barts Health NHS Trust - St Bartholomew's Hospital	8.4	8.4	-	7.9	-	6.3
Barts Health NHS Trust - The Royal London Hospital	9.1	9.3	-	8.5	-	6.3
Barts Health NHS Trust - Whipps Cross University Hospital	7.6	7.8	5.1	8.3	4.8	6.3
Basildon and Thurrock University Hospitals NHS Foundation Trust	9.6	7.6	-	8.2	-	10
Bedford Hospital NHS Trust	8.9	7.9	-	7.5	-	7.5
Betsi Cadwaladr University Health Board - Acute Hospitals	8	6.3	6.2	5.2	7.1	-
Blackpool Teaching Hospitals NHS Foundation Trust	8.3	6.8	-	5.9	-	6.9
Bolton NHS Foundation Trust	5.4	5.7	7	4.6	8.1	7.5
Bradford Teaching Hospitals NHS Foundation Trust - Acute	7.1	6.9	-	7.3	-	6.3
Brighton and Sussex University Hospitals NHS Trust	9.5	9.3	5	8.1	4.5	7.5
Buckinghamshire Healthcare NHS Trust	7.6	7.8	7.6	7.8	7.7	4.4
Calderdale and Huddersfield NHS Foundation Trust	7.8	7	6.1	6.7	7.1	6.9
Cambridge University Hospitals NHS Foundation Trust	8.1	6.9	6.1	7.3	7.4	10
Cardiff and Vale University Health Board	8.1	7.2	8	7.9	8.1	9.4
Chelsea and Westminster Hospital NHS Foundation Trust	8.2	7.6	3.7	8.1	5.5	10
Chesterfield Royal Hospital NHS Foundation Trust	9	7.3	-	8.4	-	-
Countess of Chester Hospital NHS Foundation Trust	9.4	8.6	6.7	8.7	6.8	4.4
County Durham and Darlington NHS Foundation Trust - Acute Hospitals	8.9	8.4	6.7	8.5	7.5	7.5
Croydon Health Services NHS Trust- Croydon University Hospital	8.8	9.1	6.7	8.2	6.6	6.3
Cwm Taf Morgannwg University Local Health Board - Acute Hospitals	7.9	7.3	-	6.6	-	6.3
Dartford and Gravesham NHS Trust	7.9	6.3	-	7.7	-	-
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Bassetlaw	9.8	9.8	-	9	-	9.4
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Doncaster	9.4	9.7	-	9.5	-	9.4
Dorset County Hospital NHS Foundation Trust	7.1	6.4	6.2	5.9	6.4	10
East and North Hertfordshire NHS Trust	8.5	5.1	-	7	-	6.9
East Cheshire NHS Trust	6.1	5.6	6.9	4.4	8.1	7.5
East Kent Hospitals University NHS Foundation Trust - Kent and Canterbury	8.5	6	5.5	4.9	8.2	6.9
East Kent Hospitals University NHS Foundation Trust - QEQM	8.1	6.4	6.3	6.6	7.4	6.9
East Kent Hospitals University NHS Foundation Trust - William Harvey	6.7	5.4	4.9	8.3	6	6.9
East Lancashire Hospitals NHS Trust	7.7	4.7	5.3	4.8	5.3	5.6
East Suffolk and North Essex NHS Foundation Trust - Colchester Hospital	8.1	6.4	5.4	7.3	6.2	10
East Suffolk and North Essex NHS Foundation Trust - Ipswich Hospital	6.7	5.7	6.5	7.5	7.3	6.9
East Sussex Healthcare NHS Trust	7.9	5	5.8	7.3	6.6	-
Epsom and St Helier University Hospitals NHS Trust	8.9	7.5	-	8.3	-	8.8
Frimley Health NHS Foundation Trust	7.5	6.8	4.6	7.1	6.3	7.5
Gateshead Health NHS Foundation Trust	8.7	8.1	-	8.8	-	7.5
George Eliot Hospital NHS Trust	5.9	4.7	4.2	4.9	4.9	5



Appendix 5: Hospital score table

Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Gloucestershire Hospitals NHS Foundation Trust	9.4	7	6.9	7.2	7.9	6.3
Great Western Hospitals NHS Foundation Trust - Acute	6.5	6.5	6.4	6.4	7.5	6.3
Guy's and St Thomas' NHS Foundation Trust	8.3	8.1	6.3	8	7.7	8.8
Hampshire Hospitals NHS Foundation Trust	7.2	6.6	5.2	7	7.1	9.4
Harrogate and District NHS Foundation Trust	9.2	7.3	6.3	8.2	6.9	5.6
Homerton University Hospital NHS Foundation Trust	9.3	8.4	-	8.9	-	7.5
Hull University Teaching Hospitals NHS Trust	7.6	6.3	-	7.4	-	8.8
Hywel Dda University Health Board	6.5	6.1	4.7	6.8	8	6.3
Imperial College Healthcare NHS Trust	8.3	6.2	-	5.2	-	6.3
Isle of Wight NHS Trust	9.5	6.5	-	8.3	-	3.8
James Paget University Hospitals NHS Foundation Trust	8.5	7	5.5	7.9	6.5	7.5
Kettering General Hospital NHS Foundation Trust	6.7	4.9	7.4	6.3	8.5	7.5
King's College Hospital NHS Foundation Trust - DH	8.4	7	-	7.1	-	10
King's College Hospital NHS Foundation Trust - PRUH	8.7	7.2	-	7.6	-	7.5
Kingston Hospital NHS Foundation Trust	7.9	7.3	-	7.9	-	10
Lancashire Teaching Hospitals NHS Foundation Trust	9.3	6.9	5.1	8	6.2	10
Leeds Teaching Hospitals NHS Trust	9.2	7.5	6.3	8.5	6.8	10
Lewisham and Greenwich NHS Trust - Queen Elizabeth Hospital Woolwich	6.4	6.2	-	6.5	-	6.3
Lewisham and Greenwich NHS Trust - University Hospital Lewisham	8.6	7.4	-	6.8	-	8.8
Liverpool Heart and Chest NHS Foundation Trust	9.8	8.5	-	-	-	-
Liverpool University Hospitals NHS Foundation Trust - Aintree University Hospital	7.8	6.9	6.5	7	7.3	9.4
Liverpool University Hospitals NHS Foundation Trust - Royal Liverpool and Broadgreen	8.4	7	4.8	6.8	5.4	10
London North West University Healthcare NHS Trust	8.5	7.7	-	8.4	-	6.9
Luton and Dunstable University Hospital NHS Foundation Trust	8.4	8.1	-	8.6	-	6.3
Maidstone and Tunbridge Wells NHS Trust	7.8	5.9	5.1	5.8	5.6	7.5
Manchester University NHS Foundation Trust - Oxford Road	9	7.7	6.9	8.1	7.5	10
Manchester University NHS Foundation Trust - Southmoor Road	7.1	6.9	-	7.9	-	7.5
Medway NHS Foundation Trust	7.6	6.3	-	4.7	-	-
Mid Cheshire Hospitals NHS Foundation Trust	8.5	6.5	6.2	6.5	6.8	6.9
Mid Essex Hospital Services NHS Trust	9.3	8.9	5	8.8	6.6	6.9
Milton Keynes University Hospital NHS Foundation Trust	8.5	7.4	6	6.9	7.3	10
Norfolk and Norwich University Hospitals NHS Foundation Trust	9.4	9.1	-	8.8	-	9.4
North Bristol NHS Trust	8.4	7.6	6.7	8.6	7.6	7.5
North Middlesex University Hospital NHS Trust	6.4	5.7	-	4.5	-	5
North Tees and Hartlepool NHS Foundation Trust	6.6	6.4	5.3	6.1	6.3	5.6
North West Anglia NHS Foundation Trust - Hinchingsbrooke Hospital	7	6.9	6	6.8	6.5	9.4
North West Anglia NHS Foundation Trust - Peterborough City Hospital	6.8	6	5.1	6.9	5.4	9.4
Northampton General Hospital NHS Trust	9.5	7.8	6.4	9	7.8	6.9
Northern Devon Healthcare NHS Trust	8.6	7.5	6.9	8	8.1	6.9
Northern Lincolnshire and Goole NHS Foundation Trust	5.7	5.9	-	5.1	-	6.9
Northumbria Healthcare NHS Foundation Trust - Hexham General Hospital	9.3	8.9	-	8.3	-	5.6
Northumbria Healthcare NHS Foundation Trust - North Tyneside General Hospital	8.6	8.6	-	9	-	5.6



Appendix 5: Hospital score table

Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Northumbria Healthcare NHS Foundation Trust - Northumbria Specialist EC Hospital	8.6	7.9	-	6.9	-	-
Northumbria Healthcare NHS Foundation Trust - Wansbeck General Hospital	8.7	8.6	-	8.5	-	5.6
Nottingham University Hospitals NHS Trust	7	7.1	7.2	7.8	8.1	10
Oxford University Hospitals NHS Foundation Trust - Churchill NOC Hospital	9.3	8.9	-	8.8	-	6.9
Oxford University Hospitals NHS Foundation Trust - Horton	8.5	6.7	-	7.2	-	6.9
Oxford University Hospitals NHS Foundation Trust - John Radcliffe	9.4	9.1	-	8.2	-	9.4
Pennine Acute Hospitals NHS Trust - FGH	6.9	5	6.2	6.2	6.6	4.4
Pennine Acute Hospitals NHS Trust - NMGH	7.5	5.8	-	7.2	-	4.4
Pennine Acute Hospitals NHS Trust - TROH	8.2	5.8	-	6.8	-	4.4
Poole Hospital NHS Foundation Trust	7	6.4	7.2	6.9	8.6	10
Portsmouth Hospitals NHS Trust	8.5	7	-	7.8	-	-
Queen Victoria Hospital NHS Foundation Trust	-	-	-	-	-	8.1
Royal Berkshire NHS Foundation Trust	8.7	7.8	4.7	7.8	5.5	7.5
Royal Brompton and Harefield NHS Foundation Trust	7.3	5.6	8.5	5.9	9.9	7.5
Royal Cornwall Hospitals NHS Trust	7.6	6.3	4.7	6.4	7.1	-
Royal Devon and Exeter NHS Foundation Trust - Acute	7.4	5.8	6.8	6.7	7.8	7.5
Royal Free London NHS Foundation Trust - Barnet Hospital	-	-	-	-	-	4.4
Royal Free London NHS Foundation Trust - Royal Free Hospital	-	-	5.3	-	7.1	4.4
Royal Papworth Hospital NHS Foundation Trust	8.5	7.4	-	7.6	-	5.6
Royal Surrey County Hospital NHS Foundation Trust	9.1	7.8	5.5	8.3	6.4	10
Royal United Hospitals Bath NHS Foundation Trust	9.7	9.7	-	9.6	-	7.5
Salford Royal NHS Foundation Trust	8.3	7.3	-	6.9	-	8.8
Salisbury NHS Foundation Trust	7.5	6.1	5.5	7.3	6.3	9.4
Sandwell and West Birmingham Hospitals NHS Trust - City Hospital	6.6	6	4.8	5.3	7.7	8.8
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell Hospital	5.5	6.1	4.2	6	4.5	8.8
Sheffield Teaching Hospitals NHS Foundation Trust	4	4.2	6.3	5.7	7.4	6.3
Sherwood Forest Hospitals NHS Foundation Trust	6.8	6.8	-	7.3	-	-
South Tees Hospitals NHS Foundation Trust - The Friarage Hospital Northallerton	5.4	5.3	-	6.5	-	3.8
South Tees Hospitals NHS Foundation Trust - The James Cook University Hospital	6.6	5.3	-	5.2	-	6.3
South Tyneside and Sunderland NHS Foundation Trust - South Tyneside District Hospital	9.2	8.4	-	7.6	-	3.8
South Tyneside and Sunderland NHS Foundation Trust - Sunderland Royal Hospital	9.3	8.9	-	8.5	-	6.3
South Warwickshire NHS Foundation Trust	7.6	6.1	4.9	6.3	5.8	8.8
Southend University Hospital NHS Foundation Trust	9.4	8.2	-	8.5	-	4.4
Southport and Ormskirk Hospital NHS Trust	7.5	6.1	5.5	6.7	6.9	10
St George's University Hospitals NHS Foundation Trust	9.4	8.7	-	8.1	-	10
St Helens and Knowsley Teaching Hospitals NHS Trust	9.2	8.3	6.3	7.3	7.5	9.4
Stockport NHS Foundation Trust	7	6.1	-	7.4	-	6.9
Surrey and Sussex Healthcare NHS Trust	8.1	6.8	5.2	6.6	6.8	10
Swansea Bay University Health Board	6.5	5.9	6.3	4.4	7.7	-
Tameside and Glossop Integrated Care NHS Foundation Trust	8	6.9	-	8.2	-	9.4
Taunton and Somerset NHS Foundation Trust	5	5.7	6.3	5.4	7.4	6.9



Appendix 5: Hospital score table

Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
The Christie NHS Foundation Trust	8.2	7.9	6.3	9.4	6.9	6.9
The Clatterbridge Cancer Centre NHS Foundation Trust - HO	-	-	-	-	-	-
The Clatterbridge Cancer Centre NHS Foundation Trust - Wirral	9.3	9	-	8.3	-	8.8
The Dudley Group NHS Foundation Trust	8.2	6.1	-	6.7	-	6.9
The Hillingdon Hospitals NHS Foundation Trust	9.4	9.1	5.6	8.2	6.9	6.3
The Mid Yorkshire Hospitals NHS Trust	8.3	7.2	7.6	7.3	8.2	7.5
The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.9	7.3	7.7	9	8.1	7.5
The Princess Alexandra Hospital NHS Trust	7.3	6.1	5.9	5.3	6.4	7.5
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	4.5	5.4	-	3.3	-	-
The Rotherham NHS Foundation Trust	5.2	6	-	5.2	-	7.5
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust - Bournemouth	7.5	6.8	-	7	-	8.8
The Royal Marsden NHS Foundation Trust	8.9	8.8	6.6	8.5	7.8	10
The Royal Wolverhampton NHS Trust	7.5	5.9	6.6	7.5	7.7	6.9
The Shrewsbury and Telford Hospital NHS Trust - Princess Royal Hospital	7.4	6.1	-	6.4	-	7.5
The Shrewsbury and Telford Hospital NHS Trust - Royal Shrewsbury Hospital	6.2	5.5	-	5.5	-	7.5
The Walton Centre NHS Foundation Trust	9.3	5.3	-	5.9	-	8.8
Torbay and South Devon NHS Foundation Trust - Acute	7.7	6.9	8	7.3	8.3	6.3
United Lincolnshire Hospitals - Boston Site	7.6	6.3	-	6.7	-	6.3
United Lincolnshire Hospitals - Grantham Site	-	-	-	-	-	-
United Lincolnshire Hospitals - Lincoln Site	8.2	7.3	-	7.4	-	6.3
University College London Hospitals NHS Foundation Trust	-	-	-	-	-	9.4
University Hospitals Birmingham NHS Foundation Trust - Good Hope Hospital	6.6	6.3	-	4.7	-	10
University Hospitals Birmingham NHS Foundation Trust - Heartlands Hospital	7.4	5.3	-	5.4	-	10
University Hospitals Birmingham NHS Foundation Trust - Queen Elizabeth	8.7	7.3	-	7.1	-	8.8
University Hospitals Birmingham NHS Foundation Trust - Solihull Hospital	-	-	-	-	-	10
University Hospitals Coventry and Warwickshire NHS Trust	6.4	6.1	6.4	7.3	7.2	6.3
University Hospitals of Derby and Burton NHS Foundation Trust - Burton campus	7.2	5.7	-	6.1	-	7.5
University Hospitals of Derby and Burton NHS Foundation Trust - Derby campus	8.5	7.2	7.5	8.1	8.3	6.3
University Hospitals of Leicester NHS Trust - Glenfield Hospital	6.7	5.8	6.3	5.7	6.9	5.6
University Hospitals of Leicester NHS Trust - Leicester General Hospital	8.2	6.1	-	5.4	-	5.6
University Hospitals of Leicester NHS Trust - Leicester Royal Infirmary	7.3	5.5	5.1	5.7	6.2	5.6
University Hospitals of Morecambe Bay NHS Foundation Trust - Acute	7.4	6.4	6.4	7.9	7.7	6.9
University Hospitals of North Midlands NHS Trust	8.8	7.7	5.3	8.4	6	10
University Hospitals Plymouth NHS Trust	8.3	7.9	-	8.4	-	9.4
University Hospital Southampton NHS Foundation Trust - Southampton General Hospital	7.5	6.7	6.2	7.2	7.3	9.4
Walsall Healthcare NHS Trust	5.3	4.8	6.8	4.2	7.1	6.9
Warrington and Halton Teaching Hospitals NHS Foundation Trust	8.4	7.2	7.4	7.5	7	-
West Hertfordshire Hospitals NHS Trust	8.9	7.1	5.1	7.7	6.1	7.5
West Suffolk NHS Foundation Trust	8.1	7.5	-	7.5	-	7.5
Western Sussex Hospitals NHS Foundation Trust	8.9	7.9	-	6.4	-	6.3
Weston Area Health NHS Trust	8.8	8.6	4.1	8.1	5.8	6.9



Appendix 5: Hospital score table

Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Whittington Health NHS Trust	8	7.6	5.4	7.7	6.7	-
Wirral University Teaching Hospital NHS Foundation Trust	8.4	6.5	5.4	6.7	6	10
Worcestershire Acute Hospitals NHS Trust	7.9	6.8	-	7.5	-	9.4
Wrightington, Wigan and Leigh NHS Foundation Trust	8	6.5	-	6.3	-	8.8
Wye Valley NHS Trust - Hereford County Hospital	8	5.8	5.4	7.8	6.3	6.3
Yeovil Hospital NHS Foundation Trust	7.8	5.7	6.6	6.2	7.4	6.9
York Teaching Hospital NHS Foundation Trust - Scarborough Hospital	7	5.1	-	7.2	-	7.5
York Teaching Hospital NHS Foundation Trust - York Hospital	5.6	5.7	6.7	6.7	8	7.5

Organisation and submission name (Community submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Aneurin Bevan University Health Board - Community Hospitals	7.7	6.2	-	6.7	-	-
Anglian Community Enterprise	6.4	7.7	-	6.8	-	6.3
Barnet, Enfield and Haringey Mental Health NHS Trust - Community	-	-	-	-	-	5.6
Berkshire Healthcare NHS Foundation Trust - CH Inpatient Wards	8.2	7.5	-	7.7	-	10
Betsi Cadwaladr University Health Board - Community Hospitals	5.3	5.1	-	4.4	-	-
Birmingham Community Healthcare NHS Foundation Trust	6.3	5.5	-	7	-	-
Bradford Teaching Hospitals NHS Foundation Trust - St Luke's Hospital	4.8	5.1	-	6.6	-	5.6
Bradford Teaching Hospitals NHS Foundation Trust - Westbourne Green	-	-	-	-	-	5.6
Bradford Teaching Hospitals NHS Foundation Trust - Westwood Park	4	4	-	6.9	-	5.6
Cambridgeshire and Peterborough NHS Foundation Trust - Trafford ward	-	-	-	-	-	6.3
Cambridgeshire and Peterborough NHS Foundation Trust - Welney ward	-	-	-	-	-	-
Central and North West London NHS Foundation Trust - St Pancras	-	-	-	-	-	3.8
Central and North West London NHS Foundation Trust - Windsor IC Unit	-	-	-	-	-	-
Central and North West London NHS Foundation Trust - Woodlands	-	-	-	-	-	3.8
City Health Care Partnership	-	-	-	-	-	6.9
Cornwall Partnership NHS Foundation Trust	7.6	7.6	-	8.8	-	9.4
County Durham and Darlington NHS Foundation Trust - Community Hospitals	-	-	-	-	-	-
Cwm Taf Morgannwg University Local Health Board - Community Hospitals	7.5	7.1	-	7	-	6.3
Derbyshire Community Health Services NHS Foundation Trust	9.9	9.3	-	9.5	-	-
Dorset HealthCare University NHS Foundation Trust - Community Hospitals	8.7	6.6	-	8.8	-	6.3
East London NHS Foundation Trust	-	-	-	-	-	4.4
East Suffolk and North Essex NHS Foundation Trust - Community	-	-	-	-	-	-
Essex Partnership University NHS Foundation Trust - WECHS	-	-	-	-	-	8.8
First Community Health and Care	-	-	-	-	-	6.9
Gloucestershire Health and Care NHS Foundation Trust - Gloucestershire Care Services	7.5	6.3	-	8.8	-	-
Great Western Hospitals NHS Foundation Trust - SWICC	-	-	-	-	-	-
Hertfordshire Community NHS Trust	8	7.2	-	8.1	-	10
Hounslow and Richmond Community Healthcare NHS Trust	-	-	-	-	-	-
Humber Teaching NHS Foundation Trust	4.2	4.3	-	7.5	-	-
Kent Community Health NHS Foundation Trust - East	-	-	-	-	-	-
Kent Community Health NHS Foundation Trust - West	-	-	-	-	-	-
Lancashire Care NHS Foundation Trust	-	-	-	-	-	8.8
Leicestershire Partnership NHS Trust	5.9	6.1	7.3	8.6	9.6	6.3

Appendix 5: Hospital score table

Organisation and submission name (Community submissions)	CDP	CFO	NFO	IPC	EOC	W
	7.8	6.9	6.0	7.2	7.0	7.4
Lincolnshire Community Health Services NHS Trust	5.9	6.1	-	9.1	-	6.9
Livewell Southwest	-	-	-	-	-	6.9
Mersey Care NHS Foundation Trust - Community Health	-	-	-	-	-	6.9
Midlands Partnership NHS Foundation Trust	-	-	-	-	-	9.4
Norfolk Community Health and Care NHS Trust	7.1	5.7	-	7.5	-	6.3
Northamptonshire Healthcare NHS Foundation Trust	9.8	7.5	-	9.5	-	10
Northumbria Healthcare NHS Foundation Trust - Community Hospitals	7.8	7.7	-	8.3	-	-
Nottingham CityCare Partnership	-	-	-	-	-	-
Nottinghamshire Healthcare NHS Foundation Trust - LPGHS	-	-	-	-	-	-
Oxford Health NHS Foundation Trust	6.7	6.1	-	7.4	-	-
Powys Teaching Health Board	7.4	7.6	-	8.7	-	-
Rotherham Doncaster and South Humber NHS Foundation Trust	-	-	-	-	-	6.3
Royal Devon and Exeter NHS Foundation Trust - Community	8.5	7.9	-	8.8	-	-
Shropshire Community Health NHS Trust	9.1	7.9	-	8.5	-	-
Solent NHS Trust	6.2	6	-	7.9	-	-
Somerset Partnership NHS Foundation Trust	2.8	4.6	-	6.1	-	6.3
South Tees Hospitals NHS Foundation Trust - East Cleveland Primary Care Hospital	-	-	-	-	-	5.6
South Tees Hospitals NHS Foundation Trust - Redcar Primary Care Hospital	3.3	3.3	-	4.1	-	5.6
South Tees Hospitals NHS Foundation Trust - The Rutson Unit	-	-	-	-	-	-
South West Yorkshire Partnership NHS Foundation Trust - Barnsley	-	-	-	-	-	6.3
Southern Health NHS Foundation Trust - Community sites	7.6	6.4	-	8.6	-	-
Sussex Community NHS Foundation Trust - Arundel & District Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Bognor Regis War Memorial Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Crawley Hospital	-	-	-	-	-	6.9
Sussex Community NHS Foundation Trust - Crowborough War Memorial Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Horsham Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Lewes Victoria Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Salvington Lodge	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - The Kleinwort Centre	-	-	-	-	-	6.3
Sussex Community NHS Foundation Trust - Uckfield Community Hospital	-	-	-	-	-	-
Sussex Community NHS Foundation Trust - Zachary Merton Hospital	-	-	-	-	-	-
Tarporley War Memorial Hospital	-	-	-	-	-	-
Torbay and South Devon NHS Foundation Trust - Community	6.8	5.5	-	7.4	-	6.3
University Hospitals of Morecambe Bay NHS Foundation Trust - South Cumbria CH	3.8	5.5	-	5.8	-	6.9
Velindre NHS Trust	-	-	-	-	-	8.8
Wiltshire Health and Care	7.6	8	-	8.4	-	10
Worcestershire Health and Care NHS Trust	5.6	4.8	-	6.6	-	8.8
York Teaching Hospital NHS Foundation Trust - Selby War Memorial Community Hospital	-	-	-	-	-	7.5
York Teaching Hospital NHS Foundation Trust - St Monica Community Hospital	-	-	-	-	-	7.5



Appendix 6: Method for scoring

A scoring system was devised in round one of NACEL to summarise the audit under nine key themes. A similar summary score methodology has been adopted for round two of NACEL, however there have been a number of changes to the component indicators of the scores, so the summary scores between the two rounds of NACEL can not be compared. In addition, for NACEL in round two, the audit is reporting on seven themes rather than nine (see section 4.2 of the second round of the audit report for a description of the rationale for this decision by the NACEL Steering Group).

This appendix sets out the component indicators of the seven key themes and an explanation of how the summary scores are calculated.

The NACEL key themes for round two were developed by the NACEL Steering Group and were discussed with the wider NACEL Advisory Group. The themes are based on the *Five priorities for care*:

- Recognising the possibility of imminent death (CNR)
- Communication with the dying person (CNR)
- Communication with the nominated person (CNR)
- Individualised plan of care (CNR)
- Needs of families and others (QS)
- Experience of care (QS)
- Workforce/specialist palliative care (H/S)

The key changes in the summary scores between rounds one and two of NACEL are:-

- The summary scores now only contain data for Category 1 deaths.
- Whilst Category 2 deaths are not included in the summary scores, the findings for Category 2 deaths are reported in the online benchmarking toolkit, and reference is made to Category 2 deaths throughout the round two report.
- No summary score has been calculated for the 'recognising the possibility of imminent death' theme, as the metrics used to calculate this summary score have been utilised in the two communication themes.
- The 'needs of families and others' summary score now utilises component indicators from the Quality Survey rather than the Case Note Review questions (as in round one), on the basis that bereaved carers/families are best placed to comment on these areas.
- Two themes reported on in round one of NACEL have not been covered in round two. As part of the work to reduce the size of the audit, it was decided by the Steering Group that 'involvement in decision making' and 'governance' would not be areas of focus in round two.

As in round one, only indicators from one element of the audit (either Organisational Level Audit, the Case Note Review or the Quality Survey) are utilised for each theme. At least four indicators were used for each summary score, to provide granularity in the results.

The changes to the component indicators are summarised at the beginning of each theme in section 5.2 - 5.7 of the second round of the audit report.



Appendix 6: Method for scoring

The component indicators and scoring for each theme are as follows:

Key theme	Source	Component indicators
Recognising the possibility of imminent death (RD)	Case note review	No summary score.
Communication with the dying person (CDP)	Case note review	5 questions on discussions with the dying person on plan of care, the possibility that the patient may die, side effects of medication (including drowsiness), hydration and nutrition.
Communication with families and others (CFO)	Case note review	6 questions on discussions with the nominated person on plan of care, notification of possible and imminent death, side effects of medication, hydration and nutrition.
Needs of families and others (NFO)	Quality Survey	5 questions covering families and others needs, emotional, practical, spiritual/religious/cultural support and being informed about the patient's condition and treatment.
Individual plan of care (IPC)	Case note review	25 questions on having a care plan that was reviewed regularly, assessment of 14 needs, the benefit of starting, stopping or continuing 6 interventions, review of hydration and nutrition status and preferred place of death.
Families' and others' experience of care (EOC)	Quality Survey	4 questions on how families and others would rate the care and support given and communication.
Workforce/specialist palliative care (W)	Hospital/site overview	7 questions on specialist palliative care access, seven day availability and training.



Appendix 6: Method for scoring

5.2 Communication with the dying person (Source: Case Note Review)

Section	Question	Scoring		
		Yes	No but reason recorded and/or N/A	No and no reason recorded
Recognising the possibility of imminent death	Is there documented evidence that the possibility that the patient may die had been discussed with the patient?	1	1	0
Individualised end of life care planning - The patient	Is there documented evidence that the patient was involved in discussing the individualised plan of care?	1	1	0
Individualised end of life care planning - Symptom management	Is there documented evidence that the possibility of drowsiness, if likely, as a result of prescribed medications, was discussed with the patient?	1	1	0
Individualised end of life care planning - Drinking and assisted hydration	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the patient once the dying phase was recognised?	1	1	0
Individualised end of life care planning - Eating and assisted nutrition	Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the patient once the dying phase was recognised?	1	1	0
Maximum possible score:		5		

5.3 Communication with families and others (Source: Case Note Review)

Section	Question	Scoring		
		Yes	No but reason recorded and/or N/A	No and no reason recorded
Recognising the possibility of imminent death	Is there documented evidence that the possibility that the patient may die had been discussed with the nominated person(s)?	1	1	0
Recognising the possibility of imminent death	Is there documented evidence that the nominated person(s) were notified that the patient was about to die?	1	1	0
Individualised end of life care planning - The patient	Is there documented evidence that the nominated person(s) was involved in discussing an individualised plan of care for the patient?	1	1	0
Individualised end of life care planning - Symptom management	Is there documented evidence that the possibility of drowsiness, if likely, as a result of prescribed medications, was discussed with the nominated person(s)?	0.5	0.5	0
Individualised end of life care planning - Drinking and assisted hydration	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the nominated person(s)?	1	1	0
Individualised end of life care planning - Eating and assisted nutrition	Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the nominated person(s)?	0.5	0.5	0
Maximum possible score:		5		



Appendix 6: Method for scoring

5.4 Needs of families and others (Source: Quality Survey)							
Section	Question	Scoring					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A/Not sure
Section 3 - Care you and other relatives received	I was asked about my needs	4	3	2	1	0	0
Section 3 - Care you and other relatives received	I was given enough emotional help and support by staff	4	3	2	1	0	0
Section 3 - Care you and other relatives received	I was given enough practical support (for example with finding refreshments and parking arrangements)	4	3	2	1	0	0
Section 3 - Care you and other relatives received	I was given enough spiritual/religious/cultural support	4	3	2	1	0	0
Section 3 - Care you and other relatives received	I was kept well informed and had enough opportunity to discuss his/her condition and treatment with staff	4	3	2	1	0	0
Maximum possible score:		20					



Appendix 6: Method for scoring

5.5 Individualised plan of care (Source: Case Note Review)				
Section	Question	Scoring		
		Yes	No but reason recorded and/or N/A	No and no reason recorded
Individualised end of life care planning - Advance care planning	Was there documented evidence of the preferred place of death as indicated by the patient?	1	-	0
Individualised end of life care planning - The patient	Is there documented evidence that the patient who was dying had an individualised plan of care addressing their end of life care needs?	0.5	-	0
Individualised end of life care planning - The patient	Is there documented evidence that the patient and their individualised plan of care were reviewed regularly?	0.5	0.5	0
Individualised end of life care planning - The patient	Is there documented evidence of an assessment of the following needs:			
	agitation/delirium	0.25	0.25	0
	dyspnoea/breathing difficulty	0.25	0.25	0
	nausea/vomiting	0.25	0.25	0
	pain	0.25	0.25	0
	noisy breathing/death rattle	0.25	0.25	0
	anxiety/distress	0.25	0.25	0
	bladder function	0.25	0.25	0
	bowel function	0.25	0.25	0
	pressure areas	0.25	0.25	0
	hygiene requirements	0.25	0.25	0
	mouth care	0.25	0.25	0
	emotional/psychological needs	0.25	0.25	0
	spiritual/religious/cultural needs	0.25	0.25	0
	social/practical needs	0.25	0.25	0
Individualised end of life care planning - The patient	Was the benefit of starting, stopping or continuing the following interventions documented as being reviewed in the patient's plan of care?			
	routine recording of vital signs	0.25	0.25	0
	blood sugar monitoring	0.25	0.25	0
	the administration of oxygen	0.25	0.25	0
	the administration of antibiotics	0.25	0.25	0
	routine blood tests	0.25	0.25	0
	other medication	0.25	0.25	0
Individualised end of life care planning - Drinking and assisted hydration	Is there documented evidence that the patient's hydration status was assessed daily once the dying phase was recognised?	1	-	0
Individualised end of life care planning - Eating and assisted nutrition	Is there documented evidence that the patient's nutrition status was reviewed regularly once the dying phase was recognised?	1	-	0
Maximum possible score:		9		



Appendix 6: Method for scoring

5.6 Experience of care (Source: Quality Survey)							
Section	Question	Scoring					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A / Not sure
Section 2 - Care provided to the person who died	I felt that staff looking after the person communicated sensitively with him/her	4	3	2	1	0	0
Section 3 - Care you and other relatives received	I was communicated to by staff in a sensitive way	4	3	2	1	0	0
		Outstanding	Excellent	Good	Fair	Poor	Not sure
Section 4 – Overall experience of care	Overall, how would you rate the care and support given by the hospital to the person who died during the final admission?	4	3	2	1	0	0
Section 4 – Overall experience of care	Overall, how would you rate the care and support given by the hospital to YOU and other close relatives or friends during the person's final admission in hospital?	4	3	2	1	0	0
Maximum possible score:		16					

5.7 Workforce/specialist palliative care (Source: Hospital/site overview)			
Section	Question	Scoring	
		Yes	No
Specialist palliative care workforce	Does your hospital/site have access to a Specialist Palliative Care service?	1	0
Specialist palliative care workforce	Is the face to face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week?	1	0
Specialist palliative care workforce	Is the telephone specialist palliative care service (doctor and/or nurse) available 24 hours a day, 7 days a week?	1	0
Staff training for all hospital/site staff	In the period between 1st April 2018 and 31st March 2019 was the following available:		
	End of life care training included in induction Programme	0.25	0
	End of life care training included in mandatory/priority training	0.25	0
	Communication skills training specifically addressing end of life care	0.25	0
	Other training in relation to end of life care	0.25	0
Maximum possible score:		4	



Appendix 7: Patient demographics

Age profile	All deaths	Category 1	Category 2
18-64	11.22%	11.25%	11.01%
65-74	16.97%	16.96%	17.03%
75-84	30.54%	30.55%	30.47%
85-94	35.57%	35.48%	36.24%
95+	5.70%	5.76%	5.25%
Number of responses	6,719	5,938	781

Age	All deaths	Category 1	Category 2
Range	19 – 106	19 – 105	40 – 106
Mean	77	80	80
Median	82	82	82
Number of responses	6,719	5,938	781

Usual place of residency	All deaths	Category 1	Category 2
Home	82.36%	82.35%	82.46%
Residential home	7.36%	7.34%	7.55%
Nursing home	9.03%	9.07%	8.71%
Prison	0.10%	0.12%	0.00%
No fixed abode	0.03%	0.03%	0.00%
NHS other hospital provider	0.48%	0.47%	0.51%
Other	0.64%	0.62%	0.77%
Number of responses	6,725	5,944	781

Gender profile	All deaths	Category 1	Category 2
Male	50.83%	49.99%	57.16%
Female	49.15%	49.97%	42.84%
Other	0.03%	0.03%	0.00%
Number of responses	6,727	5,945	782

Ethnicity profile	All deaths	Category 1	Category 2
White	81.8%	81.90%	81.10%
Mixed	0.42%	0.44%	0.26%
Asian or Asian British	2.48%	2.31%	3.75%
Black or Black British	1.34%	1.26%	1.94%
Other Ethnic Groups	1.02%	1.05%	0.78%
Not stated	12.90%	13.0%	12.10%
Number of responses	6,662	5,888	774



Appendix 8: Characteristics of deaths in hospitals

Primary cause of death	All deaths	Category 1	Category 2
Cancer	19.63%	20.53%	12.80%
Chronic respiratory disease	5.50%	5.61%	4.61%
Dementia	2.56%	2.66%	1.79%
Heart failure	8.64%	8.12%	12.55%
Neurological conditions	0.89%	0.98%	0.26%
Pneumonia	24.17%	23.83%	26.76%
Renal failure	1.89%	1.94%	1.54%
Stroke	5.44%	5.93%	1.66%
Other	22.62%	22.35%	24.71%
No access to death certificate	8.65%	8.04%	13.32%
Number of responses	6,714	5,933	781

Day of death	All deaths	Category 1	Category 2
Monday	14.53%	14.62%	13.88%
Tuesday	14.37%	14.11%	16.32%
Wednesday	17.14%	16.91%	18.89%
Thursday	15.35%	15.69%	12.72%
Friday	14.13%	14.11%	14.27%
Saturday	13.14%	13.32%	11.83%
Sunday	11.34%	11.24%	12.08%
Number of responses	6,710	5,932	778

Time of death	All deaths	Category 1	Category 2
00:00 – 06:00	24.45%	24.10%	27.16%
06:01 – 12:00	26.12%	25.65%	29.73%
12:01 – 18:00	26.26%	26.49%	24.45%
18:01 – 23:59	23.17%	23.76%	18.66%
Number of responses	6,703	5,926	777

Length of stay profile	All deaths	Category 1	Category 2
0 – 1 days	14.21%	13.21%	21.78%
2 – 10 days	39.00%	38.41%	43.43%
11 – 20 days	23.95%	24.59%	19.07%
21 – 30 days	10.63%	11.06%	7.35%
31 – 40 days	5.37%	5.61%	3.61%
41 – 50 days	2.95%	3.12%	1.68%
51 – 60 days	1.27%	1.36%	0.64%
61 – 70 days	1.03%	1.05%	0.90%
71 – 80 days	0.49%	0.49%	0.52%
81 – 90 days	0.39%	0.42%	0.13%
90+	0.70%	0.68%	0.90%
Number of responses	6,680	5,904	776



Appendix 9: Supplementary Quality Survey information

Nominated person's relationship to the patient	All deaths
Wife/Husband/Partner	32.38%
Son/Daughter	42.92%
Son in-law/Daughter-in-law	2.29%
Brother/Sister	4.38%
Parent	10.35%
Friend	1.97%
Other	5.71%
Number of responses	1,575

Length of time the patient had been hospital before they died	All deaths
Less than 8 hours	1.46%
Less than 24 hours	5.27%
One day or more but less than a week	29.27%
One week or more but less than a month	47.17%
One month or more	16.83%
Number of responses	1,575

Number of times patient had been in hospital within the last 12 months	All deaths
None	38.84%
One	18.31%
Two	15.07%
Three or more	24.60%
Not sure	3.18%
Number of responses	1,573

Location within the hospital where the patient died	All deaths
In a bay shared with other patients	34.18%
In a side room	60.52%
Other	5.29%
Number of responses	1,568

Ethnicity profile	All deaths
White	96.56%
Mixed	0.45%
Asian or Asian British	1.47%
Black or Black British	0.64%
Other Ethnic Groups	0.51%
Prefer not to say	0.38%
Number of responses	1,569



Appendix 10: Audit summary

Number of deaths (with exclusions)	Average per submission
Number of deaths within the audit period (excl. deaths in A&E and within 4 hours of admission) as a percentage of all deaths in the audit period	88.86%
Number of responses	233

Number of deaths in A&E	Average per submission
Number of deaths in A&E within the audit period as a percentage of all deaths in the audit period	6.85%
Number of responses	233

Number of deaths within 4 hours of admissions	Average per submission
Number of deaths within 4 hours of admission within the audit period as a percentage of all deaths in the audit period	4.29%
Number of responses	233

Number of Quality Surveys sent	Average per submission
Number of Quality Surveys sent	42.47
Surveys returned as a percentage of letter sent	18.18%



Appendix 11: Indicators included in the report

5.1 Recognising the possibility of imminent death: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
30	1	CNR – Patient demographics	Q2. There are two categories of deaths for patients included in the audit. Indicate whether for this patient:	Category 1	88.20%	-	-
				Category 2	11.80%	-	-
				Number of responses	6,730	-	-
31	2	CNR – Recognising the possibility of imminent death	Time from recognition of dying to death (mean) Q3. + Q4. Date and time of recognition of dying & Q5. + Q6. Date and time of death (days)	1 day	-	36.40%	-
				2 days	-	17.80%	-
				3 days	-	10.72%	-
				4 days	-	8.10%	-
				5 days	-	5.76%	-
				6 days	-	4.20%	-
				7 days	-	3.60%	-
				8 days	-	2.39%	-
				9 days	-	1.99%	-
				10 days	-	1.66%	-
				11 days	-	1.11%	-
				12 days	-	0.85%	-
				13 days	-	0.80%	-
				14 days	-	0.48%	-
				14 + days	-	4.15%	-
				Number of responses	-	5,781	-
31	3	CNR – Recognising the possibility of imminent death	Time from recognition of dying to death (mean) Q3. + Q4. Date and time of recognition of dying & Q5. + Q6. Date and time of death (hours – up to 24)	0 - 4 hours	-	27.99%	-
				4 - 8 hours	-	19.53%	-
				8 - 12 hours	-	16.06%	-
				12 - 16 hours	-	14.88%	-
				16 - 20 hours	-	10.74%	-
				20 - 24 hours	-	10.79%	-
				Number of responses	-	2,104	-
31	4	CNR – Recognising the possibility of imminent death	Time from recognition of dying to death (mean)	-	-	84.71	-
				Number of responses	-	5,781	-
32	5	CNR – Recognising the possibility of imminent death	Time from admission to recognition of dying (mean) Q1. + Q2. Date and time of the final admission & Q3. + Q4. Date and time of recognition of dying	1 day	-	21.13%	-
				2 days	-	8.72%	-
				3 days	-	7.09%	-
				4 days	-	5.20%	-
				5 days	-	5.04%	-
				6 days	-	3.97%	-
				7 days	-	3.36%	-
				8 days	-	3.55%	-
				9 days	-	3.33%	-
				10 days	-	2.60%	-
				11 days	-	2.25%	-
				12 days	-	2.53%	-
				13 days	-	1.91%	-
				14 days	-	2.17%	-
				14 + days	-	27.15%	-
				Number of responses	-	5,769	-



Appendix 11: Indicators included in the report

5.1 Recognising the possibility of imminent death: Chart figures							
Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
32	6/7	CNR – Recognising the possibility of imminent death	Time from admission to death profile (mean) Q1. + Q2. Date and time of the final admission & Q5. + Q6. Date and time of death	0 - 1 days	14.21%	13.21%	21.78%
				2 - 10 days	39.00%	38.41%	43.43%
				11 - 20 days	23.95%	24.59%	19.07%
				21 - 30 days	10.63%	11.06%	7.35%
				31 - 40 days	5.37%	5.61%	3.61%
				41 - 50 days	2.95%	3.12%	1.68%
				51 - 60 days	1.27%	1.36%	0.64%
				61 - 70 days	1.03%	1.05%	0.90%
				71 - 80 days	0.49%	0.49%	0.52%
				81 - 90 days	0.39%	0.42%	0.13%
				90+	0.70%	0.68%	0.90%
				Number of responses	6,680	5,904	776

5.1 Recognising the possibility of imminent death: Narrative figures							
Page	Note	Section	Question	Response options	All deaths /National	Category 1	Category 2
30	1	CNR – Recognising the possibility of imminent death	Time from recognition of dying to death (median) Q3. + Q4. Date and time of recognition of dying & Q5. + Q6. Date and time of death		-	41.05	-
				Number of responses	-	5,781	-



Appendix 11: Indicators included in the report

5.2 Communication with the dying person: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
35	9	CNR – Recognising the possibility of imminent death	Q7. Is there documented evidence that the possibility that the patient may die had been discussed with the patient?	Yes	-	27.17%	-
				No but reason recorded	-	61.85%	-
				No and no reason recorded	-	10.98%	-
				Number of responses	-	5,922	-
36	10	CNR – Individualised end of life care planning	Q5. Is there documented evidence that the patient was involved in discussing the individualised plan of care?	Yes	24.64%	24.48%	38.00%
				No but reason recorded	69.18%	69.41%	50.00%
				No and no reason recorded	6.18%	6.11%	12.00%
				Number of responses	4,127	4,077	50
36	11	CNR – Individualised end of life care planning	Q13. Is there documented evidence that the possibility of drowsiness, if likely, as a result of prescribed medications, was discussed with the patient?	Yes	4.67%	5.07%	1.31%
				No but reason recorded/N/A	70.00%	69.00%	78.52%
				No and no reason recorded	25.33%	25.93%	20.17%
				Number of responses	6,589	5,900	689
37	12	CNR – Individualised end of life care planning	Q19. Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the patient once the dying phase was recognised?	Yes	-	9.67%	-
				No but reason recorded/N/A	-	70.18%	-
				No and no reason recorded	-	20.15%	-
				Number of responses	-	5,895	-
37	13	CNR – Individualised end of life care planning	Q23. Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the patient once the dying phase was recognised?	Yes	-	8.37%	-
				No but reason recorded/N/A	-	70.05%	-
				No and no reason recorded	-	21.58%	-
				Number of responses	-	5,900	-
38	14	QS – Section 2 - About the care provided to the person who died	Q6. Did a member of staff at the hospital explain to the person that he/she was likely to die in the next few days?	Yes	36.53%	-	-
				No, could have been told	5.59%	-	-
				No, died suddenly/unexpectedly	9.02%	-	-
				No, too unwell or unable to understand	27.19%	-	-
				No, person did not want to know	2.03%	-	-
				No, other	8.20%	-	-
				Don't know	11.44%	-	-
				Number of responses	1,574	-	-



Appendix 11: Indicators included in the report

5.3 Communication with families and others: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
41	16	CNR – Recognising the possibility of imminent death	Q8. Is there documented evidence that the possibility that the patient may die had been discussed with the nominated person(s)?	Yes	-	94.56%	-
				No but reason recorded	-	2.30%	-
				No and no reason recorded	-	3.14%	-
				Number of responses	-	5,921	-
42	17	CNR – Recognising the possibility of imminent death	Q9. Is there documented evidence that the nominated person(s) were notified that the patient was about to die?	Yes	-	65.60%	-
				No but reason recorded	-	23.09%	-
				No and no reason recorded	-	11.32%	-
				Number of responses	-	5,912	-
42	18	CNR – Individualised end of life care planning	Q6. Is there documented evidence that the nominated person(s) was involved in discussing an individualised plan of care for the patient?	Yes	89.90%	89.95%	77.55%
				No but reason recorded	3.12%	3.21%	4.08%
				No and no reason recorded	6.98%	6.84%	18.37%
				Number of responses	4,127	4,078	49
43	19	CNR – Individualised end of life care planning	Q14. Is there documented evidence that the possibility of drowsiness, if likely, as a result of prescribed medications, was discussed with the nominated person(s)?	Yes	14.55%	15.93%	2.74%
				No but reason recorded/N/A	25.57%	20.60%	67.87%
				No and no reason recorded	59.88%	63.47%	29.39%
				Number of responses	6,593	5,899	694
43	20	CNR – Individualised end of life care planning	Q20. Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the nominated person(s)?	Yes	-	34.78%	-
				No but reason recorded/N/A	-	15.84%	-
				No and no reason recorded	-	49.37%	-
				Number of responses	-	5,882	-
43	21	CNR – Individualised end of life care planning	Q24. Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the nominated person(s)?	Yes	-	28.29%	-
				No but reason recorded/N/A	-	19.07%	-
				No and no reason recorded	-	52.64%	-
				Number of responses	-	5,899	-
44	22	QS – Section 2 - About the care provided to the person who died	Q19. Did a member of staff at the hospital explain to you that the person was likely to die in the next few days?	Yes, clearly	63.75%	-	-
				Yes, but not clearly	7.58%	-	-
				Yes, but only when asked	5.27%	-	-
				No, but could have been told	8.68%	-	-
				No, died suddenly/unexpectedly	11.70%	-	-
				Not sure	3.02%	-	-
				Number of responses	1,556	-	-
44	23	QS – Section 2 - About the care provided to the person who died	Q21. Were you given the name of the senior doctor and/or nurse responsible for his/her care?	Yes	64.89%	-	-
				No	20.92%	-	-
				Not sure	14.18%	-	-
				Number of responses	1,558	-	-



Appendix 11: Indicators included in the report

5.4 Needs of families and others: Chart figures

Page	Figure	Section	Question	Response options	All deaths/National
47	25	QS – Section 3 - About the care provided to families/others	Q23. I was asked about my needs	Strongly agree	31.98%
				Agree	26.25%
				Neither agree nor disagree	15.12%
				Disagree	12.48%
				Strongly disagree	8.24%
				N/A/not sure	5.92%
				Number of responses	1,554
47	26	QS – Section 3 - About the care provided to families/others	Q24. I was given enough emotional help and support by staff	Strongly agree	34.70%
				Agree	29.95%
				Neither agree nor disagree	16.39%
				Disagree	7.84%
				Strongly disagree	7.52%
				N/A/not sure	3.60%
				Number of responses	1,556
47	27	QS – Section 3 - About the care provided to families/others	Q25. I was given enough practical support, (for example with finding refreshments and parking arrangements)	Strongly agree	32.84%
				Agree	29.18%
				Neither agree nor disagree	14.65%
				Disagree	8.29%
				Strongly disagree	7.58%
				N/A/not sure	7.46%
				Number of responses	1,556
48	28	QS – Section 3 - About the care provided to families/others	Q26. I was given enough spiritual/religious/cultural support	Strongly agree	16.08%
				Agree	16.01%
				Neither agree nor disagree	19.68%
				Disagree	6.50%
				Strongly disagree	5.34%
				N/A/not sure	36.40%
				Number of responses	1,555
48	29	QS – Section 3 - About the care provided to families/others	Q27. I was kept well informed and had enough opportunity to discuss his/her condition and treatment with staff	Strongly agree	36.38%
				Agree	33.16%
				Neither agree nor disagree	8.68%
				Disagree	10.93%
				Strongly disagree	9.00%
				N/A/not sure	1.86%
				Number of responses	1,556
48	30	QS – Section 3 - About the care provided to families/others	Q20. Did staff at the hospital involve you in decisions about his/her care and treatment as much as you wanted in the last two to three days of life?	I was involved as much as I wanted to be	72.37%
				I would have liked to be more involved	18.72%
				I would have liked to be less involved	0.39%
				I was not able to be involved	4.71%
				Not sure	3.81%
				Number of responses	1,549



Appendix 11: Indicators included in the report

5.5 Individualised plan of care: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
52	32	CNR – Individualised end of life care planning	Q3. Is there documented evidence that the patient who was dying had an individualised plan of care addressing their end of life care needs?	Yes	64.32%	71.07%	7.65%
				No	35.68%	28.93%	92.35%
				Number of responses	6,631	5,925	706
52	33	CNR – Individualised end of life care planning	Q4. Is there documented evidence that the patient and their individualised plan of care were reviewed regularly?	Yes	79.58%	79.67%	72.55%
				Patient died before a review was necessary	17.75%	17.63%	27.45%
				No	2.67%	2.70%	0.00%
				Number of responses	4,124	4,073	51
53	34	CNR – Individualised end of life care planning	Q2. Was there documented evidence of the preferred place of death as indicated by the patient?	Yes	27.27%	29.41%	10.36%
				No	72.73%	70.59%	89.64%
				Number of responses	6,587	5,844	743
53	35	CNR – Individualised end of life care planning	Q23. In the period between the recognition that the patient might die and death, were any of the following interventions documented as being reviewed in the patient's plan of care?				
			Routine recording of vital signs	Yes	-	77.26%	-
				No	-	19.97%	-
				N/A	-	2.78%	-
				Number of responses	-	5,909	-
			Other medication	Yes	-	73.12%	-
				No	-	20.94%	-
				N/A	-	5.95%	-
				Number of responses	-	5,870	-
			Routine blood tests	Yes	-	66.73%	-
				No	-	24.69%	-
				N/A	-	8.57%	-
				Number of responses	-	5,892	-
			Administration of antibiotics	Yes	-	62.97%	-
				No	-	14.92%	-
				N/A	-	22.12%	-
				Number of responses	-	5,900	-
			Administration of oxygen	Yes	-	55.12%	-
				No	-	19.07%	-
				N/A	-	25.81%	-
				Number of responses	-	5,900	-
			Blood sugar monitoring	Yes	-	29.65%	-
				No	-	16.83%	-
				N/A	-	53.52%	-
				Number of responses	-	5,906	-
54	36	CNR – Individualised end of life care planning	Q18. Is there documented evidence that the patient's hydration status was assessed daily once the dying phase was recognised?	Yes	-	77.34%	-
				No	-	22.66%	-
				Number of responses	-	5,754	-
54	37	CNR – Individualised end of life care planning	Q22. Is there documented evidence that the patient's nutrition status was reviewed regularly once the dying phase was recognised?	Yes	-	67.52%	-
				No	-	32.48%	-
				Number of responses	-	5,723	-
54	38	CNR – Individualised end of life care planning	Q7. Is there documented evidence of an assessment of the following needs:				
			Pressure areas	Yes	88.30%	90.80%	69.06%
				No	8.49%	7.81%	13.71%
				N/A	3.21%	1.39%	17.23%
				Number of responses	6,668	5,902	766



Appendix 11: Indicators included in the report

5.5 Individualised plan of care: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
54	38	CNR – Individualised end of life care planning	Q7. Is there documented evidence of an assessment of the following needs:				
			Hygiene requirements	Yes	86.06%	88.63%	66.14%
				No	10.45%	9.70%	16.27%
				N/A	3.49%	1.68%	17.59%
				Number of responses	6,670	5,908	762
			Bladder function	Yes	85.09%	87.62%	65.54%
				No	10.93%	10.30%	15.80%
				N/A	3.98%	2.08%	18.67%
				Number of responses	6,678	5,912	766
			Pain	Yes	81.88%	86.28%	47.77%
				No	12.06%	10.35%	25.26%
				N/A	6.06%	3.36%	26.96%
				Number of responses	6,684	5,920	764
			Bowel function	Yes	79.43%	81.66%	62.27%
				No	16.27%	15.82%	19.71%
				N/A	4.30%	2.52%	18.02%
				Number of responses	6,670	5,904	766
			Dyspnoea/breathing difficulty	Yes	77.78%	81.95%	45.63%
				No	14.42%	12.94%	25.81%
				N/A	7.81%	5.11%	28.55%
				Number of responses	6,673	5,906	767
			Agitation/delirium	Yes	73.13%	79.05%	27.26%
				No	17.34%	15.03%	35.26%
				N/A	9.53%	5.92%	37.48%
				Number of responses	6,672	5,909	763
			Mouth care	Yes	73.30%	77.41%	41.42%
				No	21.79%	19.97%	35.91%
				N/A	4.92%	2.62%	22.67%
				Number of responses	6,673	5,910	763
			Anxiety/distress	Yes	70.29%	75.71%	28.35%
				No	19.72%	17.37%	37.93%
				N/A	9.99%	6.92%	33.73%
				Number of responses	6,658	5,896	762
			Noisy breathing/death rattle	Yes	63.97%	70.16%	16.12%
				No	22.50%	20.34%	39.19%
				N/A	13.53%	9.50%	44.69%
				Number of responses	6,667	5,904	763
			Nausea/vomiting	Yes	59.44%	64.18%	22.80%
				No	23.88%	22.27%	36.30%
				N/A	16.68%	13.55%	40.89%
				Number of responses	6,667	5,904	763
			Social/practical needs	Yes	56.93%	59.28%	38.87%
				No	28.70%	27.54%	37.70%
				N/A	14.37%	13.19%	23.43%
				Number of responses	6,640	5,876	764
			Emotional/psychological needs	Yes	53.25%	56.49%	28.27%
				No	32.73%	30.79%	47.64%
				N/A	14.02%	12.71%	24.08%
				Number of responses	6,655	5,891	764



Appendix 11: Indicators included in the report

5.5 Individualised plan of care: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
54	38	CNR – Individualised end of life care planning	Spiritual/religious/cultural needs	Yes	45.09%	49.36%	12.07%
				No	47.97%	45.75%	65.22%
				N/A	6.93%	4.90%	22.70%
				Number of responses	6,664	5,902	762
55	39	QS – Section 2 - About the care provided to the person who died	Q12. I felt that staff at the hospital made a plan for the person's care which took account of his/her individual requirements and wishes	Strongly agree	35.30%	-	-
				Agree	30.88%	-	-
				Neither agree nor disagree	11.15%	-	-
				Disagree	8.01%	-	-
				Strongly disagree	5.77%	-	-
				N/A/not sure	8.90%	-	-
				Number of responses	1,561	-	-
55	40	QS – Section 2 - About the care provided to the person who died	Q15. I felt the person had care for emotional needs (e.g. feeling low, feeling worried, feeling anxious) met by staff	Strongly agree	21.38%	-	-
				Agree	24.22%	-	-
				Neither agree nor disagree	15.89%	-	-
				Disagree	6.27%	-	-
				Strongly disagree	4.97%	-	-
				N/A/not sure	27.26%	-	-
				Number of responses	1,548	-	-
55	41	QS – Section 2 - About the care provided to the person who died	Q10. I felt the person was given sufficient pain relief	Strongly agree	41.58%	-	-
				Agree	31.45%	-	-
				Neither agree nor disagree	8.58%	-	-
				Disagree	4.61%	-	-
				Strongly disagree	4.23%	-	-
				N/A/not sure	9.55%	-	-
				Number of responses	1,561	-	-
55	42	QS – Section 2 - About the care provided to the person who died	Q11. I felt the person had sufficient relief of symptoms other than pain (such as nausea or restlessness)	Strongly agree	34.86%	-	-
				Agree	33.95%	-	-
				Neither agree nor disagree	9.52%	-	-
				Disagree	6.30%	-	-
				Strongly disagree	4.24%	-	-
				N/A/not sure	11.13%	-	-
				Number of responses	1,555	-	-
56	43	QS – Section 2 - About the care provided to the person who died	Q14. I felt the person had support to drink or receive fluid if he/she wished	Strongly agree	28.43%	-	-
				Agree	32.24%	-	-
				Neither agree nor disagree	10.57%	-	-
				Disagree	5.93%	-	-
				Strongly disagree	5.61%	-	-
				N/A/not sure	17.21%	-	-
				Number of responses	1,551	-	-
56	44	QS – Section 2 - About the care provided to the person who died	Q13. I felt the person had support to eat or receive nutrition if he/she wished	Strongly agree	25.79%	-	-
				Agree	30.42%	-	-
				Neither agree nor disagree	9.07%	-	-
				Disagree	6.24%	-	-
				Strongly disagree	6.56%	-	-
				N/A/not sure	21.93%	-	-
				Number of responses	1,555	-	-



Appendix 11: Indicators included in the report

5.5 Individualised plan of care: Chart figures

Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
57	45	CNR – Individualised end of life care planning	Q9. Is there documented evidence that anticipatory medication was prescribed for symptoms likely to occur in the last days of life?	Yes, prescribed & administered	-	68.07%	-
				Yes, prescribed but not used	-	19.70%	-
				No	-	10.67%	-
				N/A	-	1.56%	-
				Number of responses	-	5,913	-
57	46	CNR – Individualised end of life care planning	Q10. Is there documented evidence that an indication for the use of the medication was included within the prescription?	Yes, for all medications prescribed	-	65.74%	-
				Yes, for some medications prescribed	-	14.27%	-
				No	-	20.00%	-
				Number of responses	-	4,956	-
58	47	CNR – Individualised end of life care planning	Q11. Is there documented evidence that a discussion about the use of anticipatory medication was undertaken with the patient?	Yes	-	13.07%	-
				No but reason recorded	-	71.75%	-
				No & no reason recorded	-	15.18%	-
				Number of responses	-	4,987	-
58	48	CNR – Individualised end of life care planning	Q12. Is there documented evidence that a discussion about the use of anticipatory medication was undertaken with the nominated person(s)?	Yes	-	58.82%	-
				No but reason recorded	-	6.14%	-
				No & no reason recorded	-	35.04%	-
				Number of responses	-	4,983	-
58	49	CNR – Individualised end of life care planning	Q15. Is there documented evidence that the patient had a continual infusion of medications, for example via a syringe pump?	Yes	36.97%	40.50%	6.01%
				No	63.03%	59.50%	93.99%
				Number of responses	6,506	5,840	666
59	50	CNR – Individualised end of life care planning	Q16. Is there evidence of a documented discussion with the patient on the need for a syringe pump?	Yes	20.99%	20.81%	33.33%
				No but reason recorded/N/A	69.36%	69.71%	45.46%
				No & no reason recorded	9.65%	9.48%	21.21%
				Number of responses	2,301	2,268	33
59	51	CNR – Individualised end of life care planning	Q17. Is there evidence of a documented discussion with the nominated person on the need for a syringe pump?	Yes	68.81%	68.96%	58.06%
				No but reason recorded/N/A	5.22%	5.20%	6.46%
				No & no reason recorded	25.97%	25.84%	35.48%
				Number of responses	2,299	2,268	31
61	52	QS – Section 2 - About the care provided to the person who died	Q18. In the circumstances, I felt that the hospital was the right place for him/her to die	Strongly agree	48.91%	-	-
				Agree	31.47%	-	-
				Neither agree nor disagree	7.69%	-	-
				Disagree	4.55%	-	-
				Strongly disagree	5.06%	-	-
				N/A/not sure	2.31%	-	-
				Number of responses	1,560	-	-
61	53	QS – Section 2 - About the care provided to the person who died	Q17. I am satisfied that the location within the hospital where he/she died was appropriate	Strongly agree	42.87%	-	-
				Agree	29.95%	-	-
				Neither agree nor disagree	8.16%	-	-
				Disagree	9.00%	-	-
				Strongly disagree	8.61%	-	-
				N/A/not sure	1.41%	-	-
				Number of responses	1,556	-	-
61	54	QS – Section 2 - About the care provided to the person who died	Q16. I felt the person had a suitable environment with adequate peace and privacy	Strongly agree	38.96%	-	-
				Agree	29.91%	-	-
				Neither agree nor disagree	9.76%	-	-
				Disagree	10.53%	-	-
				Strongly disagree	9.24%	-	-
				N/A/not sure	1.60%	-	-
				Number of responses	1,558	-	-



Appendix 11: Indicators included in the report

5.5 Individualised plan of care: Narrative figures

Page	Note	Section	Question	Response options	All deaths /National	Category 1	Category 2
56	2	CNR – Individualised end of life care planning	Q21. Is there documented evidence that the patient was supported to drink as long as they were able and wished to do so?	Yes	-	63.12%	-
				No	-	11.29%	-
				N/A	-	25.59%	-
				Number of responses	-	5,870	-
56	3	CNR – Individualised end of life care planning	Q25. Is there documented evidence that the patient was supported to eat as long as they were able to and wished to do so?	Yes	-	56.93%	-
				No	-	14.20%	-
				N/A	-	28.86%	-
				Number of responses	-	5,893	-
59	4	H/S – Anticipatory prescribing	Does your hospital have guidelines for anticipatory prescribing which specifically requires medication to have individualised indications for use, dosage and route of administration?	Yes	97.50%	-	-
				No	2.50%	-	-
				Number of responses	242	-	-
59	5	H/S – Anticipatory prescribing	Do the hospital guidelines include guidance on anticipatory prescribing for patients transferring from hospital to home or care home to die?	Yes	89.30%	-	-
				No	10.70%	-	-
				Number of responses	242	-	-
62	6	CNR – Individualised end of life care planning & CNR – Recognising the possibility of imminent death	Percentage of patients with no individualised care plan whose time from recognition of dying to death is over a day.	-	44.61%		
				Number of responses	1,650		



Appendix 11: Indicators included in the report

5.6 Families' and others' experience of care: Chart figures					
Page	Figure	Section	Question	Response options	All deaths/National
66	56	QS – Section 2 - About the care provided to the person who died	Q7. I felt that staff looking after the person communicated sensitively with him/her	Strongly agree	46.68%
				Agree	32.46%
				Neither agree nor disagree	8.04%
				Disagree	4.02%
				Strongly disagree	3.44%
				N/A/not sure	5.36%
				Number of responses	1,568
66	57	QS – Section 3 - About the care provided to families/others	Q22. I was communicated to by staff in a sensitive way	Strongly agree	49.97%
				Agree	33.91%
				Neither agree nor disagree	7.36%
				Disagree	4.35%
				Strongly disagree	3.65%
				N/A/not sure	0.77%
				Number of responses	1,563
66	58	QS – Section 2 - About the care provided to the person who died	Q28. Overall, how would you rate the care and support given by the hospital to the person who died during the final admission?	Outstanding	27.63%
				Excellent	34.10%
				Good	17.95%
				Fair	8.53%
				Poor	10.58%
				Not sure	1.22%
				Number of responses	1,560
66	59	QS – Section 3 - About the care provided to families/others	Q29. Overall, how would you rate the care and support given by the hospital to YOU and other close relatives or friends during the person's final admission in hospital?	Outstanding	23.28%
				Excellent	30.60%
				Good	21.17%
				Fair	12.76%
				Poor	11.29%
				Not sure	0.90%
				Number of responses	1,559



Appendix 11: Indicators included in the report

5.7 Workforce/specialist palliative care: Chart figures

Page	Figure	Section	Question	Response options	All deaths/National
69	61	H/S – Specialist Palliative Care workforce	Does your hospital/site have access to a Specialist Palliative Care service?	Yes	98.79%
				No	1.21%
				Number of responses	247
70	62	H/S – Specialist Palliative Care workforce	Is the face to face specialist palliative service (doctor and/or nurse) available 8 hours a day, 7 days a week?	Yes	36.23%
				No	63.77%
				Number of responses	207
70	63	H/S – Specialist Palliative Care workforce	Is the telephone specialist palliative service (doctor and/or nurse) available 24 hours a day, 7 days a week?	Yes	86.28%
				No	13.72%
				Number of responses	226
70	64	H/S – Specialist Palliative Care workforce	Specialist Palliative Care Doctor face-to-face availability	Monday to Friday only	65.04%
				Monday to Saturday only	0.00%
				7 days a week	12.39%
				Other	22.57%
				Number of responses	226
70	65	H/S – Specialist Palliative Care workforce	Specialist Palliative Care Nurse face-to-face availability	Monday to Friday only	37.93%
				Monday to Saturday only	3.45%
				7 days a week	51.29%
				Other	7.33%
				Number of responses	232
70	66	H/S – Specialist Palliative Care workforce	Specialist Palliative Care Doctor telephone availability	Monday to Friday only	5.08%
				Monday to Saturday only	0.00%
				7 days a week	90.68%
				Other	4.24%
				Number of responses	236
70	67	H/S – Specialist Palliative Care workforce	Specialist Palliative Care Nurse telephone availability	Monday to Friday only	18.38%
				Monday to Saturday only	3.42%
				7 days a week	74.79%
				Other	3.42%
				Number of responses	234
71	68	H/S – Specialist Palliative Care workforce	Doctor face to face weekday hours of availability	-	38.53
			Doctor face to face weekend hours of availability	-	5.18
			Doctor face to face weekend hours of availability	-	5.18
			Doctor face to face weekend hours of availability	Number of responses	204
			Doctor telephone weekday hours of availability	-	108.58
			Doctor telephone weekday hours of availability	-	108.58
			Doctor telephone weekday hours of availability	Number of responses	226
			Doctor telephone weekend hours of availability	-	44.15
			Doctor telephone weekend hours of availability	-	44.15
			Doctor telephone weekend hours of availability	Number of responses	227
			Nurse face to face weekday hours of availability	-	43.65
			Nurse face to face weekday hours of availability	-	43.65
			Nurse face to face weekday hours of availability	Number of responses	221
			Nurse face to face weekend hours of availability	-	9.76
			Nurse face to face weekend hours of availability	-	9.76
			Nurse face to face weekend hours of availability	Number of responses	218
			Nurse telephone weekday hours of availability	-	73.71
			Nurse telephone weekday hours of availability	-	73.71
			Nurse telephone weekday hours of availability	Number of responses	226
			Nurse telephone weekend hours of availability	-	27.86
			Nurse telephone weekend hours of availability	-	27.86
			Nurse telephone weekend hours of availability	Number of responses	223



Appendix 11: Indicators included in the report

5.7 Workforce/specialist palliative care: Chart figures

Page	Figure	Section	Question	Response options	All deaths/National
71	69	H/S – Specialist Palliative Care workforce	In the period between 1st April 2018 and 31st March 2019 was the following available:		
				Yes	61.73%
				No	38.27%
				Number of responses	243
				Yes	45.68%
				No	54.32%
				Number of responses	243
				Yes	74.38%
				No	25.62%
				Number of responses	242
				Yes	95.02%
				No	4.98%
				Number of responses	241
71	70	QS – Section 3 - About the care provided to families/others	8. I was confident that staff looking after him/her had the skills to care for someone at the end of their life	Strongly agree	51.00%
				Agree	29.13%
				Neither agree nor disagree	8.04%
				Disagree	5.08%
				Strongly disagree	4.44%
				N/A/ not sure	2.32%
				Number of responses	1555
72	71	QS – Section 3 - About the care provided to families/others	Q9. I felt that there was good coordination between different members of staff	Strongly agree	37.71%
				Agree	33.27%
				Neither agree nor disagree	11.00%
				Disagree	8.37%
				Strongly disagree	7.34%
				N/A/ not sure	2.32%
				Number of responses	1554

5.7 Workforce/specialist palliative care: Narrative figures

Page	Note	Section	Question	Response options	All deaths/National
72	7	H/S – Specialist Palliative Care workforce	Medical staff vacancies in the SPC team (PAs)	-	6.05%
				Number of responses	194
72	8	H/S – Specialist Palliative Care workforce	Nursing staff vacancies in the SPC team (WTE)	-	5.84%
				Number of responses	201
72	9	H/S – Specialist Palliative Care workforce	AHP staff vacancies in the SPC team (WTE)	-	7.79%
				Number of responses	68



Appendix 12: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Steering Group		
Name	Title	Representing
Dr Suzanne Kite	Co-Clinical Lead, NACEL	NACEL
Elizabeth Rees	Co-Clinical Lead, NACEL	NACEL
Dr Anushta Sivananthan	Mental Health Clinical Lead, NACEL	NACEL
Claire Holditch	Director	NHS Benchmarking Network
Debbie Hibbert	Programme Manager	NHS Benchmarking Network
Professor Mike Bennett	St Gemma's Professor of Palliative Medicine, Academic Unit of Palliative Care	University of Leeds
Amanda Cheesley	Professional Lead for End of Life Care	Royal College of Nursing
Gloria Clark	Project Manager	The Patients Association
Dr Joe Cosgrove	Consultant Anaesthetist	Royal College of Anaesthetists/Faculty of Intensive Care Medicine
Dr Sarah Cox	Consultant in Palliative Care	Royal College of Physicians
Andrew Dickman	Pharmacist	Association of Supportive and Palliative Care Pharmacists
Carolyn Doyle	Professional Lead for End of Life Care	Royal College of Nursing
Professor John Ellershaw	Director of the Palliative Care Institute, University of Liverpool	Association for Palliative Medicine
Dr Premila Fade	Consultant Geriatrician	British Geriatrics Society
Sherree Fagge	End of Life Care Lead	NHS England/Improvement
Annette Furley	End of Life Doula/Member of NICE guideline committee	NACEL lay representative
Corrina Grimes	AHP Consultant	Northern Ireland Public Health Agency
Dr Melanie Jefferson	Acting Clinical Lead for End of Life Care	NHS Wales
Dr Di Laverty	Chair	National Nurses Group (Palliative Care)
Giselle Martin-Dominguez	Professional Lead for End of Life Care	Royal College of Nursing
Dr Catherine Millington-Sanders	General Practitioner	Royal College of General Practitioners
Caroline Nicholson	Senior Clinical Lecturer, Supportive and End of Life Care	British Geriatrics Society
Ann Ford	End of Life Lead	Care Quality Commission



Appendix 12: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Steering Group (continued)		
Name	Title	Representing
Tina Strack	Associate Director, Quality & Improvement	Healthcare Quality Improvement Partnership (HQIP)
Kevin Tromans	Chaplain	College of Healthcare Chaplains
Diane Walker	Palliative Care in Partnership Macmillan Programme Manager	Northern Ireland Public Health Agency
Professor Bee Wee	National Clinical Director for End of Life Care	NHS England/Improvement

The National Audit of Care at the End of Life Advisory Group		
Name	Title	Representing
Dr Amit Arora	Consultant Geriatrician	University Hospital of North Midlands
Adrienne Betteley	Specialist Advisor for End of Life Care	Macmillan Cancer Care
Jennifer Beveridge	Analyst, Uptake and Impact	The National Institute for Health and Care Excellence
Professor Adrian Blundell	Consultant and Honorary Associate Professor in the Medicine of Older People	University of Nottingham
Dr David Calvin	Specialist Palliative Care Service Lead	Southern Health and Social Care Trust
Dr Sally Carding	Consultant in Palliative Medicine	Sue Ryder
Dr John Chambers	Consultant in Palliative Medicine	Northampton General Hospital
Leighton Coombs	Senior Programme Analyst, Adoption & Impact	The National Institute for Health and Care Excellence
Becky Cooper	Assistant Director, Palliative Care	Norfolk Community Health and Care NHS Trust
Dr Thomas Cowling	Assistant Professor, Department of Health Services Research and Policy, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine	Royal College of Surgeons
Susan Dewar	District Nurse	Sussex Community NHS Foundation Trust
Vivien Dunne	Project Manager	Healthcare Quality Improvement Partnership (HQIP)
Ray Elder	Strategic Lead Palliative Care	South Eastern Health and Social Care Trust
Carol Gray	Strategic Lead for Palliative and End of Life Care	Torbay and South Devon NHS Foundation Trust
Dr Paul Hopper	Consultant Psychogeriatrician	Central and North West London NHS Foundation Trust

Appendix 12: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Advisory Group (continued)		
Name	Title	Representing
Dr Paul Hopper	Consultant Psychogeriatrician	Central and North West London NHS Foundation Trust
Johanna Kuila	Policy Manager – Education Policy	General Medical Council
Jean Maguire	Macmillan Nurse Team Leader	Belfast Health and Social Care Trust
Dr Cartriona Mayland	Yorkshire Cancer Research (YCR) Senior Clinical Research Fellow	University of Sheffield
Bernie Michaelides	Head of Intermediate Care/Lead Nurse	Western Health and Social Care Trust
Dr Ollie Minton	Macmillan Consultant and Honorary Senior Lecturer in Palliative Medicine	St George's Healthcare NHS Foundation Trust
Dr Paul Perkins	Chief Medical Director	Sue Ryder
John Powell	End of Life Lead	Association of Directors of Adult Social Services (ADASS)
Dr Amy Profitt	Executive Secretary	Association of Palliative Medicine
Charlotte Rock	Regional co-clinical lead for EoLC/Palliative Care for Yorkshire & the Humber/Palliative Care Lead Nurse	Harrogate and District NHS Foundation Trust
Dr Joy Ross	Consultant in Palliative Medicine	St Christopher's Hospice
Lucie Rudd	End of Life Specialist Advisor	Macmillan Cancer Care
Dr Rebekah Schiff	Consultant Geriatrician and General Medicine/Service Lead Ageing and Health	Guys and St Thomas' NHS Foundation Trust
Veronica Snow	Palliative Care Implementation Board - Wales	Powys University Health Board
Lucy Sutton	End of Life Care Lead	Health Education England
Dr Elizabeth Teale	Clinical Senior Lecturer and Consultant in Elderly Care Medicine, Academic Unit of Elderly Care and Rehabilitation, University of Leeds	Bradford Institute for Health Research
Dr Grahame Tosh	Executive Medical Director	Marie Curie Cancer Care
Jessica Watkin	Policy Manager – Standards and Ethics	General Medical Council
Dr Victoria Wheatley	Consultant in Palliative Care	Cwm Taf University Health Board
Dr Carole Walford	Chief Clinical Officer	Hospice UK



Appendix 12: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Audit Team		
Name	Title	Representing
Claire Holditch	Director	NHS Benchmarking Network
Debbie Hibbert	Programme Manager	NHS Benchmarking Network
Jessica Grantham	Technical Project Manager	NHS Benchmarking Network
Jessica Walsh	Project Manager	NHS Benchmarking Network
Joylin Brockett	Assistant Project Manager	NHS Benchmarking Network
Amy Fokinther	Project Coordinator	NHS Benchmarking Network



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Airedale NHS FT	Acute	✓	39	3
Aneurin Bevan University Health Board - Acute Hospitals	Acute	✓	36	-
Aneurin Bevan University Health Board - Community Hospitals	Community	-	12	-
Anglian Community Enterprise	Community	✓	10	-
Ashford and St. Peter's Hospitals NHS FT - Acute	Acute	✓	34	7
Barking, Havering and Redbridge University Hospitals NHS Trust - Acute	Acute	✓	40	37
Barnet, Enfield and Haringey Mental Health NHS Trust - Community	Community	✓	-	-
Barnsley Hospital NHS FT	Acute	✓	43	12
Barts Health NHS Trust - Margaret Centre	Acute	✓	25	-
Barts Health NHS Trust - Newham University Hospital	Acute	✓	21	-
Barts Health NHS Trust - St Bartholomew's Hospital	Acute	✓	13	1
Barts Health NHS Trust - The Royal London Hospital	Acute	✓	27	1
Barts Health NHS Trust - Whipps Cross University Hospital	Acute	✓	22	7
Basildon and Thurrock University Hospitals NHS FT	Acute	✓	40	-
Bedford Hospital NHS Trust	Acute	✓	38	-
Berkshire Healthcare NHS FT - CH Inpatient Wards	Community	✓	17	2
Betsi Cadwaladr University Health Board - Acute Hospitals	Acute	✓	37	31
Betsi Cadwaladr University Health Board - Community Hospitals	Community	✓	33	-
Birmingham Community Healthcare NHS FT	Community	✓	23	1
Blackpool Teaching Hospitals NHS FT	Acute	✓	40	-
Bolton NHS FT	Acute	✓	36	13
Bradford Teaching Hospitals NHS FT - Acute	Acute	✓	40	1
Bradford Teaching Hospitals NHS FT - St Luke's Hospital	Community	✓	11	-
Bradford Teaching Hospitals NHS FT - Westbourne Green	Community	✓	3	-
Bradford Teaching Hospitals NHS FT - Westwood Park	Community	✓	5	-
Brighton and Sussex University Hospitals NHS Trust	Acute	✓	28	5
Buckinghamshire Healthcare NHS Trust	Acute	✓	40	12
Calderdale and Huddersfield NHS FT	Acute	✓	40	28
Cambridge University Hospitals NHS FT	Acute	✓	40	28
Cambridgeshire and Peterborough NHS FT - Trafford ward	Community	✓	6	-
Cambridgeshire and Peterborough NHS FT - Welney ward	Community	✓	-	-
Cardiff and Vale University Health Board	Acute	✓	28	6
Central and North West London NHS FT - St Pancras	Community	✓	-	-
Central and North West London NHS FT - Windsor IC Unit	Community	✓	-	-
Central and North West London NHS FT - Woodlands	Community	✓	-	-
Chelsea and Westminster Hospital NHS FT	Acute	✓	40	13
Chesterfield Royal Hospital NHS FT	Acute	✓	40	2
City Health Care Partnership	Community	✓	2	-
Cornwall Partnership NHS FT	Community	✓	40	-
Countess of Chester Hospital NHS FT	Acute	✓	40	14
County Durham and Darlington NHS FT - Acute Hospitals	Acute	✓	40	37
County Durham and Darlington NHS FT - Community Hospitals	Community	✓	-	-
Croydon Health Services NHS Trust- Croydon University Hospital	Acute	✓	40	13
Cwm Taf Morgannwg University Local Health Board - Acute Hospitals	Acute	✓	40	-
Cwm Taf Morgannwg University Local Health Board - Community Hospitals	Community	✓	40	-
Dartford and Gravesham NHS Trust	Acute	✓	40	-



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Derbyshire Community Health Services NHS FT	Community	✓	17	-
Doncaster and Bassetlaw Teaching Hospitals NHS FT - Bassetlaw	Acute	✓	18	3
Doncaster and Bassetlaw Teaching Hospitals NHS FT - Doncaster	Acute	✓	46	4
Dorset County Hospital NHS FT	Acute	✓	38	5
Dorset HealthCare University NHS FT - Community Hospitals	Community	✓	30	-
East and North Hertfordshire NHS Trust	Acute	✓	40	1
East Cheshire NHS Trust	Acute	✓	35	6
East Kent Hospitals University NHS FT - Kent and Canterbury	Acute	✓	29	7
East Kent Hospitals University NHS FT - QEQM	Acute	✓	40	14
East Kent Hospitals University NHS FT - William Harvey	Acute	✓	40	11
East Lancashire Hospitals NHS Trust	Acute	✓	40	19
East London NHS FT	Community	✓	3	1
East Suffolk and North Essex NHS FT - Community	Community	✓	-	-
East Suffolk and North Essex NHS FT - Colchester Hospital	Acute	✓	39	18
East Suffolk and North Essex NHS FT - Ipswich Hospital	Acute	✓	39	15
East Sussex Healthcare NHS Trust	Acute	✓	40	5
Epsom and St Helier University Hospitals NHS Trust	Acute	✓	40	-
Essex Partnership University NHS FT - WECHS	Community	✓	3	-
First Community Health and Care	Community	✓	2	-
Frimley Health NHS FT	Acute	✓	40	18
Gateshead Health NHS FT	Acute	✓	40	3
George Eliot Hospital NHS Trust	Acute	✓	37	5
Gloucestershire Health and Care NHS FT - Gloucestershire Care Services	Community	✓	23	1
Gloucestershire Hospitals NHS FT	Acute	✓	36	21
Great Western Hospitals NHS FT - Acute	Acute	✓	40	5
Great Western Hospitals NHS FT - SWICC	Community	✓	3	1
Guy's and St Thomas' NHS FT	Acute	✓	40	16
Hampshire Hospitals NHS FT	Acute	✓	40	19
Harrogate and District NHS FT	Acute	✓	20	13
Hertfordshire Community NHS Trust	Community	✓	8	1
Homerton University Hospital NHS FT	Acute	✓	26	3
Hounslow and Richmond Community Healthcare NHS Trust	Community	✓	-	-
Hull University Teaching Hospitals NHS Trust	Acute	✓	40	-
Humber Teaching NHS FT	Community	✓	9	-
Hywel Dda University Health Board	Acute	✓	40	5
Imperial College Healthcare NHS Trust	Acute	✓	40	-
Isle of Wight NHS Trust	Acute	✓	37	4
James Paget University Hospitals NHS FT	Acute	✓	40	26
Kent Community Health NHS FT - East	Community	✓	4	-
Kent Community Health NHS FT - West	Community	✓	1	-
Kettering General Hospital NHS FT	Acute	✓	37	15
King's College Hospital NHS FT - DH	Acute	✓	40	3
King's College Hospital NHS FT - PRUH	Acute	✓	40	3
Kingston Hospital NHS FT	Acute	✓	39	-
Lancashire Care NHS FT	Community	✓	-	-
Lancashire Teaching Hospitals NHS FT	Acute	✓	40	28



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Leeds Teaching Hospitals NHS Trust	Acute	✓	40	46
Leicestershire Partnership NHS Trust	Community	✓	36	5
Lewisham and Greenwich NHS Trust - Queen Elizabeth Hospital Woolwich	Acute	✓	40	2
Lewisham and Greenwich NHS Trust - University Hospital Lewisham	Acute	✓	43	3
Lincolnshire Community Health Services NHS Trust	Community	✓	33	2
Liverpool Heart and Chest NHS FT	Acute	✓	14	-
Liverpool University Hospitals NHS FT - Aintree University Hospital	Acute	✓	40	25
Liverpool University Hospitals NHS FT - Royal Liverpool and Broadgreen	Acute	✓	40	16
Livewell Southwest	Community	✓	-	-
London North West University Healthcare NHS Trust	Acute	✓	40	-
Luton and Dunstable University Hospital NHS FT	Acute	✓	40	-
Maidstone and Tunbridge Wells NHS Trust	Acute	✓	40	20
Manchester University NHS FT - Oxford Road	Acute	✓	24	8
Manchester University NHS FT - Southmoor Road	Acute	✓	40	-
Medway NHS FT	Acute	✓	40	-
Mersey Care NHS FT - Community Health	Community	✓	-	-
Mid Cheshire Hospitals NHS FT	Acute	✓	38	20
Mid Essex Hospital Services NHS Trust	Acute	✓	38	27
Midlands Partnership NHS FT	Community	✓	4	-
Milton Keynes University Hospital NHS FT	Acute	✓	40	6
Norfolk and Norwich University Hospitals NHS FT	Acute	✓	40	-
Norfolk Community Health and Care NHS Trust	Community	✓	15	-
North Bristol NHS Trust	Acute	✓	40	40
North Middlesex University Hospital NHS Trust	Acute	✓	40	3
North Tees and Hartlepool NHS FT	Acute	✓	40	12
North West Anglia NHS FT - Hinchingsbrooke Hospital	Acute	✓	40	12
North West Anglia NHS FT - Peterborough City Hospital	Acute	✓	40	19
Northampton General Hospital NHS Trust	Acute	✓	40	10
Northamptonshire Healthcare NHS FT	Community	✓	12	2
Northern Devon Healthcare NHS Trust	Acute	✓	35	8
Northern Lincolnshire and Goole NHS FT	Acute	✓	37	-
Northumbria Healthcare NHS FT - Community Hospitals	Community	✓	12	-
Northumbria Healthcare NHS FT - Hexham General Hospital	Acute	✓	10	-
Northumbria Healthcare NHS FT - North Tyneside General Hospital	Acute	✓	33	-
Northumbria Healthcare NHS FT - Northumbria Specialist EC Hospital	Acute	✓	65	-
Northumbria Healthcare NHS FT - Wansbeck General Hospital	Acute	✓	39	-
Nottingham CityCare Partnership	Community	✓	1	-
Nottingham University Hospitals NHS Trust	Acute	✓	40	24
Nottinghamshire Healthcare NHS FT - LPGHS	Community	✓	-	-
Oxford Health NHS FT	Community	✓	14	-
Oxford University Hospitals NHS FT - Churchill NOC Hospital	Acute	✓	37	-
Oxford University Hospitals NHS FT - Horton	Acute	✓	15	-
Oxford University Hospitals NHS FT - John Radcliffe	Acute	✓	40	-
Pennine Acute Hospitals NHS Trust - FGH	Acute	✓	34	8
Pennine Acute Hospitals NHS Trust - NMGH	Acute	✓	30	-
Pennine Acute Hospitals NHS Trust - TROH	Acute	✓	31	3



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Poole Hospital NHS FT	Acute	✓	39	23
Portsmouth Hospitals NHS Trust	Acute	✓	38	3
Powys Teaching Health Board	Community	✓	20	-
Queen Victoria Hospital NHS FT	Acute	✓	-	-
Rotherham Doncaster and South Humber NHS FT	Community	✓	-	-
Royal Berkshire NHS FT	Acute	✓	40	7
Royal Brompton and Harefield NHS FT	Acute	✓	19	6
Royal Cornwall Hospitals NHS Trust	Acute	✓	40	16
Royal Devon and Exeter NHS FT - Acute	Acute	✓	40	39
Royal Devon and Exeter NHS FT - Community	Community	✓	9	1
Royal Free London NHS FT - Barnet Hospital	Acute	✓	-	4
Royal Free London NHS FT - Royal Free Hospital	Acute	✓	-	7
Royal Papworth Hospital NHS FT	Acute	✓	8	3
Royal Surrey County Hospital NHS FT	Acute	✓	40	10
Royal United Hospitals Bath NHS FT	Acute	✓	40	-
Salford Royal NHS FT	Acute	✓	40	3
Salisbury NHS FT	Acute	✓	38	11
Sandwell and West Birmingham Hospitals NHS Trust - City Hospital	Acute	✓	35	6
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell Hospital	Acute	✓	40	8
Sheffield Teaching Hospitals NHS FT	Acute	✓	40	51
Sherwood Forest Hospitals NHS FT	Acute	✓	40	-
Shropshire Community Health NHS Trust	Community	✓	16	-
Solent NHS Trust	Community	✓	14	-
Somerset Partnership NHS FT	Community	✓	30	1
South Tees Hospitals NHS FT - East Cleveland Primary Care Hospital	Community	✓	3	-
South Tees Hospitals NHS FT - Redcar Primary Care Hospital	Community	✓	6	-
South Tees Hospitals NHS FT - The Friarage Hospital Northallerton	Acute	✓	9	-
South Tees Hospitals NHS FT - The James Cook University Hospital	Acute	✓	40	-
South Tees Hospitals NHS FT - The Rutson Unit	Community	✓	2	-
South Tyneside and Sunderland NHS FT - South Tyneside District Hospital	Acute	✓	38	-
South Tyneside and Sunderland NHS FT - Sunderland Royal Hospital	Acute	✓	40	-
South Warwickshire NHS FT	Acute	✓	36	5
South West Yorkshire Partnership NHS FT - Barnsley	Community	✓	-	-
Southend University Hospital NHS FT	Acute	✓	40	-
Southern Health NHS FT - Community sites	Community	✓	26	3
Southport and Ormskirk Hospital NHS Trust	Acute	✓	40	12
St George's University Hospitals NHS FT	Acute	✓	38	-
St Helens and Knowsley Teaching Hospitals NHS Trust	Acute	✓	40	23
Stockport NHS FT	Acute	✓	40	-
Surrey and Sussex Healthcare NHS Trust	Acute	✓	40	25
Sussex Community NHS FT - Arundel & District Hospital	Community	✓	1	-
Sussex Community NHS FT - Bognor Regis War Memorial Hospital	Community	✓	1	-
Sussex Community NHS FT - Crawley Hospital	Community	✓	4	-
Sussex Community NHS FT - Crowborough War Memorial Hospital	Community	✓	-	-
Sussex Community NHS FT - Horsham Hospital	Community	✓	5	-
Sussex Community NHS FT - Lewes Victoria Hospital	Community	✓	3	-



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Sussex Community NHS FT - Salvington Lodge	Community	✓	-	-
Sussex Community NHS FT - The Kleinwort Centre	Community	✓	-	-
Sussex Community NHS FT - Uckfield Community Hospital	Community	✓	1	-
Sussex Community NHS FT - Zachary Merton Hospital	Community	✓	1	-
Swansea Bay University Health Board	Acute	✓	40	23
Tameside and Glossop Integrated Care NHS FT	Acute	✓	40	3
Tarporley War Memorial Hospital	Community	✓	3	-
Taunton and Somerset NHS FT	Acute	✓	40	23
The Christie NHS FT	Acute	✓	23	5
The Clatterbridge Cancer Centre NHS FT - HO	Acute	✓	2	-
The Clatterbridge Cancer Centre NHS FT - Wirral	Acute	✓	9	2
The Dudley Group NHS FT	Acute	✓	40	-
The Hillingdon Hospitals NHS FT	Acute	✓	37	20
The Mid Yorkshire Hospitals NHS Trust	Acute	✓	40	6
The Newcastle upon Tyne Hospitals NHS FT	Acute	✓	40	25
The Princess Alexandra Hospital NHS Trust	Acute	✓	39	5
The Queen Elizabeth Hospital King's Lynn NHS FT	Acute	✓	34	-
The Rotherham NHS FT	Acute	✓	40	-
The Royal Bournemouth and Christchurch Hospitals NHS FT - Bournemouth	Acute	✓	40	-
The Royal Marsden NHS FT	Acute	✓	16	6
The Royal Wolverhampton NHS Trust	Acute	✓	40	33
The Shrewsbury and Telford Hospital NHS Trust - Princess Royal Hospital	Acute	✓	38	-
The Shrewsbury and Telford Hospital NHS Trust - Royal Shrewsbury Hospital	Acute	✓	40	-
The Walton Centre NHS FT	Acute	✓	6	2
Torbay and South Devon NHS FT - Acute	Acute	✓	40	7
Torbay and South Devon NHS FT - Community	Community	✓	13	-
United Lincolnshire Hospitals - Boston Site	Acute	✓	40	-
United Lincolnshire Hospitals - Grantham Site	Acute	✓	6	-
United Lincolnshire Hospitals - Lincoln Site	Acute	✓	40	-
University College London Hospitals NHS FT	Acute	✓	-	-
University Hospitals Birmingham NHS FT - Good Hope Hospital	Acute	✓	10	-
University Hospitals Birmingham NHS FT - Heartlands Hospital	Acute	✓	11	-
University Hospitals Birmingham NHS FT - Queen Elizabeth	Acute	✓	14	-
University Hospitals Birmingham NHS FT - Solihull Hospital	Acute	✓	3	-
University Hospitals Coventry and Warwickshire NHS Trust	Acute	✓	40	9
University Hospitals of Derby and Burton NHS FT - Burton campus	Acute	✓	38	-
University Hospitals of Derby and Burton NHS FT - Derby campus	Acute	✓	40	11
University Hospitals of Leicester NHS Trust - Glenfield Hospital	Acute	✓	30	10
University Hospitals of Leicester NHS Trust - Leicester General Hospital	Acute	✓	13	1
University Hospitals of Leicester NHS Trust - Leicester Royal Infirmary	Acute	✓	38	24
University Hospitals of Morecambe Bay NHS FT - Acute	Acute	✓	39	26
University Hospitals of Morecambe Bay NHS FT - South Cumbria CH	Community	✓	14	-
University Hospitals of North Midlands NHS Trust	Acute	✓	40	30
University Hospitals Plymouth NHS Trust	Acute	✓	39	-
University Hospital Southampton NHS FT - Southampton General Hospital	Acute	✓	40	28



Appendix 13: Audit participation

Organisation and submission name	Peer group	Site	CNR	Survey
Velindre NHS Trust	Community	✓	-	-
Walsall Healthcare NHS Trust	Acute	✓	39	6
Warrington and Halton Teaching Hospitals NHS FT	Acute	✓	40	6
West Hertfordshire Hospitals NHS Trust	Acute	✓	40	37
West Suffolk NHS FT	Acute	✓	40	-
Western Sussex Hospitals NHS FT	Acute	✓	40	-
Weston Area Health NHS Trust	Acute	✓	30	6
Whittington Health NHS Trust	Acute	✓	33	9
Wiltshire Health and Care	Community	✓	10	2
Wirral University Teaching Hospital NHS FT	Acute	✓	40	6
Worcestershire Acute Hospitals NHS Trust	Acute	✓	40	4
Worcestershire Health and Care NHS Trust	Community	✓	38	4
Wrightington, Wigan and Leigh NHS FT	Acute	✓	41	2
Wye Valley NHS Trust - Hereford County Hospital	Acute	✓	38	13
Yeovil Hospital NHS FT	Acute	✓	40	17
York Teaching Hospital NHS FT - Scarborough Hospital	Acute	✓	40	3
York Teaching Hospital NHS FT - Selby War Memorial Community Hospital	Community	✓	4	-
York Teaching Hospital NHS FT - St Monica Community Hospital	Community	✓	4	-
York Teaching Hospital NHS FT - York Hospital	Acute	✓	40	6



Appendix 14: Management of outliers analysis

The second round of NACEL (2019) identified three submissions as outliers with ‘alert status’ under the NACEL Management of Outliers Policy (2019). This refers to a submission’s position being two standard deviations away from the mean. All alert submissions have been contacted in line with the policy. Assurance has been provided to NACEL, by outlier submissions, that the appropriate action will be taken to improve practice around the outlying area.

University Hospitals of Derby and Burton NHS Foundation Trust UHDB Burton Campus is identified as an outlier with ‘alarm’ status. An ‘alarm’ outlier is identified as being positioned three standard deviations from the mean. The table below, details the outlier analysis for University Hospital of Derby and Burton NHS Foundation Trust, UHDB Burton campus.

Confirmation that a local review will be undertaken with independent assurance of the validity has been provided by the ‘alarm’ submission.

Round 2 NACEL Management of Outliers analysis	
University Hospital of Derby and Burton NHS Foundation Trust, UHDB -Burton campus	
Management of outlier metric:	Patient demographics. 2. There are two categories of deaths for patients included in the audit. Indicate whether for this patient: -Category 1: It was recognised that the patient may die -Category 2: The patient was not expected to die
Peer group:	Acute provider, England and Wales
Sample mean:	88.0%
2 standard deviations (min limit):	72.0%
3 standard deviations (min limit):	64.0%
UHDB –Burton campus submission average:	61.0%
UHDB –Burton campus number of responses:	38
Outlier status:	Alarm



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