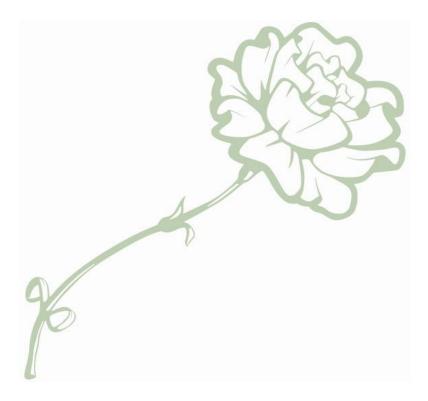
National Audit of Care at the End of Life

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 place 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
НВ	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 Five priorities for care of the dying person as set out in One Chance To Get It Right.
'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'	 Deaths which were sudden and unexpected; this included, but was not limited to, the following: 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





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.





	CDP	CFO	NFO	IPC	EOC	W
Organisation and submission name (Acute submissions)	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



	CDP	CFO	NFO	IPC	EOC	w
Organisation and submission name (Acute submissions)	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 - Hinchingbrooke 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



	CDP	CFO	NFO	IPC	EOC	w
Organisation and submission name (Acute submissions)	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



Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	w
Organisation and submission name (Acute submissions)	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



Organisation and submission name (Acute submissions)	CDP	CFO	NFO	IPC	EOC	w
Organisation and submission name (Acute submissions)	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
Organisation and submission name (Community submissions)	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





Table Sector Call Sector <thcall sector<="" th=""> <thcall sector<="" th=""></thcall></thcall>	Oversistion and submission name (Community submissions)		CFO	NFO	IPC	EOC	W
Livewell Southwest - - - - - 6.9 Miersey Care NHS Foundation Trust - community Health - - - 6.9 Midlands Partnership NHS Foundation Trust 7.1 5.7 - 7.5 9.4 Northacommunity Health and Care NHS Foundation Trust 9.8 7.5 - 9.5 - 10 Northamptonshire Healthcare NHS Foundation Trust - Community Hospitals 7.8 7.7 - 8.3 - </th <th>Organisation and submission name (Community submissions)</th> <th>7.8</th> <th>6.9</th> <th>6.0</th> <th>7.2</th> <th>7.0</th> <th>7.4</th>	Organisation and submission name (Community submissions)	7.8	6.9	6.0	7.2	7.0	7.4
Mersey Care NHS Foundation Trust - Community Health - - - - - - - - - - 9.4 Midlands Partnership NHS Foundation Trust 7.1 5.75 - 9.5 - 10 Northamptonshire Healthcare NHS Foundation Trust - Community Hospitals 7.8 7.7 - 8.3 - - Nottingham CityCare Partnership -<	Lincolnshire Community Health Services NHS Trust	5.9	6.1	-	9.1	-	6.9
Midlands Partnership NHS Foundation Trust - - - - - - 9.4 Norfolk Community Health and Care NHS Trust 7.1 5.7 - 7.5 - 6.3 Northumbria Healthcare NHS Foundation Trust - Community Hospitals 7.8 7.7 - 8.3 - - Nottingham CityCare Partnership - <t< td=""><td>Livewell Southwest</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>6.9</td></t<>	Livewell Southwest	-	-	-	-	-	6.9
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Northumbria Healthcare NHS Foundation Trust - Community Hospitals7.87.7-8.3-1Nottingham CityCare Partnership	Norfolk Community Health and Care NHS Trust	7.1	5.7	-	7.5	-	6.3
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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 Exter 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 6.6 7.9 6.3 South Tees Hospitals NHS Foundation Trust - East Cleveland Primary Care Hospital 3.3 3.3 4.1 5.6 South Tees Hospitals NHS Foundation Trust - Redcar Primary Care Hospital 6.3 5.0 South West Yorkshire Partnership NHS Foundation Trust - Remsley 6.3 5.6 Sussex Community NHS Foundation Trust - Combunity Sites 7.6 6.4 8.6 Sussex Community NHS Foundation Trust - Crawley Hospital <		-	-	-	-	_	_
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16

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.





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.





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





5.4 Needs of families and others (Source: Quality Survey)							
		Scoring					
Section	Question	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	l 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:			2	0		



5.5 Individualised plan of car	5.5 Individualised plan of care (Source: Case Note Review)				
			Scoring		
Section	Question	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	
	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	
Individualised end of life	anxiety/distress	0.25	0.25	0	
care planning - The patient	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	
	Was the benefit of starting, stopping or continuing the following interventions documented as being reviewed in the patient's plan of care?				
Individualised end of life	routine recording of vital signs	0.25	0.25	0	
care planning - The patient	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		



5.6 Experience of care (Source: Quality Survey)							
			Scoring				
Section	Question	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:			1	6		

5.7 Workforce/specialist palliative care (Source: Hospital/site overview)				
Section	Question	Scoring		
Section	Question	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	
	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	
Staff training for all hospital/ site staff	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	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%





5.1	1 Recognising the possibility of imminent death: Chart figures						
Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
			Q2. There are two categories of deaths	Category 1	88.20%	-	-
30	20 1	CNR – Patient demographics	for patients included in the audit.	Category 2	11.80%	-	-
		demographics	Indicate whether for this patient:	Number of responses	6,730	-	-
				1 day	-	36.40%	-
				2 days	-	17.80%	-
				3 days	-	10.72%	-
				4 days	-	8.10%	-
				5 days	-	5.76%	-
				6 days	-	4.20%	-
			Time from recognition of dying to death	7 days	-	3.60%	-
31	2	CNR – Recognising the possibility of	(mean) Q3. + Q4. Date and time of recognition of dying & Q5. + Q6. Date	8 days	-	2.39%	-
51	2	imminent death	and time of death (days)	9 days	-	1.99%	-
				10 days	-	1.66%	-
				11 days	-	1.11%	-
				12 days	-	0.85%	-
			13	13 days	-	0.80%	-
				14 days	-	0.48%	-
				14 + days	-	4.15%	-
				Number of responses	-	5,781	-
				0 - 4 hours	-	27.99%	-
		CNR – Recognising the possibility of		4 - 8 hours	-	19.53%	-
			Time from recognition of dying to death (mean) Q3. + Q4. Date and time of	8 - 12 hours	-	16.06%	-
31	3		recognition of dying & Q5. + Q6. Date	12 - 16 hours	-	14.88%	-
			and time of death (hours – up to 24)	16 - 20 hours	-	10.74%	-
				20 - 24 hours	-	10.79%	-
				Number of responses	-	2,104	-
		CNR – Recognising	Time from recognition of dying to death	-	-	84.71	-
31	4	the possibility of imminent death	(mean)	Number of responses	-	5,781	-
				1 day	-	21.13%	-
				2 days	-	8.72%	-
				3 days	-	7.09%	-
				4 days	-	5.20%	-
				5 days	-	5.04%	-
				6 days	-	3.97%	-
			Time from admission to recognition of	7 days	-	3.36%	-
22	F	CNR – Recognising	dying (mean) Q1. + Q2. Date and time	8 days	-	3.55%	-
32	5		of the final admission & Q3. + Q4. Date	9 days	-	3.33%	-
		initial death	and time of recognition of dying	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	-



5.1	5.1 Recognising the possibility of imminent death: Chart figures						
Page	Figure	Section	Question	Response options	All deaths /National	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%
	CNR – Recognising 32 6/7 the possibility of imminent death	21 - 30 days	10.63%	11.06%	7.35%		
		Time from admission to death profile	31 - 40 days	5.37%	5.61%	3.61%	
22		\sim \sim (mean) ()1 + ()7 ()ate and time of the 41 - 50 ()dVS	41 - 50 days	2.95%	3.12%	1.68%	
52			51 - 60 days	1.27%	1.36%	0.64%	
			time of death	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	.1 Recognising the possibility of imminent death: Narrative figures									
Page	Note	Section	Question	Response options	All deaths /National	Category 1	Category 2			
		imminent death	Time from recognition of dying to death (median) Q3. + Q4. Date and time of	-	-	41.05	-			
30	T		recognition of duing 8.05 ± 06 Date	Number of responses	-	5,781	-			





5.2	5.2 Communication with the dying person: Chart figures							
Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2	
				Yes	-	27.17%	-	
35	9	0 0	Q7. Is there documented evidence that the possibility that the patient may die	No but reason recorded	-	61.85%	-	
55		imminent death	had been discussed with the patient?	No and no reason recorded	-	10.98%	-	
				Number of responses	-	5,922	-	
		CNR –	OF is there desumented evidence that	Yes	24.64%	24.48%	38.00%	
36	10	Individualised end	Q5. Is there documented evidence that the patient was involved in discussing	No but reason recorded	69.18%	69.41%	50.00%	
50	10	of life care	the individualised plan of care?	No and no reason recorded	6.18%	6.11%	12.00%	
		planning		Number of responses	4,127	4,077	50	
		CNR –	Q13. Is there documented evidence	Yes	4.67%	5.07%	1.31%	
36	11	Individualised end	that the possibility of drowsiness, if likely, as a result of prescribed	No but reason recorded/N/A	70.00%	69.00%	78.52%	
50	11	nianning	medications, was discussed with the	No and no reason recorded	25.33%	25.93%	20.17%	
				Number of responses	6,589	5,900	689	
	12	CNR – Individualised end of life care planning	that a discussion about the risks and benefits of hydration options was undertaken with the patient once the	Yes	-	9.67%	-	
				No but reason recorded/N/A	-	70.18%	-	
37				No and no reason recorded	-	20.15%	-	
				Number of responses	-	5,895	-	
		CNR – Individualised end of life care planning	that a discussion about the risks and benefits of nutrition options was	Yes	-	8.37%	-	
				No but reason recorded/N/A	-	70.05%	-	
37	13			No and no reason recorded	-	21.58%	-	
			undertaken with the patient once the dying phase was recognised?	Number of responses	-	5,900	-	
				Yes	36.53%	-	-	
				No, could have been told	5.59%	-	-	
				No, died suddenly/unexpectedly	9.02%	-	-	
38	14	QS – Section 2 - About the care	Q6. Did a member of staff at the hospital explain to the person that	No, too unwell or unable to understand	27.19%	-	-	
		provided to the person who died	erson who died days?	No, person did not want to know	2.03%	-	-	
				No, other	8.20%	-	-	
				Don't know	11.44%	-	-	
				Number of responses	1,574	-	-	





5.3 (.3 Communication with families and others: Chart figures						
Page	Figure	Section	Question	Response options	All deaths /National	Category 1	Category 2
			Q8. Is there documented evidence that	Yes	-	94.56%	-
41	16	CNR – Recognising the possibility of	the possibility that the patient may die	No but reason recorded	-	2.30%	-
41	10	imminent death	had been discussed with the nominated	No and no reason recorded	-	3.14%	-
			person(s)?	Number of responses	-	5,921	-
				Yes	-	65.60%	-
42	17	the possibility of	Q9. Is there documented evidence that the nominated person(s) were notified	No but reason recorded	-	23.09%	-
42	17	imminent death	that the patient was about to die?	No and no reason recorded	-	11.32%	-
			· · · · · · · · · · · · · · · · · · ·	Number of responses	-	5,912	-
		CNR –	Q6. Is there documented evidence that	Yes	89.90%	89.95%	77.55%
42	18		the nominated person(s) was involved	No but reason recorded	3.12%	3.21%	4.08%
72	10	of life care	in discussing an individualised plan of	No and no reason recorded	6.98%	6.84%	18.37%
		planning	care for the patient?	Number of responses	4,127	4,078	49
		CNR –	Q14. Is there documented evidence	Yes	14.55%	15.93%	2.74%
40	40	Individualised end of life care planning	lividualised end life care medications, was discussed with the	No but reason recorded/N/A	25.57%	20.60%	67.87%
43	19			No and no reason recorded	59.88%	63.47%	29.39%
				Number of responses	6,593	5,899	694
		20 CNR – Individualised end of life care planning	d end benefits of hydration options was undertaken with the nominated	Yes	-	34.78%	-
	~~			No but reason recorded/N/A	-	15.84%	-
43	20			No and no reason recorded	-	49.37%	-
				Number of responses	-	5,882	-
		CNR –	Q24. Is there documented evidence	Yes	-	28.29%	-
		Individualised end of life care	benefits of nutrition options was	No but reason recorded/N/A	-	19.07%	-
43	21			No and no reason recorded	-	52.64%	-
		planning	undertaken with the nominated person(s)?	Number of responses	-	5,899	-
				Yes, clearly	63.75%	-	-
				Yes, but not clearly	7.58%	-	-
		QS – Section 2 -	010 Did a manufact of staff at the	Yes, but only when asked	5.27%	-	-
44	22	About the care	Q19. Did a member of staff at the hospital explain to you that the person	No, but could have been told	8.68%	-	-
44	22	provided to the person who died	was likely to die in the next few days?	No, died suddenly/unexpectedly	11.70%	-	-
				Not sure	3.02%	-	-
				Number of responses	1,556	-	-
		QS – Section 2 -		Yes	64.89%	-	-
	22	About the care	Q21. Were you given the name of the	No	20.92%	-	-
44	23	provided to the	vided to the senior doctor and/or nurse responsible	Not sure	14.18%	-	-
		person who died		Number of responses	1,558	-	-





5.4	Veed	ls of families a	nd others: Chart figures		
Page	Figure	Section	Question	Response options	All deaths/National
				Strongly agree	31.98%
				Agree	26.25%
		QS – Section 3 -		Neither agree nor disagree	15.12%
47	25	About the care	Q23. I was asked about my needs	Disagree	12.48%
		provided to families/others		Strongly disagree	8.24%
		iannie 37 otner 3		N/A/not sure	5.92%
				Number of responses	1,554
				Strongly agree	34.70%
				Agree	29.95%
		QS – Section 3 -		Neither agree nor disagree	16.39%
47	26	About the care	Q24. I was given enough emotional	Disagree	7.84%
		provided to families/others	help and support by staff	Strongly disagree	7.52%
		lannies/others		N/A/not sure	3.60%
				Number of responses	1,556
				Strongly agree	32.84%
				Agree	29.18%
			Q25. I was given enough practical support, (for example with finding refreshments and parking arrangements) Q26. I was given enough spiritual/religious/cultural support	Neither agree nor disagree	14.65%
47	27			Disagree	8.29%
				Strongly disagree	7.58%
				N/A/not sure	7.46%
				Number of responses	1,556
				Strongly agree	16.08%
		QS – Section 3 - About the care provided to families/others		Agree	16.01%
				Neither agree nor disagree	19.68%
48	28			Disagree	6.50%
				Strongly disagree	5.34%
				N/A/not sure	36.40%
				Number of responses	1,555
				Strongly agree	36.38%
				Agree	33.16%
		QS – Section 3 -	Q27. I was kept well informed and had	Neither agree nor disagree	8.68%
48	29	About the care	enough opportunity to discuss his/her	Disagree	10.93%
		provided to families/others	condition and treatment with staff	Strongly disagree	9.00%
		iannie 37 otner 3		N/A/not sure	1.86%
				Number of responses	1,556
				I was involved as much as I	72.37%
				wanted to be	12.3170
		QS – Section 3 -	Q20. Did staff at the hospital involve	I would have liked to be more involved	18.72%
48	30	About the care provided to	e care you in decisions about his/her care and to treatment as much as you wanted in	I would have liked to be less	0.39%
		families/others		involved I was not able to be involved	4.71%
		iannies, others		Not sure	
				Not sure Number of responses	3.81% 1,549
				Number of responses	1,549



Page Factor Question Response options All destin (equery) Category (equery) 32 and individualised of an of are addressing planning planning O.8. Is there documented evidence that the patient who was whing had an individualised of the ord of life care planning Name of responses 6.631 5.925 705 33 GNA - individualised of the ord of life care nerviewed regulariy? Name of responses 79.58% 79.67% 72.557 34 GNA - individualised of an of care addressing planning O.4. Is there documented evidence that the patient and their individualised in a was necessary. Name of responses 17.75% 17.63% 27.45% 33 GNA - individualised of a reture reviewed regulariy? Name of responses 6.547 5.844 4.073 5.1 34 GNA - individualised of a reture of cure reviewed regulariy? Name of responses 6.547 5.844 743 53 35 GNA - individualised of a reviewed in the patient might die and desth, were reary of the reviewed in the patient might die and desth, were reviewed in the patient might die and desth, were reviewed in the patient of the reviewed in the patient might die and desth, were reviewed in the patient of where responses 5.570 . 710 CMA - individualised	5.5	Indiv	idualised plan	of care: Chart figures														
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1 1						-	5,900	-										
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N/A 2 210/ 1 200/ 17 220	54	38		Prossure props	No	8.49%	7.81%	13.71%										
			planning	riessule dieds	N/A	3.21%	1.39%	17.23%										
Number of responses 6,668 5,902 766					Number of responses	6,668	5,902	766										



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			of care: Chart figures				
Page	Figure	Section	Question	Response options	All deaths	Category	Category
			Q7. Is there documented evidence of		/National	1	2
			Q7. Is there documented evidence of	Yes	86.06%	88.63%	66.14%
				No	10.45%	9.70%	16.27%
			Hygiene requirements	N/A			
					3.49%	1.68%	17.59%
				Number of responses	6,670	5,908	762
				Yes	85.09%	87.62%	65.54%
			Bladder function	No	10.93%	10.30%	15.80%
				N/A	3.98%	2.08%	18.67%
				Number of responses	6,678	5,912	766
				Yes	81.88%	86.28%	47.77%
			Pain	No	12.06%	10.35%	25.26%
				N/A	6.06%	3.36%	26.96%
				Number of responses	6,684	5,920	764
				Yes	79.43%	81.66%	62.27%
			Bowel function	No	16.27%	15.82%	19.71%
			Dowellanetton	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%
		CNR – Individualised end of life care planning		No	17.34%	15.03%	35.26%
				N/A	9.53%	5.92%	37.48%
54	38			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
				Yes	70.29%	75.71%	28.35%
				No	19.72%	17.37%	37.93%
			Anxiety/distress	N/A	9.99%	6.92%	33.73%
				Number of responses	6,658	5,896	762
				Yes	63.97%	70.16%	16.12%
				No	22.50%	20.34%	39.19%
			Noisy breathing/death rattle	N/A	13.53%	9.50%	44.69%
				Number of responses	6,667	5,904	763
				Yes	59.44%	64.18%	22.80%
			Nausea/vomiting	No	23.88%	22.27%	36.30%
				N/A	16.68%	13.55%	40.89%
				Number of responses	6,667	5,904	763
				Yes	56.93%	59.28%	38.87%
			Social/practical needs	No	28.70%	27.54%	37.70%
				N/A	14.37%	13.19%	23.43%
				Number of responses	6,640	5,876	764
				Yes	53.25%	56.49%	28.27%
			Emotional/psychological needs	No	32.73%	30.79%	47.64%
			entotional/psychological needs	N/A	14.02%	12.71%	24.08%
				Number of responses	6,655	5,891	764



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5.5	Individualised plan of care: Chart figures						
Page	Figure	Section	Question	Response options	All deaths	Category	Category
uge	inguic	Section	Question		/National	1	2
		CNR –		Yes	45.09%	49.36%	12.07%
54	38	Individualised end	Spiritual/religious/cultural needs	No	47.97%	45.75%	65.22%
		of life care		N/A	6.93%	4.90%	22.70%
		planning		Number of responses	6,664	5,902	762
				Strongly agree	35.30%	-	-
		Of faction 2	012. I falt that staff at the base ital	Agree	30.88%	-	-
		QS – Section 2 - About the care	Q12. I felt that staff at the hospital made a plan for the person's care which	Neither agree nor disagree	11.15%	-	-
55	39	provided to the	took account of his/her individual	Disagree	8.01%	-	-
		, person who died	requirements and wishes	Strongly disagree	5.77%	-	-
				N/A/not sure	8.90%	-	-
				Number of responses	1,561	-	-
				Strongly agree	21.38%	-	-
				Agree	24.22%	-	-
		QS – Section 2 -	Q15. I felt the person had care for	Neither agree nor disagree	15.89%	-	-
55	40	About the care provided to the	emotional needs (e.g. feeling low, feeling worried, feeling anxious) met by	Disagree	6.27%	-	-
		person who died	staff	Strongly disagree	4.97%	-	-
				N/A/not sure	27.26%	-	-
				Number of responses	1,548	-	-
			- Section 2 - ut the care Q10. I felt the person was given vided to the sufficient pain relief son who died	Strongly agree	41.58%	-	-
				Agree	31.45%	-	-
				Neither agree nor disagree	8.58%	-	-
55	41			Disagree	4.61%	-	-
				Strongly disagree	4.23%	-	-
				N/A/not sure	9.55%	-	-
				Number of responses	1,561	-	-
				Strongly agree	34.86%	-	-
			Q11. I felt the person had sufficient relief of symptoms other than pain (such as nausea or restlessness)	Agree	33.95%	-	-
		QS – Section 2 -		Neither agree nor disagree	9.52%	-	-
55	42	About the care		Disagree	6.30%	-	-
		provided to the person who died		Strongly disagree	4.24%	-	-
		person who died		N/A/not sure	11.13%	-	-
				Number of responses	1,555	-	-
				Strongly agree	28.43%	-	-
				Agree	32.24%	-	-
		QS – Section 2 -		Neither agree nor disagree	10.57%	_	-
56	43	About the care	Q14. I felt the person had support to	Disagree	5.93%	_	-
		provided to the	drink or receive fluid if he/she wished	Strongly disagree	5.61%	-	-
		person who died		N/A/not sure	17.21%	-	_
				Number of responses	1,551	-	-
				Strongly agree	25.79%	-	-
				Agree	30.42%	-	-
		QS – Section 2 -	012 I folt the person had suprest to	Neither agree nor disagree	9.07%	_	_
56	44	About the care	out the care vided to the son who died	Disagree	6.24%	_	
50	44	provided to the person who died		Strongly disagree	6.56%	_	
				N/A/not sure	21.93%		
						-	-
				Number of responses	1,555	-	-





5.5	Individualised plan of care: Chart figures						
		Section	Question	Response options	All deaths /National	Category 1	Category 2
			00 is there desurported suidenes that	Yes, prescribed & administered	-	68.07%	-
		CNR –		Yes, prescribed but not used	-	19.70%	-
57	45	of life care	for symptoms likely to occur in the last	No	-	10.67%	-
		planning	days of life?	N/A	-	1.56%	-
				Number of responses	-	5,913	-
		CNR –	Q10. Is there documented evidence	Yes, for all medications prescribed	-	65.74%	-
57	46	Individualised end of life care	that an indication for the use of the medication was included within the	Yes, for some medications prescribed	-	14.27%	-
		planning	prescription?	No	-	20.00%	-
				Number of responses	-	4,956	-
		CNR –	Q11. Is there documented evidence	Yes	-	13.07%	-
58	47		that a discussion about the use of	No but reason recorded	-	71.75%	-
50	77	of life care	anticipatory medication was	No & no reason recorded	-	15.18%	-
		planning	undertaken with the patient?	Number of responses	-	4,987	-
		CNR –	Q12. Is there documented evidence	Yes	-	58.82%	-
F 0	40	Individualised end	that a discussion about the use of	No but reason recorded	-	6.14%	-
58	48	of life care	anticipatory medication was undertaken with the nominated	No & no reason recorded	-	35.04%	-
		planning	person(s)?	Number of responses	-	4,983	-
		CNR –	Q15. Is there documented evidence	Yes	36.97%	40.50%	6.01%
58	49		, , , , , , , , , , , , , , , , , , , ,	No	63.03%	59.50%	93.99%
		of life care planning		Number of responses	6,506	5,840	666
		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%
50	50			No but reason recorded/N/A	69.36%	69.71%	45.46%
59	50			No & no reason recorded	9.65%	9.48%	21.21%
				Number of responses	2,301	2,268	33
		CNR – Individualised end of life care planning		Yes	68.81%	68.96%	58.06%
го	F 1		Q17. Is there evidence of a documented discussion with the nominated person on the need for a syringe pump?	No but reason recorded/N/A	5.22%	5.20%	6.46%
59	51			No & no reason recorded	25.97%	25.84%	35.48%
				Number of responses	2,299	2,268	31
				Strongly agree	48.91%	-	-
				Agree	31.47%	-	-
		QS – Section 2 -	Q18. In the circumstances, I felt that the	Neither agree nor disagree	7.69%	-	-
61	52	About the care provided to the	hospital was the right place for him/her		4.55%	-	-
		person who died	to die	Strongly disagree	5.06%	-	-
				N/A/not sure	2.31%	-	-
				Number of responses	1,560	-	-
				Strongly agree	42.87%	-	-
				Agree	29.95%	-	-
		QS – Section 2 -	Q17. I am satisfied that the location	Neither agree nor disagree	8.16%	-	-
61	53	About the care provided to the	within the hospital where he/she died	Disagree	9.00%	-	-
		person who died	was appropriate	Strongly disagree	8.61%	-	-
				N/A/not sure	1.41%	-	-
				Number of responses	1,556	-	-
				Strongly agree	38.96%	-	-
				Agree	29.91%	-	-
		QS – Section 2 -	ction 2 -Q16. I felt the person had a suitablehe careenvironment with adequate peace andd to theprivacywho died	Neither agree nor disagree	9.76%	-	-
61	54	About the care		Disagree	10.53%	-	-
		provided to the person who died		Strongly disagree	9.24%	-	-
				N/A/not sure	1.60%	-	-
				Number of responses	1,558	-	-
					- CD		

5.5	.5 Individualised plan of care: Narrative figures							
Page	Note	Section	Question	Response options	All deaths /National	Category 1	Category 2	
		CNR –	Q21. Is there documented evidence	Yes	-	63.12%	-	
56	2		that the patient was supported to drink		-	11.29%	-	
	-	of life care	as long as they were able and wished to		-	25.59%	-	
		planning	do so?	Number of responses	-	5,870	-	
		CNR –	Q25. Is there documented evidence	Yes	-	56.93%	-	
56	3		that the patient was supported to eat as		-	14.20%	-	
		of life care	long as they were able to and wished to do so?	•	-	28.86%	-	
		planning		Number of responses	-	5,893	-	
		H/S – Anticipatory prescribing	anticipatory prescribing which specifically requires medication to have individualised indications for use,	Yes	97.50%	-	-	
59	4			No	2.50%	-	-	
				Number of responses	242	-	-	
			Do the hospital guidelines include	Yes	89.30%	-	-	
59	5	H/S – Anticipatory prescribing	guidance on anticipatory prescribing for patients transferring from hospital to	No	10.70%	-	-	
			home or care home to die?	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%				
02	U		Number of responses	1,650				





Appendix 11: Indicators included in the report

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





Appendix 11: Indicators included in the report

			st palliative care: Chart figures		
Page	Figure	Section	Question	Response options	All deaths/National
			Deas your bespital (site have access to a	Yes	98.79%
69	61		Does your hospital/site have access to a Specialist Palliative Care service?	No	1.21%
		workforce	specialist i anative care service.	Number of responses	247
		H/S – Specialist	Is the face to face specialist palliative	Yes	36.23%
70	62	Palliative Care	service (doctor and/or nurse) available	No	63.77%
		workforce	8 hours a day, 7 days a week?	Number of responses	207
		H/S – Specialist	Is the telephone specialist palliative	Yes	86.28%
70	63	Palliative Care	service (doctor and/or nurse) available	No	13.72%
	workforce 24 hours a day, 7 days a week?		24 hours a day, 7 days a week?	Number of responses	226
				Monday to Friday only	65.04%
		H/S – Specialist	Createlist Dellistive Care Destauface to	Monday to Saturday only	0.00%
70	64	Palliative Care	Specialist Palliative Care Doctor face-to- face availability	7 days a week	12.39%
		workforce		Other	22.57%
				Number of responses	226
				Monday to Friday only	37.93%
		H/S – Specialist	Constitution Constitution from the	Monday to Saturday only	3.45%
70	65	Palliative Care	Specialist Palliative Care Nurse face-to- face availability	7 days a week	51.29%
		workforce	<i>,</i>	Other	7.33%
				Number of responses	232
		H/S – Specialist Palliative Care workforce	Specialist Palliative Care Doctor telephone availability	Monday to Friday only	5.08%
				Monday to Saturday only	0.00%
70	66			7 days a week	90.68%
				Other	4.24%
				Number of responses	236
				Monday to Friday only	18.38%
		H/S – Specialist		Monday to Saturday only	3.42%
70	67	Palliative Care workforce	Specialist Palliative Care Nurse telephone availability	7 days a week	74.79%
				Other	3.42%
				Number of responses	234
			Doctor face to face weekday hours of	-	38.53
			availability	Number of responses	212
			Doctor face to face weekend hours of	-	5.18
			availability	Number of responses	204
			Doctor telephone weekday hours of	-	108.58
			availability	Number of responses	226
			Doctor telephone weekend hours of	-	44.15
		H/S – Specialist	availability	Number of responses	227
71	68	Palliative Care	Nurse face to face weekday hours of	-	43.65
		workforce	availability	Number of responses	221
			Nurse face to face weekend hours of	-	9.76
			availability	Number of responses	218
			Nurse telephone weekday hours of		73.71
			availability	Number of responses	226
			Nurse telephone weekend hours of	-	27.86
			availability	Number of responses	223



Appendix 11: Indicators included in the report

		Section	st palliative care: Chart figures	Response options	All deaths/National
ge	rigure	Section	In the period between 1st April 2018 ar		
			in the period between 1st April 2018 a	Yes	61.73%
			Induction programme	No	38.27%
				Number of responses	243
				Yes	45.68%
71 69		H/S – Specialist	Mandatory/priority training	No	54.32%
	69	Palliative Care		Number of responses	243
		workforce		Yes	74.38%
			Communication skills	No	25.62%
				Number of responses	242
				Yes	95.02%
		Other training	No	4.98%	
				Number of responses	241
		QS – Section 3 - About the care provided to families/others		Strongly agree	51.00%
				Agree	29.13%
			8. I was confident that staff looking	Neither agree nor disagree	8.04%
1	70		after him/her had the skills to care for	Disagree	5.08%
			someone at the end of their life	Strongly disagree	4.44%
		,		N/A/ not sure	2.32%
				Number of responses	1555
				Strongly agree	37.71%
				Agree	33.27%
		QS – Section 3 -	Q9. I felt that there was good	Neither agree nor disagree	11.00%
72	71	About the care provided to	coordination between different	Disagree	8.37%
		families/others	members of staff	Strongly disagree	7.34%
		iannies/otners		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	Medical staff vacancies in the SPC team	-	6.05%	
12			Number of responses	194		
70		H/S – Specialist Nursing staff vacancies in the SPC team		-	5.84%	
72	72 8	8 Palliative Care workforce	(WTE)	Number of responses	201	
70	0	H/S – Specialist AHP staff vacancies in the SPC team		-	7.79%	
12	_	9 Palliative Care workforce	(WTE)	Number of responses	68	





The N	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					



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The National Audit of Care at the End of Life Steering Group (continued)						
Name	Title	Representing				
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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 Na	ational Audit of Care at the End of Life	e 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				



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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				



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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			





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



Derbyshire Community✓1717Doncaster and Bassetiaw Teaching Hospitals NHS FT - BassetiawAcute✓183Doncaster and Bassetiaw Teaching Hospitals NHS FT - DoncasterAcute✓464Dorset HealthCare University NHS FT - Community Hospital NHS FTCommunity✓30-East and North Hertfordshire NHS TrustAcute✓4001East And North Hertfordshire NHS TrustAcute✓40011East Cheshire NHS TrustAcute✓40014East Cheshire NHS TrustAcute✓40011East London TrustAcute✓40011East London NHS FTCommunity✓31East London NHS FTCommunity✓31East Suffolk and North Essex NHS FT - ObmunityCommunity✓31East Suffolk and North Essex NHS FT - CommunityCommunity✓31East Suffolk and North Essex NHS FT - Ipswich HospitalAcute✓4001East Suffolk and North Essex NHS FT - SolucestershireCommunity✓3-East Suffolk and North Essex NHS FT - UPSWich HospitalAcute✓400-East Suffolk and North Essex NHS FT - Obster HospitalAcute✓400-East Suffolk and North Essex NHS FT - Solucestershire Care ServiceCommunity✓3-East Suffolk and North Essex NHS FT - Solucestershire Care ServiceCommunity✓400-<	Organisation and submission name	Peer group	Site	CNR	Survey
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Organisation and submission name	Peer group	Site	CNR	Survey
Poole Hospital NHS FT	Acute	\checkmark	39	23
Portsmouth Hospitals NHS Trust	Acute	\checkmark	38	3
Powys Teaching Health Board	Community	\checkmark	20	-
Queen Victoria Hospital NHS FT	Acute	\checkmark	-	-
Rotherham Doncaster and South Humber NHS FT	Community	\checkmark	-	-
Royal Berkshire NHS FT	Acute	\checkmark	40	7
Royal Brompton and Harefield NHS FT	Acute	\checkmark	19	6
Royal Cornwall Hospitals NHS Trust	Acute	\checkmark	40	16
Royal Devon and Exeter NHS FT - Acute	Acute	\checkmark	40	39
Royal Devon and Exeter NHS FT - Community	Community	\checkmark	9	1
Royal Free London NHS FT - Barnet Hospital	Acute	\checkmark	-	4
Royal Free London NHS FT - Royal Free Hospital	Acute	\checkmark	-	7
Royal Papworth Hospital NHS FT	Acute	\checkmark	8	3
Royal Surrey County Hospital NHS FT	Acute	\checkmark	40	10
Royal United Hospitals Bath NHS FT	Acute	\checkmark	40	-
Salford Royal NHS FT	Acute	\checkmark	40	3
Salisbury NHS FT	Acute	\checkmark	38	11
Sandwell and West Birmingham Hospitals NHS Trust - City Hospital	Acute	\checkmark	35	6
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell Hospital	Acute	\checkmark	40	8
Sheffield Teaching Hospitals NHS FT	Acute	\checkmark	40	51
Sherwood Forest Hospitals NHS FT	Acute	\checkmark	40	-
Shropshire Community Health NHS Trust	Community	\checkmark	16	-
Solent NHS Trust	Community	\checkmark	14	-
Somerset Partnership NHS FT	Community	\checkmark	30	1
South Tees Hospitals NHS FT - East Cleveland Primary Care Hospital	Community	\checkmark	3	-
South Tees Hospitals NHS FT - Redcar Primary Care Hospital	Community	\checkmark	6	-
South Tees Hospitals NHS FT - The Friarage Hospital Northallerton	Acute	\checkmark	9	-
South Tees Hospitals NHS FT - The James Cook University Hospital	Acute	\checkmark	40	-
South Tees Hospitals NHS FT - The Rutson Unit	Community	\checkmark	2	-
South Tyneside and Sunderland NHS FT - South Tyneside District Hospital	, Acute	✓	38	-
South Tyneside and Sunderland NHS FT - Sunderland Royal Hospital	Acute	\checkmark	40	-
South Warwickshire NHS FT	Acute	✓	36	5
South West Yorkshire Partnership NHS FT - Barnsley	Community	\checkmark	-	-
Southend University Hospital NHS FT	Acute	✓	40	-
Southern Health NHS FT - Community sites	Community	\checkmark	26	3
Southport and Ormskirk Hospital NHS Trust	Acute	✓	40	12
St George's University Hospitals NHS FT	Acute	\checkmark	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	· •	40	-
Sussex Community NHS FT - Rognor Regis War Memorial Hospital	Community	• •	1	_
Sussex Community NHS FT - Crawley Hospital	Community	• •	4	
Sussex Community NHS FT - Crowborough War Memorial Hospital	Community	 ✓ 	4	
Sussex Community NHS FT - Crowborough war Memorial Hospital	Community	↓	5	
		✓ ✓		-
Sussex Community NHS FT - Lewes Victoria Hospital	Community	v	3	-



Organisation and submission name	Peer group	Site	CNR	Survey
Sussex Community NHS FT - Salvington Lodge	Community	✓	-	-
Sussex Community NHS FT - The Kleinwort Centre	Community	\checkmark	-	-
Sussex Community NHS FT - Uckfield Community Hospital	Community	\checkmark	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	\checkmark	40	-
The Hillingdon Hospitals NHS FT The Mid Yorkshire Hospitals NHS Trust	Acute Acute	✓ ✓	37 40	20 6
The Newcastle upon Tyne Hospitals NHS FT	Acute	▼ ✓	40	25
The Princess Alexandra Hospital NHS Trust	Acute	✓ ✓	40 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		• •	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		✓	40	-
The Walton Centre NHS FT	Acute	✓	6	2
Torbay and South Devon NHS FT - Acute	Acute	\checkmark	40	7
Torbay and South Devon NHS FT - Community	Community	✓	13	_
United Lincolnshire Hospitals - Boston Site	, Acute	\checkmark	40	-
United Lincolnshire Hospitals - Grantham Site	Acute	\checkmark	6	-
United Lincolnshire Hospitals - Lincoln Site	Acute	\checkmark	40	-
University College London Hospitals NHS FT	Acute	\checkmark	-	-
University Hospitals Birmingham NHS FT - Good Hope Hospital	Acute	\checkmark	10	-
University Hospitals Birmingham NHS FT - Heartlands Hospital	Acute	\checkmark	11	-
University Hospitals Birmingham NHS FT - Queen Elizabeth	Acute	\checkmark	14	-
University Hospitals Birmingham NHS FT - Solihull Hospital	Acute	\checkmark	3	-
University Hospitals Coventry and Warwickshire NHS Trust	Acute	\checkmark	40	9
University Hospitals of Derby and Burton NHS FT - Burton campus	Acute	\checkmark	38	-
University Hospitals of Derby and Burton NHS FT - Derby campus	Acute	\checkmark	40	11
University Hospitals of Leicester NHS Trust - Glenfield Hospital	Acute	\checkmark	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



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