

National Audit of Care at the End of Life

**Fourth round of the audit
(2022/23) appendices**

England and Wales



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Appendix 1: National policy context

Death and dying are the one certainty in life, and being able to live as well as possible until death happens is something we all value in our society. Not only is having a 'good' death important, but the needs of those dying, those close to them, the bereaved families, friends and carers must be addressed, with personalised preferences, choices and wishes being taken into account. NACEL reviews deaths in an inpatient setting taking into account the experiences of the dying person, those close to them, and inpatient staff delivering end of life care.

NACEL round four took place during the recovery period following the pandemic. A suite of resources were made available to help deliver services during the pandemic, with a considerable impact on the delivery of both emergency and elective care. The full suite of guidance issued can be accessed (for England) via [NICE](#).

The Leadership Alliance report, undertaken in 2014, still remains relevant for end of life care delivery. It undertook a system wide approach to improve the care of people who are dying, and those that are important to them, and published the key document [One Chance to Get It Right](#), setting out an approach that all organisations can adopt in the planning and delivery of care. *One Chance To Get It Right, 2014*, focuses on the *Five priorities for care of the dying person* which, along with the *NICE Quality Standards and guidelines*, provide the audit standards for NACEL. The Leadership Alliance was established following the Neuberger review into the Liverpool Care Pathway (LCP), which was phased out of care across acute and community hospital settings in 2013. In round two of NACEL, 100% of respondents confirmed that the LCP was not used in any circumstance of end of life care delivery.

NHS England has an ambitious and transformative approach to palliative and end of life care, during 2021-2026, to ensure "sustainable, responsive, personalised palliative and end of life care for all, irrespective of age, area, condition or setting".

The programme is aligned to the recently refreshed [Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026](#). Programme ambitions are:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is co-ordinated
5. All staff are prepared to care
6. Each community is prepared to help

Further strategies pertaining to the English system for care at the end of life have been introduced and reference is made to these on page 14 of the [National Audit of Care at the End of Life – First round of the audit \(2018/19\) report, England and Wales](#).



Appendix 1: National policy context

[A Healthier Wales](#) sets out the Welsh Government's long-term plan for health and social care in Wales. The plan commits to having a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and to enable people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home. End of life care remains a priority for the Welsh Government and the end of life care pathway is identified as an area of initial focus within the plan.

In relation to end of life care, the *End of Life Care Delivery Plan*, reached its term in 2022, alongside the establishment of an NHS Wales Executive and a [National Clinical Framework](#). Progress has been made with the establishment of the End of Life Care Board (EOLB) and the Palliative Care Clinical Groups (paediatric and adult) in 2009 which strengthened the 'One Wales' approach. Every Health Board in Wales has developed an End of Life Delivery Plan as part of the Welsh Government's End of Life Strategy. Annual reporting on progress using the outcome indicators identified in the strategy has been undertaken. Collaboration and engagement between statutory and voluntary services providing specialist palliative care and strategic engagement within Health Boards has also taken place, and all services have an identified executive lead and an Advance/Future Care Planning (A/FCP) lead.

The [Care Decisions for the Last days of Life](#) policy and documentation is well utilised within Wales and is aimed at providing consistent care appropriate to patients, and those important to them, in the last days of life. Health Boards in Wales are actively working with delivery partners to embed the policy.

In 2021, NHS Wales undertook a [Review of Specialist Palliative Care Services in Wales from 2010 to 2021](#). This report reviews the developments, improvements and challenges of the past decade of specialist palliative care services in Wales but, importantly, it highlights the areas for improvement, change and the challenges ahead into the next decade. It details where improvement has been made through a collaboration and partnership approach and recognises the impact of audit to positively impact on patient care. The report also contains a number of recommendations recognising the new opportunities and ambitions from the last decade, including the impact of the pandemic in Wales.



Appendix 2: Audit background and governance

NACEL was commissioned by HQIP on behalf of NHS England and the Welsh Government, with the programme beginning in October 2017. Initially commissioned to run for three years on an annual audit cycle, this was extended by a further two years, running until October 2022. NHS Benchmarking Network has been awarded an additional three year contract for NACEL, starting from October 2022. This includes finalising the delivery of NACEL round four and commencing a redesign of the audit.

This report covers the findings from round four of the audit undertaken in 2022. NACEL was paused in 2020 because of the pandemic. As in the previous year, governance of NACEL has been through a multi-disciplinary Steering Group, with input from a wider Advisory Group. The membership of the Steering and Advisory Groups can be found at Appendix 22. Dr Suzanne Kite, Clinical Lead for Palliative and End of Life Care and Elizabeth Rees, Lead Nurse for End of Life Care, from Leeds Teaching Hospitals NHS Trust, have continued to provide joint clinical leadership of the audit.

A diagrammatic representation of the governance arrangements can be found on the NACEL Project Management and Governance Structure [organogram](#).

A Mental Health Spotlight Audit was run in 2021, and the findings from the spotlight audit can be found in the [Mental Health Spotlight Audit Summary Report](#).

In round four of NACEL, as in previous rounds, the Northern Ireland Public Health Agency separately commissioned the NHS Benchmarking Network to cover Northern Ireland's participation. The findings for Northern Ireland are reported in a separate document.



Appendix 3: Audit objectives

NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission before death in acute and community hospitals in England, Wales and Northern Ireland.

The audit objectives for the fourth round of NACEL encompass the following:

1. To refine the tools for assessing compliance with national guidance on care at the end of life – *One Chance To Get It Right, 2014, NICE guidelines* and the *NICE Quality Standards* for end of life care.
2. To measure the experience of care at the end of life for dying people and those important to them.
3. To provide audit outputs which enable stakeholders to identify areas for service improvement.
4. To provide a strategic overview of progress with the provision of high-quality care at the end of life in England, Wales and Northern Ireland.



Appendix 4: Audit standards

NACEL measures the performance of hospitals against criteria relating to the delivery of care at the end of life which are considered best practice. These criteria are derived from national guidance, including *One Chance To Get It Right, 2014*, and *NICE Quality Standards and guidance*. Specifically, the audit was designed to capture information on the *Five priorities for care* of the dying person as set out in *One Chance To Get It Right, 2014*. The priorities make the dying person themselves the focus of care in the last few days and hours of life, and specifically cite outcomes which must be delivered for every dying person. The *Five priorities for care* of the dying person are as follows:

1. This possibility (that a person may die within the next few days or hours) is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The audit is also closely aligned with *NICE Quality Standards and guidelines*. *NICE Quality Standard 13 [End of life care for adults](#)* covers care for adults (aged 18 and over) who are approaching the end of their life. It includes people who are likely to die within 12 months, people with advanced, progressive, incurable conditions and people with life-threatening acute conditions. It also covers support for their families and carers and includes care provided by health and social care staff in all settings. It describes high-quality care in priority areas for improvement. In March 2017, this quality standard was updated and statement 11 on care in the last days of life was removed and replaced by *NICE's Quality Standard 144*.

More specifically, there are two publications from NICE which outline standards which should be expected for the dying person and people important to them in the last few days of life. *NICE Clinical Guidelines NG31 [Care of dying adults in the last days of life](#)* covers the clinical care of dying adults (18 years and over) in the last few days of life. It aims to improve care for people by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covered how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.

NICE Quality Standard 144, [Care of dying adults in the last days of life](#), identifies priority areas for quality improvement for the same group of people as in NG31.



Appendix 5: Audit structure and scope

As in previous rounds of the audit, NACEL covered the last admission to hospital prior to death and included NHS funded end of life care for adults (18+) in acute and community hospitals in England and Wales. Again, hospices were excluded.

NACEL has several elements.

An **Organisational Level Audit** covering:

- **Hospital/site** questions – metrics covering hospital/submission level questions. As in previous rounds, organisations could create multiple ‘submissions’ for their different hospital sites if they wished to audit the hospitals separately. This focused on the specialist palliative care workforce, staff training, anticipatory prescribing and quality and outcomes.

A **Case Note Review** completed for each submission focused on the themes of ‘recognition of imminent death’, ‘communication’, ‘individualised end of life care planning’ and ‘involvement in decision making’.

For round four, acute providers were asked to undertake up to 50 Case Note Reviews: 25 consecutive deaths from 1st April to 14th April and 25 consecutive deaths from 9th May to 22nd May 2022. Community hospital providers were requested to audit all deaths during April and May up to a maximum of 50. The definition of deaths to be reviewed remained unchanged, as feedback from audit participants demonstrated that clinical reviewers were able to categorise the deaths appropriately. The following categories of deaths were audited:

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: 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.

As in previous rounds of NACEL, deaths which were classed as "sudden deaths" were excluded from the Case Note Review. These were 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. These deaths would not fall into either Category 1 or 2 above.



Appendix 5: Audit structure and scope

The **NACEL Quality Survey**, designed to gain feedback from relatives, carers and those close to the person who died, on their experiences of the care and support received at the end of life, ran in 2022. This was separate to any bereavement survey conducted internally by participating Trusts/Health Boards (HB). In round four, a greater period of time was given to audit participants to contact bereaved carers to encourage a higher volume of responses. Audit participants were requested to send Quality Survey invitations to the bereaved families and others from all deaths occurring in April through to August 2022. The survey remained online with a unique code generated for each bereaved carer by participating trusts, which was posted out. The Patients Association Helpline remained as a resource to help those bereaved carers who were unable to complete the survey online.

The **NACEL Staff Reported Measure (SRM)** is a survey aimed at members of staff who were most likely to come into contact with dying patients and those important to them. This SRM was developed in 2019. The process for the development of the SRM can be found in the [NACEL Second Round of the Audit \(2019/20\) appendices, England and Wales](#) at Appendix 1.

The survey asked questions pertaining to staff confidence and experience in delivering care at the end of life and was completed for each submission. Staff completed the online SRM questionnaire using a unique link generated for each hospital/site or through a unique QR code. Resources were made available to Trusts/HBs to encourage responses from staff. The responses were linked to each submission and were anonymous. Trusts/HBs were encouraged to have 100 completed SRMs per acute provider and 20 SRMs completed per community hospital site. This entailed sending out a request to 400 acute based staff and 100 community hospital based staff to respond to the SRM. Guidance was made available to Trusts/HBs on which staff groups and which locations ought to be covered. Exclusions were maternity and paediatric inpatient staff, and any wards unlikely to have dying people on them.

The Staff Reported Measure was well responded to, and three themes have been covered by the data emanating from this element on staff confidence to deliver end of life care, staff support and care and culture within the workplace.



Appendix 6: Eligibility, recruitment and registration

All NHS acute sites and community hospital providers of adult inpatient care in England and Wales were eligible to take part in the audit. A letter inviting each organisation to take part in the audit was sent to the Chief Executive; Director of Nursing; the Lead Nurse for End of Life Care, where available; and Project Leads who had registered their organisations for NACEL in previous rounds. Overall, 89% of eligible organisations participated in round four of NACEL.

Registration was completed online, as in previous rounds. During registration, all organisations had the option of setting up multiple submissions to cover different hospital sites. Community hospital providers were offered the option of combining all sites into one submission where appropriate, however, some organisations chose to register separate hospitals/sites.



Appendix 7: Data collection

Data collection opened on the 6th June 2022 and closed on the 7th October 2022 for all four elements of NACEL. No extensions were given due to the timescales required to complete analysis and reporting.

For the Organisational Level Audit, participants were asked to complete one hospital/site level questionnaire for each submission created on registration. Questions related to the period 2021/22.

For the Case Note Review, acute hospital providers were asked to audit up to 50 eligible patients for each submission created on registration, 25 consecutive deaths between 1st April – 14th April 2022 and 25 consecutive deaths between 9th May – 22nd May 2022. Community Hospital providers were requested to audit up to 50 eligible deaths also, covering all consecutive deaths between 1st April - 31st May 2022.

In addition, audit participants were also requested to complete an Audit Summary data specification with the following information:

- the number of people dying in the audit period, excluding deaths within A&E and within 4 hours of admission to hospital;
- the total number of people dying in A&E within the audit period;
- the total number of people dying within 4 hours of admission to hospital within the audit period; and
- the number of Quality Survey letters sent.

Data collection for NACEL was via a bespoke online data entry tool for the Organisational Level Audit and the Case Note Review. The audit tool included definitional guidance for each metric requested, including additional guidance for Wales where appropriate. Excel versions of all data specifications could be downloaded to assist audit participants with internal data collation prior to the input of data onto the data collection tool.

Further validation controls were built into the system to ensure, for example, that if a death was categorised as a Category 2 death, then limited, applicable questions were available to respond to. The online data collection pages were simplified and clearer steps were defined to enable easier responses to each audit element.

The NACEL Quality Survey and Staff Reported Measure were completed via an online questionnaire with unique links and QR codes. Additional help was made available by The Patients Association to help bereaved carers having difficulty with the online questionnaire response.



Appendix 8: Data validation and cleansing

Data validation controls were implemented on several levels within the online data collection tool. Information buttons next to each metric contained definitional guidance of the data required to ensure consistency of the data collected. In addition, system validation was implemented to protect the integrity of the data collected, including allowable ranges, expected magnitude of data fields, numerical versus text completion, appropriate decimal point placing and text formatting.

An extensive data validation exercise was undertaken from mid-October to the end of November 2022. Outlying positions and unusual data were queried with NACEL participants. A draft online toolkit was made available to NACEL participants at the beginning of November 2022 to assist with checking data submissions. The final NACEL toolkit was made available in February 2023.

The NACEL Quality Survey narrative was cleansed prior to release back to participating Trusts so that all potentially identifiable information had been removed.



Appendix 9: NACEL Cause for Concern policy

The [Cause for Concern Policy](#) is available on the NACEL webpages.

Comments from the narrative question in the Case Note Review and the narrative question in the NACEL Quality Survey were reviewed by the NACEL Director and the Clinical Leads. Thirty-four comments were flagged to be taken forward into the Cause for Concern process under Category 1 (single case record level evidence) or Category 2 (cluster of case note-level evidence). These cases were discussed with HQIP, and it was agreed that the cases warranted a formal escalation as per the policy. Letters were sent out to the CEO and Medical Directors of the Trusts/HBs with narrative responses going through the cause for concern process. These letters detailed the cause for concern process and the timelines for initial responses. A formal acknowledgement of the letter was requested with a request for an internal investigation to occur within a defined time period and Trusts/HBs were given the identifying code so that a review of care could be undertaken. The disclosure of the identifying code was in accordance with an expectation set in explaining the use of the NACEL Quality Survey responses to the respondent. Following review of the Trust/HBs responses by the NACEL Clinical Leads, all cause for concern notifications were closed with no case to answer.

All other comments received from respondents either to the Case Note Review or the NACEL Quality Survey were fed back anonymously to participating hospitals for consideration by them in the context of their internal governance procedures.



Appendix 10: NACEL Management of Outliers policy

The [Management of Outliers Policy](#) is available on the NACEL webpages. The policy has been informed by [Detection and management of outliers for national clinical audits: Implementation guide for NCAPOP providers](#) and approved by the NACEL Steering Group. Two indicators from the NACEL data collection are used to undertake the Management of Outliers analysis.

For round four, the Management of Outlier analysis was run separately for acute and community providers. The analysis identified 14 outlying submissions, 10 alerts and 4 alarms. NHSBN informed the Project Lead in the provider organisation about the potential outlier status and requested to identify any data errors or justifiable explanation/s. Data packs including the data analysis were sent to the provider Project Lead, the organisation CEO and Medical Director via email. All providers responded to the NHSBN within the required time. The NHSBN reviewed the provider response to determine if there was 'No case to answer' or 'Case to answer'. The NHSBN updated the submission's data if requested.

Following the updates, NHSBN re- ran the Management of Outliers analysis. At this point, 7 submissions remained as outliers, 6 alerts and 1 alarm. The NHSBN, in line with the policy, contacted all provider leads by telephone, prior to sending written confirmation of continuing outlier status. All relevant data and statistical analyses, including the previous response from the provider Project Lead, was sent to the organisation's Medical Director and CEO. In line with the policy, the CQC/Welsh Government and HQIP were informed of the outlier status submissions at the end of January 2023.

To complete the Management of Outliers analysis for NACEL round four, the NHSBN identified the alert and alarm level outliers within their bespoke dashboard report, published to participants at the end of February 2023.

The Rotherham NHS Foundation Trust was 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 The Rotherham NHS Foundation Trust.

Confirmation that a local review has been undertaken with independent assurance of the validity has been provided by the 'alarm' submission.

NACEL management of outliers analysis	
Organisation:	The Rotherham NHS Foundation Trust
Submission:	The Rotherham NHS Foundation Trust
Management of outlier metric:	The proportion of Category 1 deaths where there was documented evidence that the patient who was dying had an individualised plan of care addressing their end of life care needs, out of all Category 1 deaths.
Peer group:	Acute, England and Wales
Sample mean:	75.20%
2 standard deviations (min limit):	40.0%
3 standard deviations (min limit):	22.3%
Submission's average:	19.0%
Submission's number of responses:	43
Outlier status:	Alarm



Appendix 11: NACEL Quality Improvement Plan

The NACEL [Quality Improvement Plan](#) outlines how the findings from previous rounds of NACEL have established where Trusts/HBs have better compliance against the *NICE Guidelines and Quality Standards* and the *Five priorities for care* as outlined in *One Chance To Get It Right, 2014*.



Appendix 12: The Future of NACEL

NHS Benchmarking Network were awarded the re-tender for NACEL for a further three years. The new audit specification included a request from funders at NHS England and the Welsh Government for a shift in the audit programmes to focus on driving quality improvement and reducing the data burden for providers.

The 'new style audit', NACEL 2024, will be focused on fewer measures, shorter reporting and being easier to engage with. The scope reviews similar organisations across England and Wales. The audit will focus on acute inpatient facilities and community inpatient facilities, as well as mental health inpatient facilities in the third year.

The project plan outlines that year one will involve a full year of scoping, designing, communicating, piloting and building technology to engage with participants in 2023. The team will also be focusing on the completion of round four of NACEL. In year two of the project plan, NACEL 2024 will be launched and there will be a focus on communications, registration, data collection, validation, the creation of the online outputs and reports, engagement with stakeholders and scoping the mental health audit. This will continue in year three, along with the launch of NACEL for mental health inpatient providers.

The deliverables included in the new contract of NACEL are:

- **Data and Improvement Tool**
An online interactive tool including a participant and public interface.
- **State of the nation report**
A high-level report that will cover the findings for England, Wales and Jersey.
- **National infographic**
Readable graphic containing the key findings for England, Wales and Jersey.
- **Quality and Improvement support**
QI resources and tools to support organisations to address opportunities for improvement identified by the tool.

The data collection elements in the new audit contract will include:

- Organisational Level Audit
- Case Note Review
- Quality Survey
- Staff Survey



Appendix 13: Glossary

Acronyms and abbreviations

CNR	Case Note Review (see page 8 for definition)
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DPIA	Data Protection Impact Assessment
e-ELCA	End of Life Care for All - e-Learning
ESR	Electronic Staff Record
GDPR	General Data Protection Regulation
GMC	General Medical Council
H/S	Hospital/Site Organisational Level Audit
HB	Health Board (in Wales)
HDU	High Dependency Unit
HQIP	The Healthcare Quality Improvement Partnership is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices
ICS	Integrated Care System
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
OLA	Organisational Level Audit (see page 8 for definition)
QS	Quality Survey (see page 9 for definition)
SPC	Specialist Palliative Care
SRM	Staff Reported Measure (see page 9 for definition)



Appendix 13: 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 NACEL. A set of questions completed for up to 25 consecutive deaths from 1 st April to 14 th April and 25 consecutive deaths from 9 th May to 22 nd May 2022 for acute providers. Community hospital providers were requested to audit all deaths during April and May up to a maximum of 50.
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, 2014</i> . It is recognised that some dying people do not have such a person.
'Five priorities for care'	The <i>Five priorities for care of the dying person</i> as set out in <i>One Chance To Get It Right, 2014</i> .
'Individualised plan of care'	An 'individualised plan of care' as envisaged in <i>One Chance To Get It Right, 2014</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.
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 2021/22.



Appendix 13: 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	An online survey to capture the views of those important to the dying person.
'Sick enough to die'	A term used to express clinical uncertainty once it has been recognised that death is a possible outcome.
Staff Reported Measure	The Staff Reported Measure element of the audit, which was piloted in round two and implemented from round three, 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: <ul style="list-style-type: none">• all deaths in Accident and Emergency departments• deaths within 4 hours of admission to hospital• deaths due to a life-threatening acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place.



Appendix 14: References

- **National Palliative and End of Life Care Partnership.** *Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026.* May 2021
- **The King's Fund.** *Invisible deaths: understanding why deaths at home increased during the Covid-19 pandemic.* June 2021
- **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
- **NHS Wales.** *Palliative and End of Life Care Delivery Plan.* March 2017
- **NHS Wales.** *Review of Specialist Palliative Care Services in Wales From 2010-2021.* July 2021
- **Nursing and Midwifery Council.** *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates.* October 2018
- **Office for National Statistics.** *Deaths involving COVID-19 in the care sector, England and Wales: deaths registered between week ending 20 March 2020 and week ending 2 April 2021.* May 2021
- **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
- **Welsh Government.** *National Clinical Framework: A Learning Health and Care System.* 2021
- **Welsh Health Circular.** *WHC/2016/004 Care Decisions for the Last Days of Life.* April 2016



Appendix 15: Hospital summary scores

Key theme	National summary score
Recognising the possibility of imminent death (RD)	-
Communication with the dying person (CDP)	8.0
Communication with families and others (CFO)	7.1
Involvement in decision making (IDM)	9.2
Individual plan of care (IPC)	7.6
Needs of families and others (NFO)	5.5
Families' and others' experience of care (EOC)	6.3
Workforce/specialist palliative care (W)	8.1
Staff Confidence (SC)	7.5
Staff Support (SS)	7.1
Care and Culture (CC)	7.6

Appendix 15 does not include summary scores for every hospital submission. To appear within the summary score table (pg 22-34), hospitals were required to provide completed responses for the Governance and Workforce/specialist palliative care summary score component indicators from the Organisational Level Audit and meet the below qualifying criteria;

Qualifying criteria for inclusion in the hospital summary score table	
Acute submissions	Community submissions
25 Case Note Reviews returned	14 Case Note Reviews returned
29 Quality Surveys returned	21 Quality Surveys returned
30 Staff Reported Measures returned	30 Staff Reported Measures returned

The summary score table should be read in conjunction with the number of Case Note Reviews completed, number of Quality Surveys received and Staff Reported Measure responses received for each submission. Full participation can be found in Appendix 23.



Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Airedale NHS Foundation Trust	8.6	7.5	9.7	8.4	6.1	6.3	5.6	-	-	-
Aneurin Bevan University Health Board - Acute	6.4	6.3	8.7	6.0	-	-	6.3	-	-	-
Ashford & St Peters Hospitals NHS Foundation Trust	8.7	8.4	9.6	8.5	-	-	8.8	-	-	-
Barking, Havering and Redbridge University Hospitals NHS Trust - King George Hospital	7.9	8.2	8.2	7.8	-	-	10.0	-	-	-
Barking, Havering and Redbridge University Hospitals NHS Trust - Queen's Hospital	8.3	8.4	8.7	8.2	-	-	10.0	7.4	7.8	7.6
Barnsley Hospital NHS Foundation Trust	9.2	7.7	9.6	8.0	5.8	6.4	8.1	7.9	7.7	7.5
Barts Health NHS Trust - Newham Hospital	-	-	8.9	6.9	-	-	7.5	7.6	7.7	7.9
Barts Health NHS Trust - St Bartholomews	-	-	-	-	-	-	7.5	7.2	7.0	7.5
Barts Health NHS Trust - The Margaret Centre	9.4	9.0	9.8	9.7	-	-	10.0	-	-	-
Barts Health NHS Trust - The Royal London Hospital	-	-	9.4	-	-	-	7.5	7.1	7.0	7.5
Barts Health NHS Trust - Whipps Cross Hospital	-	-	-	-	-	-	7.5	8.3	8.7	8.7
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital	9.0	8.2	10.0	8.4	-	-	10.0	7.2	6.8	6.8
Bedfordshire Hospitals NHS Foundation Trust - Luton and Dunstable Hospital	9.5	9.3	9.5	7.8	-	-	9.4	7.4	6.6	7.1
Betsi Cadwaladr University Health Board - Acute Hospitals	5.2	5.8	8.5	-	-	-	8.8	7.3	6.3	7.1
Blackpool Teaching Hospitals NHS Foundation Trust	8.2	8.0	8.9	4.7	-	-	9.4	8.0	7.4	8.0
Bolton NHS Foundation Trust	-	-	8.3	-	-	-	10.0	-	-	-
Bradford Teaching Hospitals NHS Foundation Trust - Bradford Royal Infirmary	8.6	7.4	9.5	7.6	-	-	8.8	7.8	7.2	7.9
Buckinghamshire Healthcare NHS Trust	9.1	7.9	9.7	7.8	-	-	10.0	-	-	-
Calderdale and Huddersfield NHS Foundation Trust	8.4	5.8	9.6	7.3	5.1	5.5	10.0	7.2	7.0	7.3
Cambridge University Hospitals NHS Foundation Trust	7.9	6.5	8.9	6.8	5.8	6.9	9.4	-	-	-
Cardiff & Vale University Health Board	7.6	7.2	7.6	8.2	-	-	8.8	7.5	6.4	7.5
Chelsea and Westminster Hospital NHS Foundation Trust	8.4	7.7	9.5	8.0	-	-	6.3	-	-	-
Chesterfield Royal Hospital Foundation Trust	-	-	-	-	-	-	5.0	8.1	7.4	7.8
Countess of Chester Hospital NHS Foundation Trust	7.1	6.0	9.1	7.3	-	-	6.9	7.6	7.8	7.3

Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
County Durham and Darlington Foundation Trust - Darlington Memorial Hospital	7.0	7.2	9.1	7.9	-	-	10.0	-	-	-
County Durham and Darlington NHS Foundation Trust - University Hospital North Durham	8.5	7.6	9.2	7.7	6.0	6.3	10.0	-	-	-
Croydon Health Services NHS Trust	9.5	9.5	10.0	8.9	-	-	9.4	7.2	7.3	7.5
Cwm Taf Morgannwg University Local Health Board - Acute	8.2	7.8	9.0	7.6	-	-	6.3	7.4	5.8	6.9
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Bassetlaw Hospital	-	-	-	-	-	-	6.3	7.4	6.9	7.7
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – Doncaster Royal Infirmary	7.7	8.0	9.0	7.8	7.4	7.9	8.8	7.5	7.0	7.6
Dorset County Hospital NHS Foundation Trust	8.3	7.1	8.9	8.0	5.5	6.2	10.0	-	-	-
East and North Hertfordshire NHS Trust	8.2	6.1	9.8	8.2	-	-	10.0	-	-	-
East Lancashire Hospitals NHS Trust - Acute	6.9	6.5	8.6	7.8	-	-	6.9	7.8	7.4	8.0
East Suffolk and North Essex NHS Foundation Trust - Colchester Hospital	9.2	6.2	9.4	7.2	4.9	5.7	10.0	-	-	-
East Suffolk and North Essex NHS Foundation Trust - Ipswich Hospital	8.0	8.6	10.0	9.5	5.8	6.3	7.5	-	-	-
East Sussex Healthcare NHS Trust	9.6	8.1	9.7	7.4	5.7	6.9	8.8	7.0	7.2	6.7
Epsom and St Helier University Hospitals NHS Trust	8.2	7.1	9.2	8.0	-	-	9.4	7.9	7.4	7.7
Frimley Health NHS Foundation Trust	7.3	5.9	9.0	7.1	-	-	10.0	7.1	6.1	7.0
Gateshead Health NHS Foundation Trust	8.8	7.4	9.6	8.2	-	-	6.9	7.2	7.3	7.9
George Eliot Hospital NHS Trust	7.5	6.8	9.0	7.4	5.3	6.5	6.3	-	-	-
Gloucestershire Hospitals NHS Foundation Trust	8.5	6.8	9.7	7.6	5.4	6.1	6.9	7.2	6.7	7.3
Great Western Hospitals Foundation Trust - Acute	8.5	8.5	9.7	7.1	-	-	4.4	-	-	-
Guy's and St Thomas' NHS Foundation Trust - Guy's and St Thomas'	8.6	7.1	9.4	7.8	5.4	6.6	8.8	7.4	6.5	7.2
Guy's and St Thomas' NHS Foundation Trust - Royal Brompton and Harefield	-	-	-	-	-	-	6.3	6.7	5.9	7.2
Hampshire Hospitals NHS Foundation Trust	7.8	7.1	8.3	8.1	5.6	6.6	10.0	7.4	6.7	7.5
Harrogate and District NHS Foundation Trust	9.6	7.2	9.8	8.8	-	7.5	6.9	7.3	7.4	7.8
Homerton University Hospital NHS Foundation Trust	-	-	9.8-	-	-	-	6.9	7.8	7.6	7.9
Hull University Teaching Hospitals NHS Trust	8.5	7.0	9.8	7.5	-	-	8.1	8.1	6.7	7.1



Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
Hywel Dda University Health Board - Acute	5.7	5.4	8.3	5.8	-	-	5.6	6.7	6.0	7.0
Imperial College Healthcare NHS Trust	8.3	5.8	9.3	6.8	-	-	6.9	7.3	6.3	6.2
Isle of Wight NHS Trust	9.9	9.9	10.0	-	6.5	6.5	10.0	-	-	-
James Paget University Hospitals NHS Foundation Trust	8.0	7.1	9.3	8.3	-	-	6.9	7.8	7.1	7.7
Kettering General Hospital NHS Foundation Trust	6.8	5.2	8.8	6.6	-	-	9.4	7.3	7.2	7.5
King's College Hospital NHS Foundation Trust - Denmark Hill	9.1	7.8	9.6	8.4	5.8	7.2	9.4	6.9	6.6	7.2
King's College Hospital NHS Foundation Trust - PRUH	8.7	7.0	9.5	8.1	4.5	5.7	10.0	7.2	6.8	7.0
Kingston Hospital NHS Foundation Trust	8.3	7.1	9.4	7.7	-	-	10.0	7.8	7.6	7.7
Lancashire Teaching Hospitals NHS Trust - Chorley and South Ribble District Hospital	-	-	-	-	-	-	10.0	-	-	-
Lancashire Teaching Hospitals NHS Foundation Trust - Royal Preston Hospital	9.0	8.4	9.9	8.0	4.7	4.7	10.0	-	-	-
Leeds Teaching Hospitals NHS Trust	9.4	8.3	9.9	9.0	6.4	7.7	10.0	7.5	6.9	7.3
Lewisham and Greenwich NHS Trust - Queen Elizabeth Hospital	8.3	6.4	9.2	7.0	-	-	8.8	7.6	7.1	7.7
Lewisham and Greenwich NHS Trust - University Hospital Lewisham	7.6	7.0	8.9	7.5	-	-	8.8	7.5	6.7	7.0
Liverpool Heart and Chest NHS Foundation Trust	-	-	-	-	-	-	9.4	7.3	7.8	8.2
Liverpool University Hospitals NHS Foundation Trust – Aintree University Hospital	8.3	8.2	9.6	8.3	-	-	10.0	7.9	7.4	7.3
Liverpool University Hospitals NHS Trust - Royal	7.5	5.8	8.3	6.5	-	-	10.0	-	-	-
London North West University Healthcare NHS Trust	9.7	8.4	9.8	8.5	-	-	6.9	-	-	-
Manchester University NHS Foundation Trust - North Manchester General Hospital	6.5	5.9	8.5	-	-	-	6.9	7.7	7.4	7.5
Manchester University NHS Foundation Trust - Oxford Road Campus	9.1	8.7	9.8	8.7	-	-	10.0	7.5	7.4	7.7
Manchester University NHS Foundation Trust - WTA sites	9.5	8.9	9.9	8.6	5.4	5.7	10.0	8.3	8.3	8.7
Medway NHS Foundation Trust	8.6	7.6	9.5	8.1	-	-	9.4	-	-	-
Mid and South Essex NHS Foundation Trust - Basildon	9.1	8.0	9.9	7.8	-	-	9.4	-	-	-
Mid and South Essex NHS Foundation Trust - Mid Essex	8.7	6.1	9.4	8.1	-	-	8.8	7.3	6.6	7.4
Mid and South Essex NHS Foundation Trust - Southend	9.3	8.7	9.8	8.2	-	-	8.8	7.9	7.5	8.0
Mid Cheshire Hospitals NHS Foundation Trust	8.9	8.1	9.7	7.9	6.0	6.7	7.5	-	-	-
Mid Yorkshire Hospitals NHS Trust	9.0	7.9	9.9	8.5	4.9	5.5	7.5	8.3	8.4	8.0

Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Milton Keynes University Hospital NHS Foundation Trust	8.9	7.7	9.3	7.9	4.5	5.6	8.8	7.2	6.9	7.5
Norfolk and Norwich University Hospitals NHS Foundation Trust	8.9	8.3	9.6	7.9	6.1	6.6	10.0	8.3	7.5	7.7
North Bristol NHS Trust	8.7	7.2	9.6	7.9	6.2	7.2	10.0	7.7	7.2	7.8
North Cumbria Integrated Care NHS Foundation Trust - CIC site	9.1	7.1	9.3	7.8	-	-	4.4	-	-	-
North Cumbria Integrated Care NHS Foundation Trust - WCH site	-	-	-	-	-	-	4.4	-	-	-
North Middlesex University Hospital NHS Trust	7.8	7.8	9.7	7.9	-	-	6.3	7.5	7.1	7.6
North Tees and Hartlepool NHS Foundation Trust - University Hospital of North Tees	8.1	6.1	9.3	6.2	-	-	8.1	7.5	6.5	7.5
North West Anglia NHS Foundation Trust - Hinchingsbrooke Hospital	6.1	6.5	8.4	6.8	-	-	6.9	-	-	-
North West Anglia NHS Foundation Trust - Peterborough City Hospital	6.7	6.6	7.8	6.7	-	-	9.4	-	-	-
Northampton General Hospital NHS Trust	9.9	8.2	10.0	9.1	5.8	6.4	10.0	7.7	7.5	7.7
Northern Care Alliance NHS Foundation Trust - Fairfield General Hospital	7.6	6.5	9.1	7.1	-	-	6.3	-	-	-
Northern Care Alliance NHS Foundation Trust - Rochdale Infirmary	-	-	-	-	-	-	8.8	-	-	-
Northern Care Alliance NHS Foundation Trust - Royal Oldham Hospital	8.5	6.5	9.8	6.6	-	-	6.3	-	-	-
Northern Care Alliance NHS Foundation Trust - Salford Royal	8.8	7.7	9.6	8.2	-	-	10.0	-	-	-
Northern Lincolnshire and Goole NHS Foundation Trust - Diana Princess of Wales Hospital	6.3	5.7	8.5	5.2	-	-	6.9	-	-	-
Northern Lincolnshire and Goole NHS Foundation Trust - Scunthorpe General Hospital	6.6	5.9	8.7	5.1	-	-	6.9	-	-	-
Northumbria Healthcare NHS Foundation Trust - Hexham	-	-	-	-	-	-	6.3	-	-	-
Northumbria Healthcare NHS Foundation Trust - NSECH	8.9	8.4	9.7	8.0	-	-	8.8	7.9	7.3	7.9
Northumbria Healthcare NHS Foundation Trust - NT	8.5	8.0	8.9	8.9	-	-	8.8	-	-	-
Northumbria Healthcare NHS Foundation Trust - WGH	9.4	9.2	9.7	9.1	-	-	8.8	-	-	-
Nottingham University Hospitals NHS Trust	7.8	6.8	9.0	7.1	-	-	10.0	7.6	7.7	7.5
Oxford University Hospitals NHS Foundation Trust	9.4	9.4	9.6	8.2	6.0	6.8	5.0	7.3	6.9	7.6
Queen Victoria Hospital NHS Foundation Trust	-	-	-	-	-	-	8.8	-	-	-
Royal Berkshire NHS Foundation Trust	9.2	8.5	9.9	8.6	6.0	6.7	9.4	7.3	7.2	7.9
Royal Cornwall Hospitals NHS Trust	7.8	7.1	8.9	7.7	5.8	6.8	10.0	7.5	7.5	7.5



Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Royal Devon University Healthcare NHS Foundation Trust - North Devon District Hospital	7.7	7.8	9.2	7.6	-	-	6.3	-	-	-
Royal Devon University Healthcare NHS Foundation Trust - Royal Devon and Exeter Hospital	8.5	8.1	9.8	8.4	5.7	6.8	8.8	7.4	6.9	7.4
Royal Papworth Hospital NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-
Royal Surrey NHS Foundation Trust	9.5	8.4	9.4	8.8	5.4	6.1	10.0	7.3	7.3	7.9
Royal United Hospitals Bath NHS Foundation Trust	9.8	9.7	10.0	9.8	-	-	10.0	7.6	7.5	7.5
Salisbury NHS Foundation Trust	8.8	8.4	9.7	8.6	-	-	8.8	7.5	6.9	7.7
Sandwell and West Birmingham Hospitals NHS Trust - City Hospital	-	-	-	-	3.5	4.6	10.0	7.2	6.9	6.8
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell Hospital	6.8	6.3	8.8	6.1	3.4	4.3	10.0	7.6	6.9	6.9
Sheffield Teaching Hospitals NHS Foundation Trust	8.2	6.9	9.5	7.4	-	-	9.4	7.4	6.5	7.3
Sherwood Forest Hospitals NHS Foundation Trust	8.4	7.6	9.7	8.8	-	-	10.0	7.9	7.6	8.1
Shrewsbury and Telford Hospital NHS Trust	7.9	6.2	9.1	6.9	-	-	9.4	-	-	-
South Tees Hospitals - The Friarage Hospital	-	-	-	-	-	-	3.1	-	-	-
South Tees Hospitals - The James Cook University Hospital	8.3	6.5	8.9	6.9	-	-	7.5	-	-	-
South Tyneside and Sunderland NHS Foundation Trust - South Tyneside District Hospital	9.1	8.2	10.0	9.2	-	-	7.5	-	-	-
South Tyneside and Sunderland NHS Foundation Trust - Sunderland Royal Hospital	8.9	9.1	9.8	9.0	-	-	7.5	-	-	-
South Warwickshire NHS Foundation Trust	7.6	5.7	9.2	7.1	-	-	5.6	7.6	6.6	7.2
Southport and Ormskirk Hospital NHS Trust	7.6	6.5	8.7	7.2	-	-	10.0	7.5	7.1	7.6
St George's University Hospitals NHS Foundation Trust	8.3	7.4	9.7	7.0	-	-	10.0	7.3	6.6	7.3
St Helens and Knowsley Teaching Hospitals NHS Trust	8.3	7.2	9.7	7.1	5.9	6.6	9.4	7.8	7.4	8.0
Stockport NHS Foundation Trust	6.8	6.6	8.8	7.8	4.1	5.2	10.0	7.8	7.5	7.1
Swansea Bay University Health Board	5.2	5.6	7.0	4.8	4.9	6.4	8.8	7.3	6.1	6.7
Tameside and Glossop Integrated Care NHS Foundation Trust - Acute	7.5	5.1	8.3	6.0	5.8	6.5	6.9	8.3	6.6	6.9
The Christie NHS Foundation Trust	-	-	-	-	-	-	9.4	7.3	7.2	7.6
The Clatterbridge Cancer Centre NHS Foundation Trust	-	-	-	-	-	-	10.0	-	-	-
The Dudley Group NHS Foundation Trust	8.1	7.5	9.6	8.2	4.7	6.2	10.0	7.8	7.5	8.0
The Hillingdon Hospitals NHS Foundation Trust	-	-	10.0	-	-	-	7.5	-	-	-



Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
The Newcastle upon Tyne Hospitals NHS Foundation Trust	9.2	7.9	9.9	8.6	6.7	7.8	10.0	7.9	7.7	8.1
The Princess Alexandra Hospital NHS Trust	7.6	6.8	9.0	6.9	4.4	4.8	9.4	-	-	-
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	8.1	7.3	9.5	7.0	5.2	5.8	6.3	-	-	-
The Rotherham NHS Foundation Trust	6.4	6.2	8.8	6.4	-	-	10.0	-	-	-
The Royal Marsden NHS Foundation Trust	-	-	-	-	-	-	10.0	7.7	7.4	7.6
The Royal Wolverhampton NHS Trust	8.8	7.8	9.6	8.2	-	-	9.4	7.6	7.7	7.7
The Walton Centre NHS Foundation Trust	-	-	-	-	-	-	8.1	-	-	-
Torbay and South Devon NHS Foundation Trust - Torbay Hospital	7.3	6.4	9.2	7.5	-	-	10.0	-	-	-
United Lincolnshire Hospitals Trust - Lincoln County Hospital	6.8	4.7	8.1	8.3	-	-	6.3	-	-	-
United Lincolnshire Hospitals NHS Trust - Pilgrim Hospital	8.1	4.9	8.7	7.0	-	-	6.3	-	-	-
University College London Hospitals NHS Foundation Trust	8.8	8.1	9.6	7.2	6.2	6.9	6.3	7.5	7.1	7.5
University Hospital of Derby and Burton NHS Foundation Trust - Derby Site	7.2	7.2	8.6	8.1	-	-	9.4	7.9	7.8	8.0
University Hospital of Derby and Burton NHS Foundation Trust - Burton Site	7.7	6.1	8.4	8.2	-	-	6.9	8.0	7.9	7.7
University Hospital Southampton NHS Foundation Trust	8.3	7.3	9.8	8.2	5.7	6.5	10.0	7.5	6.6	7.3
University Hospitals Birmingham NHS Foundation Trust	-	-	-	-	-	-	8.1	-	-	-
University Hospitals Coventry and Warwickshire NHS Trust - University Hospital Coventry	5.2	5.0	7.7	6.4	-	-	5.6	7.4	6.7	7.8
University Hospitals Dorset NHS Foundation Trust - Poole Hospital	8.4	6.5	9.5	8.2	5.8	6.4	7.5	7.8	7.5	7.9
University Hospitals Dorset NHS Foundation Trust - The Royal Bournemouth and Christchurch Hospitals	7.9	5.4	9.0	6.6	6.4	7.0	10.0	7.5	6.9	7.1
University Hospitals of Leicester NHS Trust - Leicester General Hospital	-	-	-	-	-	-	5.6	-	-	-
University Hospitals of Leicester NHS Trust - Glenfield Hospital	6.2	5.9	8.7	5.2	5.5	6.3	5.6	7.3	6.8	7.3
University Hospitals of Leicester NHS Trust - Leicester Royal Infirmary	6.4	5.4	8.0	5.6	-	-	5.6	7.7	7.0	7.1
University Hospitals of Morecambe Bay NHS Foundation Trust - Furness General Hospital	7.0	6.2	8.2	-	-	-	6.3	-	-	-
University Hospitals of Morecambe Bay NHS Foundation Trust - Royal Lancaster Infirmary	6.8	6.6	9.2	8.2	-	-	6.3	7.5	6.8	7.2



Appendix 15: Hospital summary scores

Organisation and submission (Acute submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
University Hospitals of North Midlands NHS Trust	9.1	8.4	9.9	7.7	5.9	6.7	10.0	7.7	7.4	7.7
University Hospitals Plymouth NHS Trust	9.1	8.3	9.6	8.7	-	-	10.0	7.7	7.2	7.8
Walsall Healthcare NHS Trust	6.6	5.2	8.3	6.3	-	-	9.4	7.4	7.1	7.4
Warrington and Halton Hospitals NHS Foundation Trust	8.8	7.2	9.6	8.1	-	-	6.3	7.3	7.5	7.4
West Hertfordshire Hospitals NHS Trust	-	-	-	-	5.4	5.6	10.0	7.7	7.7	7.5
West Suffolk NHS Foundation Trust	8.8	7.1	9.8	7.7	5.5	6.3	6.9	-	-	-
Wirral University Teaching Hospital NHS Foundation Trust	8.2	6.7	9.2	7.3	-	-	10.0	7.3	7.2	7.4
Worcestershire Acute Hospitals NHS Trust	8.0	6.4	9.0	8.0	5.1	5.5	9.4	7.8	7.6	7.4
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	7.5	6.6	7.7	6.6	-	-	10.0	7.2	7.0	7.6
Wye Valley NHS Trust	8.5	6.0	9.3	7.1	5.2	5.7	6.3	7.2	5.9	6.8
York and Scarborough Teaching Hospitals Trust - Scarborough	7.3	6.3	9.5	7.5	-	-	9.4	8.2	8.8	8.5
York and Scarborough Teaching Hospitals NHS Foundation Trust - York	5.7	6.4	8.7	6.4	5.1	6.3	6.9	7.8	7.3	7.2



Appendix 15: Hospital summary scores

Organisation and submission (Community submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Aneurin Bevan University Health Board - Community	2.4	3.6	8.4	5.9	-	-	-	-	-	-
Berkshire Healthcare NHS Foundation Trust	8.3	7.7	9.7	9.1	-	-	10.0	-	-	-
Betsi Cadwaladr University Health Board - Community Hospitals	5.2	5.8	8.5	6.0	-	-	8.8	7.5	6.5	7.4
Birmingham Community Healthcare NHS Foundation Trust	7.4	6.0	8.7	7.2	-	-	-	-	-	-
Blackpool Teaching Hospitals NHS Foundation Trust - Clifton Hospital	-	-	-	-	-	-	6.9	7.6	7.4	7.6
Bradford Royal Infirmary - Community Hospitals (SLH/WBG/WWP)	-	-	-	-	-	-	-	-	-	-
Cambridgeshire and Peterborough NHS Foundation Trust	-	-	-	-	-	-	6.9	-	6.0	7.5
Central and North West London NHS Foundation Trust - HICU	-	-	-	-	-	-	6.3	-	-	-
Central and North West London NHS Foundation Trust - WICU	-	-	-	-	-	-	6.3	-	-	-
Central and North West London NHS Foundation Trust - SPRU	-	-	-	-	-	-	6.3	-	-	-
City Health Care Partnership CIC	-	-	-	-	-	-	4.4	-	-	-
Cornwall Partnership NHS Foundation Trust	5.9	5.6	8.2	7.7	-	-	8.8	-	6.2	7.6
Cwm Taf Morgannwg University Local Health Board - Community	8.4	8.4	9.5	8.9	-	-	6.3	-	-	-
Derbyshire Community Health Services NHS Foundation Trust	-	-	-	-	-	-	9.4	7.4	6.2	7.8
Dorset HealthCare University NHS Foundation Trust	9.0	8.9	9.9	8.4	-	-	8.8	-	-	-
East Lancashire Hospitals NHS Trust - Community	7.5	6.0	9.1	8.2	-	-	6.9	-	-	-
East London NHS Foundation Trust	-	-	-	-	-	-	6.9	-	-	-
East Suffolk and North Essex NHS Foundation Trust – Community Essex	-	-	-	-	-	-	6.9	-	-	-
East Suffolk and North Essex NHS Foundation Trust - Community Ipswich	-	-	-	-	-	-	5.6	-	-	-
Essex Partnership University NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-
First Community Health and Care	-	-	-	-	-	-	9.4	-	-	-
Gloucestershire Health and Care NHS Foundation Trust	8.2	7.2	9.0	8.7	-	-	6.3	-	-	-
Great Western Hospitals NHS Foundation Trust - SwICC Community	-	-	-	-	-	-	4.4	-	-	-
Herefordshire and Worcestershire Health and Care NHS Trust - Community	7.6	6.7	-	8.0	-	-	8.1	-	-	-
Hertfordshire Community NHS Trust	-	-	-	-	-	-	9.4	6.9	6.4	7.6
Hounslow and Richmond Community Healthcare NHS Trust	-	-	-	-	-	-	7.5	-	-	-
Humber Teaching NHS Foundation Trust	-	-	-	-	-	-	6.3	-	-	-

Appendix 15: Hospital summary scores

Organisation and submission (Community submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Hywel Dda University Health Board - Community	-	-	-	-	-	-	5.6	-	-	-
Kent Community Health NHS Foundation Trust	-	-	-	-	-	-	-	-	-	-
Lancashire & South Cumbria NHS Foundation Trust	-	-	-	-	-	-	7.5	-	-	-
Lincolnshire Community Health Services NHS Trust	5.3	5.2	9.4	9.2	-	-	6.3	-	-	-
Livewell Southwest	-	-	-	-	-	-	8.8	-	-	-
Mersey Care NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-
Midlands Partnership NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-
Norfolk Community Health and Care NHS Trust	-	-	-	-	-	-	10.0	-	-	-
North Cumbria Integrated Care NHS Foundation Trust Community Hospitals and LWS	8.8	9.0	9.5	9.6	-	-	4.4	-	-	-
Northamptonshire Healthcare NHS Foundation Trust - Community Beds	9.9	9.6	10.0	-	-	-	7.5	7.1	6.3	8.0
Northern Care Alliance NHS Foundation Trust - Oldham Intermediate Care	-	-	-	-	-	-	-	-	-	-
Northern Care Alliance NHS Foundation Trust - Salford Intermediate Care	-	-	-	-	-	-	8.1	-	-	-
Northumbria Healthcare NHS Foundation Trust Community Hospitals	9.3	9.2	9.9	9.3	-	-	6.3	-	-	-
Nottinghamshire Healthcare NHS Foundation Trust	-	-	-	-	-	-	6.3	-	-	-
Oxford Health NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-
Oxleas NHS Foundation Trust	-	-	-	-	-	-	-	-	-	-
Powys Local Health Board	6.1	6.7	8.5	7.1	-	-	5.6	-	-	-
Shropshire Community Health NHS Trust	-	-	-	-	-	-	5.0	-	-	-
Solent NHS Trust	-	-	-	-	-	-	5.6	-	-	-
South Tees Hospitals NHS Foundation Trust - Middlesbrough, Redcar and Cleveland Primary Care Hospitals	-	-	-	-	-	-	6.9	-	-	-
Southern Health NHS Foundation Trust	7.4	7.1	9.4	8.4	-	-	7.5	-	7.3	8.3
Surrey and Sussex Healthcare NHS Trust	7.8	6.3	8.9	7.3	-	-	6.9	8.0	7.0	7.1
Sussex Community NHS Foundation Trust	-	-	-	-	-	-	3.8	-	-	-
Tameside and Glossop Integrated Care NHS Foundation Trust - Community	-	-	-	-	-	-	6.9	-	-	-
Torbay and South Devon NHS Foundation Trust - Community Hospitals	-	-	-	-	-	-	7.5	-	-	-



Appendix 15: Hospital summary scores

Organisation and submission (Community submissions)	CDP	CFO	IDM	IPC	NFO	EOC	W	SC	SS	CC
	8.0	7.1	9.2	7.6	5.5	6.3	8.1	7.5	7.1	7.6
Velindre University NHS Trust - Velindre Cancer Centre	-	-	-	-	-	-	9.4	-	-	-
Wiltshire Health and Care	-	-	-	-	-	-	-	7.1	6.5	7.8
York and Scarborough Teaching Hospitals NHS Foundation Trust	-	-	-	-	-	-	9.4	-	-	-



Appendix 16: Method for scoring

A scoring system was devised in round one of NACEL to summarise the audit under nine key themes. A similar summary score methodology was adopted for rounds two, three and four of NACEL. For England and Wales in round four, NACEL is reporting on eleven themes.

This appendix sets out the component indicators of ten key themes and an explanation of how the summary scores are calculated. As in previous rounds, the theme 'recognition of dying' does not receive a summary score.

The NACEL key themes for round four 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*:

1. **Recognising the possibility of imminent death (CNR)**
2. **Communication with the dying person (CNR)**
3. **Communication with families and others (CNR)**
4. **Involvement in decision making (CNR)**
5. **Individualised plan of care (CNR)**
6. **Needs of families and others (QS)**
7. **Families' and others' experience of care (QS)**
8. **Workforce/Specialist Palliative Care (H/S)**
9. **Staff confidence (SRM)**
10. **Staff support (SRM)**
11. **Care and culture (SRM)**

As in previous rounds, only indicators from one element of the audit are utilised for each theme; either the Hospital/Site overview (H/S), the Case Note Review (CNR), the Quality Survey (QS) or the Staff Reported Measure (SRM). The element is specified in brackets next to the theme. At least three indicators are used for each summary score, to provide granularity in the results.



Appendix 16: Method for scoring

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

Key theme	Audit element	Component indicators for summary scores
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.
Involvement in decision making (IDM)	Case Note Review	6 questions on discussions regarding how much the patient wished to be involved in decision making and how involved the patient was in decision making.
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.
Needs of families and others (NFO)	Quality Survey	5 questions covering families and others needs, emotional, practical, spiritual, religious and cultural support and being informed about the patient's condition and treatment.
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.
Staff confidence (SC)	Staff Reported Measure	11 questions regarding staff confidence in delivering end of life care.
Staff support (SS)	Staff Reported Measure	3 questions regarding the support and training provided to staff from the hospital/site.
Care and culture (CC)	Staff Reported Measure	6 questions on the environment in which staff deliver end of life care.



Appendix 16: Method for scoring

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

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

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

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



Appendix 16: Method for scoring

6.3 Involvement in decision making (Source: Case Note Review)

Section	Question	Scoring		
		Yes	No but reason recorded and/or N/A	No and no reason recorded
Involvement in decision making	Is there documented evidence about the extent to which the patient wished to be involved in decisions about their care?	1	1	0
Involvement in decision making	Is there documented evidence in the notes that the dying person had their capacity assessed to be involved in their end of life care planning?	1	1	0
Involvement in decision making	Is there documented evidence within the final admission of a discussion with the patient by a senior clinician regarding whether to continue or stop life-sustaining treatment offering organ support such as assisted ventilation, implanted defibrillator, renal dialysis?	1	1	0
Involvement in decision making	Is there documented evidence within the final admission of a discussion with the nominated person by a senior clinician regarding whether to continue or stop life-sustaining treatment offering organ support such as assisted ventilation, implanted defibrillator, renal dialysis?	1	1	0
Involvement in decision making	Is there documented evidence that a discussion with the patient regarding Cardiopulmonary Resuscitation (CPR) was undertaken by a senior clinician?	1	1	0
Involvement in decision making	Is there documented evidence that the Cardiopulmonary Resuscitation (CPR) decision was discussed with the nominated person(s) by a senior clinician ?	1	1	0
Maximum possible score		6		



Appendix 16: Method for scoring

6.4 Individualised plan of care (Source: Case Note Review)

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



Appendix 16: Method for scoring

6.5 Needs of families and others (Source: Quality Survey)

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

6.6 Families' and others' experience of care (Source: Quality Survey)

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



Appendix 16: Method for scoring

6.7 Workforce/specialist palliative care (Source: Hospital/Site Overview)

Section	Question	Scoring	
		Yes	No
Specialist palliative care workforce	Does your hospital have access to a Specialist Palliative Care service?	1	1
		Yes	No
Specialist palliative care workforce	Is the face to face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week?	1	0
Specialist palliative care workforce	Is the telephone specialist palliative care service (doctor and/or nurse) available 24 hours a day, 7 days a week?	1	0
Staff training for all hospital/site staff	In the period between 1st April 2021 and 31st March 2022 was the following available:		
	End of life care training included in Induction Programme	0.25	0
	End of life care training included in Mandatory/Priority training	0.25	0
	Communication skills training specifically addressing end of life care	0.25	0
	Other training in relation to end of life care	0.25	0
Maximum possible score		4	



Appendix 16: Method for scoring

6.8 Staff confidence (Source: Staff Reported Measure)

Section	Question	Scoring					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
Questions about you	I am confident I can recognise when a patient might be dying imminently (within hours to days)	4	3	2	1	0	2
Questions about you	I feel confident in my skills to communicate clearly and sensitively to dying patients and those important to them	4	3	2	1	0	2
Questions about you	I am confident I have the skills to involve the dying patient and those important to them in decisions about end of life care in line with their wishes and preferences	4	3	2	1	0	2
Questions about you	I know how to access specialist palliative care advice, if required, when addressing specific end of life care needs for dying patients	4	3	2	1	0	2
Questions about you	I know how to respond to requests to die outside of the hospital setting from dying people and/or those important to them	4	3	2	1	0	2
Questions about you	I feel confident to respond to the practical and social needs of the dying person	4	3	2	1	0	2
Questions about you	I feel confident to respond to the spiritual, emotional and cultural needs of the dying person	4	3	2	1	0	2
Questions about you	I am confident in my ability to discuss hydration options with dying patients and those important to them	4	3	2	1	0	2
Questions about you	I am confident in assessing and managing patient pain and physical symptoms at the end of life	4	3	2	1	0	2
Questions about you	I feel confident to respond to the practical and social needs of those important to the dying person	4	3	2	1	0	2
Questions about you	I feel confident to respond to the spiritual, emotional and cultural needs of those important to the dying person	4	3	2	1	0	2
Maximum possible score		44					



Appendix 16: Method for scoring

6.9 Staff support (Source: Staff Reported Measure)

Section	Question	Scoring					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
Questions about you	I feel supported by the specialist palliative care team that the hospital has access to, when addressing specific end of life care needs for dying patients	4	3	2	1	0	2
Questions about you	I have completed training specific to end of life care within the last three years	4	3	2	1	0	2
Clinical area/area you work in	Managerial support is available to help provide care at the end of life	4	3	2	1	0	2
Maximum possible score		12					

7.0 Care and culture (Source: Staff Reported Measure)

Section	Question	Scoring					
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
Questions about you	I feel able to raise a concern about end of life care within my hospital if I needed to	4	3	2	1	0	2
Clinical area/area you work in	Staff work in partnership with the dying person and those important to them in planning and making decisions about their health, treatment and end of life care	4	3	2	1	0	2
Clinical area/area you work in	Priority is given to the provision of an appropriate peaceful environment, that maximises privacy, for dying people and those important to them	4	3	2	1	0	2
Clinical area/area you work in	Staff actively share information with each other about the individuals' end of life care needs	4	3	2	1	0	2
Clinical area/area you work in	Deaths are actively reviewed, and action plans are implemented to improve end of life care	4	3	2	1	0	2
Clinical area/area you work in	We have a culture that priorities care, compassion, respect and dignity as fundamental in all interactions with dying patients and those important to them	4	3	2	1	0	2
Maximum possible score		24					



Appendix 17: Patient demographics

Age profile	All deaths	Category 1	Category 2
18-64	11.84%	12.23%	9.20%
65-74	16.54%	16.71%	15.37%
75-84	32.04%	31.81%	33.57%
85-94	33.69%	33.35%	36.00%
95+	5.90%	5.90%	5.86%
Number of responses	7,613	6,624	989

Age	All deaths	Category 1	Category 2
Range	18 – 106	18 – 106	19 – 103
Mean	79	79	80
Median	82	82	82
Number of responses	7,613	6,624	989

Usual place of residency	All deaths	Category 1	Category 2
Home	84.53%	84.05%	87.75%
Residential home	6.31%	6.51%	4.96%
Nursing home	7.72%	8.03%	5.67%
Prison	0.01%	0.02%	0.00%
No fixed abode	0.08%	0.08%	0.10%
NHS other hospital provider	0.54%	0.54%	0.51%
Other	0.80%	0.77%	1.01%
Number of responses	7,604	6,616	988

Gender profile	All deaths	Category 1	Category 2
Male	52.43%	51.71%	57.23%
Female	47.56%	48.27%	42.77%
Other	0.01%	0.02%	0.00%
Number of responses	7,620	6,631	989

Ethnicity profile	All deaths	Category 1	Category 2
White – British	79.45%	79.56%	78.72%
White – Irish	0.61%	0.56%	0.91%
White – Any other White background	1.91%	1.91%	1.93%
Mixed – White and Black Caribbean	0.07%	0.08%	0.00%
Mixed – White and Black African	0.04%	0.05%	0.00%
Mixed – White and Asian	0.08%	0.08%	0.10%
Mixed – Any other mixed background	0.08%	0.09%	0.00%
Asian or Asian British – Indian	1.38%	1.35%	1.62%
Asian or Asian British – Pakistani	0.82%	0.82%	0.81%
Asian or Asian British – Bangladeshi	0.32%	0.26%	0.71%
Asian or Asian British – Any other Asian background	0.55%	0.56%	0.51%
Black or Black British – Caribbean	0.78%	0.76%	0.91%
Black or Black British – African	0.67%	0.74%	0.20%
Black or Black British – Any other Black background	0.25%	0.27%	0.10%
Other Ethnic Groups - Chinese	0.21%	0.23%	0.10%
Other Ethnic Groups – Any other ethnic group	1.07%	1.07%	1.01%
Not stated	11.74%	11.64%	12.36%
Number of responses	7,600	6,613	987



Appendix 18: Characteristics of deaths in hospitals

Primary cause of death	All deaths	Category 1	Category 2
Cancer	16.97%	18.11%	9.33%
Chronic respiratory disease	4.92%	4.77%	5.88%
COVID-19	4.59%	4.41%	5.78%
Dementia	2.21%	2.36%	1.22%
Heart failure	8.40%	7.77%	12.58%
Neurological conditions	0.88%	0.92%	0.61%
Pneumonia	21.82%	21.89%	21.30%
Renal failure	1.75%	1.77%	1.62%
Stroke	4.98%	5.45%	1.83%
Other	25.06%	24.77%	26.98%
No access to death certificate	8.42%	7.76%	12.88%
Number of responses	7,586	6,600	986

Day of death	All deaths	Category 1	Category 2
Monday	16.40%	16.16%	18.04%
Tuesday	14.45%	14.58%	13.56%
Wednesday	14.06%	13.95%	14.78%
Thursday	12.41%	12.65%	10.81%
Friday	15.33%	15.41%	14.78%
Saturday	14.42%	14.63%	13.05%
Sunday	12.92%	12.62%	14.98%
Number of responses	7,598	6,617	981

Time of death	All deaths	Category 1	Category 2
00:00 – 06:00	24.56%	24.47%	25.23%
06:01 – 12:00	25.21%	24.51%	29.95%
12:01 – 18:00	26.18%	26.48%	24.10%
18:01 – 23:59	24.05%	24.54%	20.72%
Number of responses	7,564	6,589	975

Length of stay profile	All deaths	Category 1	Category 2
0 – 1 days	12.11%	11.68%	15.04%
2 – 10 days	39.46%	38.90%	43.25%
11 – 20 days	23.00%	23.31%	20.91%
21 – 30 days	11.74%	12.12%	9.17%
31 – 40 days	5.47%	5.69%	4.02%
41 – 50 days	2.98%	3.00%	2.88%
51 – 60 days	1.93%	1.94%	1.85%
61 – 70 days	1.18%	1.24%	0.82%
71 – 80 days	0.77%	0.81%	0.51%
81 – 90 days	0.41%	0.43%	0.31%
90+	0.94%	0.90%	1.24%
Number of responses	7,514	6,543	971



Appendix 18: Characteristics of deaths in hospitals

Mental health conditions		All deaths	Category 1	Category 2
Dementia	Yes	18.30%	18.75%	15.28%
	No	81.70%	81.25%	84.72%
	Number of responses	7,597	6,609	988
Learning Disability	Yes	1.24%	1.26%	1.11%
	No	98.76%	98.74%	98.89%
	Number of responses	7,592	6,605	987
Other mental health diagnosis	Yes	7.23%	7.62%	4.58%
	No	92.77%	92.38%	95.42%
	Number of responses	7,553	6,571	982

Patient reviewed by a member of the Specialist Palliative Care Team during final admission	All deaths	Category 1	Category 2
Yes	47.10%	52.22%	12.86%
No	52.90%	47.78%	87.14%
Number of responses	7,539	6,559	980

How many emergency admissions to the hospital/site did the person have in the last 90 days of life?	All deaths	Category 1	Category 2
Range	0 – 13	0 – 13	0 – 6
Mean	1.33	1.33	1.31
Median	1.00	1.00	1.00
Number of responses	7,500	6,539	961

Was the patient admitted via an Emergency Department?	All deaths	Category 1	Category 2
Yes	86.72%	86.50%	88.18%
No	13.28%	13.50%	11.82%
Number of responses	7,580	6,599	981

Route of final admission	All deaths	Category 1	Category 2
Ambulance	76.45%	76.48%	76.25%
Self-presented	6.37%	6.39%	6.22%
GP referral	6.51%	6.46%	6.83%
Hospital transfer	6.92%	6.98%	6.52%
Other	3.75%	3.68%	4.18%
Number of responses	7,555	6,574	981



Appendix 19: Supplementary Quality Survey information

Nominated person's relationship to the patient	All deaths
Wife/Husband/Partner	36.45%
Son/Daughter	39.94%
Son in-law/Daughter-in-law	1.59%
Brother/Sister	4.69%
Parent	12.05%
Friend	1.18%
Other	4.09%
Number of responses	3,643

Place of death within the hospital	All deaths
In a bay shared with other patients	34.87%
In a side room	57.20%
Other	4.82%
Don't Know	3.11%
Number of responses	3,633

Ethnicity profile	All deaths
White – British	94.19%
White – Irish	1.56%
White – Any other White background	1.07%
Mixed – White and Black Caribbean	0.05%
Mixed – White and Black African	0.00%
Mixed – White and Asian	0.08%
Mixed – Any other mixed background	0.05%
Asian or Asian British – Indian	1.40%
Asian or Asian British – Pakistani	0.11%
Asian or Asian British – Bangladeshi	0.14%
Asian or Asian British – Any other Asian background	0.11%
Black or Black British – Caribbean	0.36%
Black or Black British – African	0.19%
Black or Black British – Any other Black background	0.05%
Other Ethnic Groups - Chinese	0.08%
Other Ethnic Groups – Any other ethnic group	0.14%
Not stated	0.41%
Number of responses	3,651

COVID-19 visiting restrictions in place	All deaths
Yes	43.89%
No	49.74%
Not sure	6.37%
Number of responses	3,643



Appendix 19: Supplementary Quality Survey information

A member of staff explained to the person that they were likely to die in the next few days	All deaths
Yes	32.46%
No, could have been told	8.23%
No, died too suddenly/unexpectedly	9.36%
No, too unwell, unconscious or unable to understand	28.89%
No, person did not want to know	1.12%
No, other	4.99%
Don't know	14.95%
Number of responses	3,645

A member of staff explained to families and others that the person was likely to die in the next few days	All deaths
Yes, clearly	61.22%
Yes, but not clearly	7.99%
Yes, but only when asked	5.88%
No, but could have been told	10.60%
No, died suddenly/unexpectedly	12.63%
Not sure	1.68%
Number of responses	3,641

The person had care for emotional needs met by staff	All deaths
Strongly agree	15.40%
Agree	19.67%
Neither agree nor disagree	13.69%
Disagree	8.69%
Strongly disagree	8.72%
Not applicable/not sure	33.83%
Number of responses	3,624

The person was given sufficient pain relief	All deaths
Strongly agree	35.00%
Agree	31.44%
Neither agree nor disagree	8.40%
Disagree	6.64%
Strongly disagree	6.28%
Not applicable/not sure	12.23%
Number of responses	3,629

The person was given sufficient relief of symptoms other than pain	All deaths
Strongly agree	30.50%
Agree	33.88%
Neither agree nor disagree	9.80%
Disagree	7.49%
Strongly disagree	6.58%
Not applicable/not sure	11.75%
Number of responses	3,633



Appendix 19: Supplementary Quality Survey information

The person had support to drink or receive hydration if they wished	All deaths
Strongly agree	20.13%
Agree	30.12%
Neither agree nor disagree	8.89%
Disagree	8.64%
Strongly disagree	8.28%
Not applicable/not sure	23.94%
Number of responses	3,622

The person had support to eat or receive nutrition if they wished	All deaths
Strongly agree	17.12%
Agree	27.59%
Neither agree nor disagree	9.40%
Disagree	8.24%
Strongly disagree	8.99%
Not applicable/not sure	28.67%
Number of responses	3,628

The person had an advance care plan prior to their last admission	All deaths
Yes	34.84%
No	57.11%
Don't know	8.05%
Number of responses	3,642

Staff made a plan for the person's care which took account of their individual requirements and wishes	All deaths
Strongly agree	27.26%
Agree	26.96%
Neither agree nor disagree	11.44%
Disagree	9.51%
Strongly disagree	9.23%
Not applicable/not sure	15.60%
Number of responses	3,628

Staff at the hospital involved the person in decisions about care and treatment as much as they wanted to be	All deaths
Involved as much as they wanted to be	34.84%
Would have liked to be more involved	7.79%
Would have liked to be less involved	0.22%
Not able to be involved	42.60%
Not sure	14.56%
Number of responses	3,634



Appendix 19: Supplementary Quality Survey information

Staff looking after the person had the skills to care for someone at the end of life	All deaths
Strongly agree	47.17%
Agree	25.60%
Neither agree nor disagree	8.71%
Disagree	6.90%
Strongly disagree	7.75%
Not applicable/not sure	3.87%
Number of responses	3,640

There was good coordination between different members of staff	All deaths
Strongly agree	31.56%
Agree	27.43%
Neither agree nor disagree	10.83%
Disagree	12.29%
Strongly disagree	12.09%
Not applicable/not sure	5.80%
Number of responses	3,638

Families and others felt supported by hospital staff after the person had died	All deaths
Strongly agree	33.35%
Agree	29.62%
Neither agree nor disagree	12.19%
Disagree	10.31%
Strongly disagree	10.22%
Not applicable/not sure	4.31%
Number of responses	3,619

The person had a suitable environment with adequate peace and privacy	All deaths
Strongly agree	32.53%
Agree	30.02%
Neither agree nor disagree	9.67%
Disagree	12.39%
Strongly disagree	11.84%
Not applicable/not sure	3.55%
Number of responses	3,631

The location within the hospital where the person died was appropriate	All deaths
Strongly agree	36.66%
Agree	29.88%
Neither agree nor disagree	9.64%
Disagree	9.72%
Strongly disagree	11.02%
Not applicable/not sure	3.08%
Number of responses	3,631



Appendix 20: Staff Reported Measure demographics

Gender profile	
Male	18.04%
Female	81.60%
Other	0.36%
Number of responses	11,075

Ethnicity profile	
White – British	66.75%
White – Irish	1.93%
White – Any other White background	4.98%
Mixed – White and Black Caribbean	0.40%
Mixed – White and Black African	0.52%
Mixed – White and Asian	0.74%
Mixed – Any other mixed background	0.59%
Asian or Asian British – Indian	6.86%
Asian or Asian British – Pakistani	2.01%
Asian or Asian British – Bangladeshi	0.41%
Asian or Asian British – Any other Asian background	4.43%
Black or Black British – Caribbean	1.15%
Black or Black British – African	4.79%
Black or Black British – Any other Black background	0.32%
Other Ethnic Groups - Chinese	0.77%
Other Ethnic Groups – Any other ethnic group	2.05%
Not stated	1.32%
Number of responses	11,043

Length of time worked in the hospital	
Less than a year	14.16%
1 – 5 years	36.34%
6 – 10 years	16.98%
More than 10 years	32.53%
Number of responses	11,098

Contact with End of Life patients	
Senior clinician (nurse/doctor) responsible for leading patient care	29.91%
Caring for patients as a member of the ward team	53.33%
Working in an advisory capacity across different areas	9.60%
Provide non-clinical care	7.16%
Number of responses	11,078



Appendix 20: Staff Reported Measure demographics

Staff group	
Registered nurse (Band 5 or 6)	32.82%
Registered nurse (Band 7 or above)	16.42%
Healthcare assistant (Band 2 – 4)	15.98%
Doctor (Consultant)	9.41%
Doctor (Foundation)	2.76%
Doctor (Specialty training)	3.12%
Doctor (Other)	2.83%
Allied health professional	6.33%
Social worker	0.15%
Therapy assistant	0.87%
Pharmacist	1.15%
Chaplain	0.78%
Ward based administration/support	2.50%
Housekeepers	0.82%
Porters	0.28%
Others	3.76%
Number of responses	11,117

Main clinical area	
Acute assessment ward (medical and/or surgical)	9.42%
Acute medical admissions ward	8.69%
Critical care	7.83%
Cardiology ward	3.52%
Care of the elderly ward	10.73%
Neurological ward	2.91%
Oncology ward	6.76%
Renal ward	1.90%
Respiratory ward	6.14%
Urology ward	0.67%
Rehabilitation ward	4.66%
Orthopaedics ward	2.53%
Trauma ward	0.97%
Surgical ward	7.44%
Specialist palliative care ward	4.34%
Intermediate care ward	0.98%
Other hospital location	20.50%
Number of responses	11,078



Appendix 21: 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	91.92%
Number of responses	202

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	6.19%
Number of responses	196

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	2.14%
Number of responses	196

Number of Quality Surveys sent	Average per submission
Number of Quality Surveys sent	89.79
Surveys returned as a percentage of letters sent	21.80%

Staff headcount	Value
0 – 99	10.43%
100 – 199	4.27%
200 – 499	3.32%
500 – 999	4.74%
1000 – 2999	16.11%
3000 – 4999	26.07%
5000 – 7999	17.06%
8000 – 9999	9.48%
10,000 – 14,999	5.21%
15,000+	3.32%
Number of responses	211



Appendix 22: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Steering Group		
Name	Title	Representing
Dr Suzanne Kite	Co-Clinical Lead, NACEL Round 4	NACEL
Elizabeth Rees	Co-Clinical Lead, NACEL Round 4	NACEL
Dr Mary Miller	Clinical Lead, NACEL 2024	NACEL
Dr Rosie Bronnert	Quality Improvement Clinical Advisor, NACEL 2024	NACEL
Jessica Moss	Quality Improvement Lead, NACEL	NHS Benchmarking Network
Sarah Atkinson	Project Director, NACEL	NHS Benchmarking Network
Tatyana Guveli	Head of National Clinical Audit Programme	NHS Benchmarking Network
Jessica Walsh	Project Manager, NACEL	NHS Benchmarking Network
Joylin Brockett	Project Manager, NACEL	NHS Benchmarking Network
Professor Bee Wee CBE	National Clinical Director for End of Life Care	NHS England
Dr Helen Milbourn/ Caroline Nicholson	Consultant Geriatrician Senior Clinical Lecturer: Supportive and End of Life Care (Nursing)	British Geriatrics Society
Gloria Clark	Senior Project Manager	NHS England – PaCE workstream
Dr Joe Cosgrove/ Dr Alison Ingham	Consultant Anaesthetist Consultant in Anaesthesia and Intensive Care and Regional Clinical Lead for Organ Donation	Royal College of Anaesthetists/Faculty of Intensive Care Medicine
Dr Sarah Cox	Consultant in Palliative Care	Large acute hospitals
Andrew Dickman	Pharmacist	Association of Supportive and Palliative Care Pharmacists
Dr Catriona Mayland	Consultant in Palliative Medicine and Senior Clinical Research Fellow	Research/Academic Interest
Professor John Ellershaw	Director of the Palliative Care Institute, University of Liverpool	Association for Palliative Medicine
Dr David Brooks	Chair JCP In Palliative Medicine	Royal College of Physicians
Sherree Fagge	End of Life Care Lead	NHS England/Improvement
Annette Furley	End of Life Doula/Member of NICE guideline committee	NACEL lay representative
Sarah Tilsed	Head of Patient Partnerships	The Patients Association
Dr Melanie Jefferson/ Dr Victoria Wheatley	Acting Clinical Lead for End of Life Care Consultant in Palliative Care	NHS Wales
Dr Di Laverty/ Dr Munikumar Ramasamy Venkatasalu	Chair	National Nurses Group (Palliative Care)
Giselle Martin-Dominguez/ Dr Amelia Swift/ Dr Kate Lillie	Professional Leads for End of Life Care	Royal College of Nursing



Appendix 22: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Steering Group		
Name	Title	Representing
Dr Catherine Millington-Sanders	General Practitioner	Royal College of General Practitioners
Ann Ford/ Amanda Williams	End of Life Lead Director of Integration, Inequalities and Improvement (Interim)	Care Quality Commission (CQC)
Drew Smith	Associate Director, Quality & Improvement	Healthcare Quality Improvement Partnership (HQIP)
Kevin Tromans/ Giselle Rusted	Chaplain	College of Healthcare Chaplains
Diane Walker	Palliative Care in Partnership Macmillan Programme Manager	Northern Ireland Public Health Agency



Appendix 22: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Advisory Group		
Name	Title	Representing
Dr Amit Arora	Consultant Geriatrician	University Hospital of North Midlands
Dr Ashling Lillis/ Lucie Rudd	Consultant in Emergency Medicine End of Life Specialist Advisor	Macmillan Cancer Care
Jennifer Beveridge	Analyst, Uptake and Impact	The National Institute for Health and Care Excellence
Dr Sarah Holmes	Medical Director	Marie Curie - UK
Dr Paul Perkins/ Dr Annabel Borthwick	Medical Director Consultant in Palliative Medicine	Sue Ryder
Julia Russell	Senior Clinical and Quality Improvement Lead	Hospice UK
Susan Dewar	District Nurse	Sussex Community NHS Foundation Trust
Natalia Plejic	Project Manager	Healthcare Quality Improvement Partnership (HQIP)
Ray Elder	Strategic Lead Palliative Care	South Eastern Health and Social Care Trust
Dr Paul Hopper	Consultant Psychogeriatrician	Central and North West London NHS Foundation Trust
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
Veronica Snow	Palliative Care Implementation Board	NHS Wales
Dr Rebekah Schiff	Consultant Geriatrician and General Medicine/Service Lead Ageing and Health	Guys and St Thomas' NHS Foundation Trust
Jessica Watkin	Policy Manager – Standards and Ethics	General Medical Council
Dr Joe Hawkins	Consultant in Palliative Medicine, Clinical End of Life Lead for Ashford and St Peter's	Ashford and St Peter's NHS Foundation Trust
Dr Charles Daniels	Macmillan Consultant in Palliative Medicine / Medical Director	London North West Healthcare University Trust/St Luke's Hospice
Dr Jayne Kennedy	Senior Speciality Doctor in Palliative Medicine and End of Life Care Lead	Wrightington, Wigan and Leigh Teaching Hospital NHS Foundation Trust/Sullivan Way Surgery
Jean Maguire	Macmillan Nurse Team Leader	Belfast Health and Social Care Trust
Dr Bernie Corcoran	Consultant in Palliative Medicine	Belfast Health and Social Care Trust
Michaelene Holder-March	Founder and Chair	BAME Health Collaborative
Dr Thomas Cowling	Assistant Professor, Department of Health Services Research and Policy	Royal College of Surgeons
Dr John Chambers	Consultant in Palliative Medicine	Northampton General Hospital
Dr Rebekah Schiff	Consultant Geriatrician and General Medicine/Service Lead Ageing and Health	Guys and St Thomas' Hospital
Professor Julia Verne	Clinical Lead National End of Life Care Intelligence Network	National Institute for Health Protection



Appendix 22: Steering Group, Advisory Group and Audit Team

The National Audit of Care at the End of Life Audit Team

Name	Title	Representing
Jessica Grantham	Head of Technology	NHS Benchmarking Network
Jessica Walsh	Project Manager	NHS Benchmarking Network
Joylin Brockett	Project Manager	NHS Benchmarking Network
Hester Girling	Project Manager	NHS Benchmarking Network
Chloe Hocking	Project Coordinator	NHS Benchmarking Network
Siobhan Headd	Project Coordinator	NHS Benchmarking Network
Heather Murray	Project Coordinator	NHS Benchmarking Network



Appendix 23: Audit participation

Number of organisations supplying data for the Trust/HB overview	
England	149
Wales	8
Total	157

Number of submissions supplying data for the hospital/site overview	England	Wales	Total
Acute	154	6	160
Community	49	6	55
Total	203	12	215

Number of submissions supplying data for the Case Note Review	England	Wales	Total
Acute	151	6	157
Community	35	5	39
Total	186	11	197

Number of Case Note Reviews returned by type of submission	England	Wales	Total
Acute	6,656	291	6,947
Community	492	181	673
Total	7,148	472	7,620

Submissions with at least one Quality Survey returned	England	Wales	Total
Acute	92	3	95
Community	13	-	13
Total	105	3	108

Number of Quality Surveys returned by submission type	England	Wales	Total
Acute	3,473	57	3,530
Community	70	-	70
Total	3,543	57	3,600

Submissions with at least one Staff Reported Measure returned	England	Wales	Total
Acute	142	6	148
Community	37	5	42
Total	179	11	190

Number of Staff Reported Measures returned by submission type	England	Wales	Total
Acute	9,941	328	10,269
Community	801	73	874
Total	10,742	401	11,143



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
Airedale NHS Foundation Trust	Acute	✓	47	8	38
Aneurin Bevan University Health Board - Acute	Acute	✓	50	7	13
Aneurin Bevan University Health Board - Community	Community	✓	35	0	0
Ashford & St Peters Hospitals NHS Foundation Trust	Acute	✓	46	17	0
Barking, Havering and Redbridge University Hospitals NHS Trust - King George Hospital	Acute	✓	44	0	0
Barking, Havering and Redbridge University Hospitals NHS Trust - Queen's Hospital	Acute	✓	50	124	18
Barnsley Hospital NHS Foundation Trust	Acute	✓	50	72	34
Barts Health NHS Trust - Newham Hospital	Acute	✓	43	127	0
Barts Health NHS Trust - St Bartholomews	Acute	✓	13	54	0
Barts Health NHS Trust - The Margaret Centre	Acute	✓	32	21	0
Barts Health NHS Trust - The Royal London Hospital	Acute	✓	37	121	0
Barts Health NHS Trust - Whipps Cross Hospital	Acute	✓	15	106	0
Bedfordshire Hospitals NHS Foundation Trust - Bedford Hospital	Acute	✓	50	58	0
Bedfordshire Hospitals NHS Foundation Trust - Luton and Dunstable Hospital	Acute	✓	50	61	0
Berkshire Healthcare NHS Foundation Trust	Community	✓	26	23	7
Betsi Cadwaladr University Health Board - Acute Hospitals	Acute	✓	42	105	14
Betsi Cadwaladr University Health Board - Community Hospitals	Community	✓	45	38	0
Birmingham Community Healthcare NHS Foundation Trust	Community	✓	27	13	0
Blackpool Teaching Hospitals NHS Foundation Trust	Acute	✓	50	61	5
Blackpool Teaching Hospitals NHS Foundation Trust - Clifton Hospital	Community	✓	6	81	0
Bolton NHS Foundation Trust	Acute	✓	50	24	0
Bradford Teaching Hospitals NHS Foundation Trust - Bradford Royal Infirmary	Acute	✓	50	350	25
Bradford Teaching Hospitals NHS Foundation Trust - Bradford Royal Infirmary - Community Hospitals (SLH/WBG/WWP)	Community	✓	7	27	2
Buckinghamshire Healthcare NHS Trust	Acute	✓	50	21	18
Calderdale and Huddersfield NHS Foundation Trust	Acute	✓	50	102	82
Cambridge University Hospitals NHS Foundation Trust	Acute	✓	50	28	67
Cambridgeshire and Peterborough NHS Foundation Trust	Community	✓	0	33	0
Cardiff & Vale University Health Board	Acute	✓	49	57	0



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
Central and North West London NHS Foundation Trust - CNWL - HICU	Community	✓	0	1	0
Central and North West London NHS Foundation Trust - CNWL - SPRU	Community	✓	0	0	0
Central and North West London NHS Foundation Trust - CNWL - WICU	Community	✓	0	11	0
Chelsea and Westminster Hospital NHS Foundation Trust	Acute	✓	50	0	0
Chesterfield Royal Hospital Foundation Trust	Acute	✓	33	43	0
City Health Care Partnership CIC	Community	✓	3	14	0
Cornwall Partnership NHS Foundation Trust	Community	✓	50	33	0
Countess of Chester Hospital NHS Foundation Trust	Acute	✓	50	172	0
County Durham and Darlington NHS Foundation Trust - Darlington Memorial Hospital	Acute	✓	48	9	0
County Durham and Darlington NHS Foundation Trust - University Hospital North Durham	Acute	✓	48	7	104
Croydon Health Services NHS Trust - Croydon University Hospital	Acute	✓	50	66	21
Cwm Taf Morgannwg University Local Health Board - Acute	Acute	✓	50	41	0
Cwm Taf Morgannwg University Local Health Board - Community	Community	✓	50	9	0
Derbyshire Community Health Services NHS Foundation Trust	Community	✓	8	57	0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Bassetlaw Hospital	Acute	✓	24	94	0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Doncaster Royal Infirmary	Acute	✓	50	87	39
Dorset County Hospital NHS Foundation Trust	Acute	✓	39	18	42
Dorset HealthCare University NHS Foundation Trust	Community	✓	27	18	0
East and North Hertfordshire NHS Trust	Acute	✓	50	2	15
East Lancashire Hospitals NHS Trust - Acute	Acute	✓	50	156	0
East Lancashire Hospitals NHS Trust - Community	Community	✓	21	22	0
East London NHS Foundation Trust	Community	✓	0	3	0
East Suffolk and North Essex NHS Foundation Trust - Colchester Hospital	Acute	✓	50	20	73
East Suffolk and North Essex NHS Foundation Trust - Community Essex	Community	✓	6	26	1
East Suffolk and North Essex NHS Foundation Trust - Community Ipswich	Community	✓	1	3	2
East Suffolk and North Essex NHS Foundation Trust - Ipswich Hospital	Acute	✓	50	23	54
East Sussex Healthcare NHS Trust	Acute	✓	50	54	38
Epsom and St Helier University Hospitals NHS Trust	Acute	✓	50	119	0



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
Essex Partnership University NHS Foundation Trust	Community	✓	1	5	0
First Community Health and Care	Community	✓	0	21	0
Frimley Health NHS Foundation Trust	Acute	✓	50	93	0
Gateshead Health NHS Foundation Trust	Acute	✓	49	104	28
George Eliot Hospital NHS Trust	Acute	✓	42	7	37
Gloucestershire Health and Care NHS Foundation Trust	Community	✓	33	10	7
Gloucestershire Hospitals NHS Foundation Trust	Acute	✓	50	111	195
Great Western Hospitals Foundation Trust - Acute	Acute	✓	50	0	0
Great Western Hospitals NHS Foundation Trust - SwICC Community	Community	✓	3	0	0
Guy's and St Thomas' NHS Foundation Trust - Guy's and St Thomas'	Acute	✓	50	120	41
Guy's and St Thomas' NHS Foundation Trust - Royal Brompton and Harefield	Acute	✓	11	39	8
Hampshire Hospitals NHS Foundation Trust	Acute	✓	50	105	121
Harrogate and District NHS Foundation Trust	Acute	✓	50	83	29
Herefordshire and Worcestershire Health and Care NHS Trust - Community	Community	✓	14	12	0
Hertfordshire Community NHS Trust	Community	✓	0	60	0
Homerton University Hospital NHS Foundation Trust	Acute	✓	30	76	9
Hounslow and Richmond Community Healthcare NHS Trust	Community	✓	0	0	0
Hull University Teaching Hospitals NHS Trust	Acute	✓	50	94	0
Humber Teaching NHS Foundation Trust	Community	✓	2	20	0
Hywel Dda University Health Board - Acute	Acute	✓	50	74	0
Hywel Dda University Health Board - Community	Community	✓	11	8	0
Imperial College Healthcare NHS Trust	Acute	✓	50	61	0
Isle of Wight NHS Trust	Acute	✓	49	0	39
James Paget University Hospitals NHS Foundation Trust	Acute	✓	50	66	0
Kent Community Health NHS Foundation Trust	Community	-	5	0	0
Kettering General Hospital NHS Foundation Trust	Acute	✓	50	116	26
King's College Hospital NHS Foundation Trust - Denmark Hill	Acute	✓	49	206	41
King's College Hospital NHS Foundation Trust - PRUH	Acute	✓	50	69	58
Kingston Hospital NHS Foundation Trust	Acute	✓	49	44	0
Lancashire & South Cumbria NHS Foundation Trust	Community	✓	2	8	1



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
Lancashire Teaching Hospitals NHS Foundation Trust - Royal Preston Hospital	Acute	✓	50	0	54
Lancashire Teaching Hospitals NHS Trust - Chorley and South Ribble District Hospital	Acute	✓	20	0	13
Leeds Teaching Hospitals NHS Trust	Acute	✓	50	122	35
Lewisham and Greenwich NHS Trust - Queen Elizabeth Hospital	Acute	✓	50	77	14
Lewisham and Greenwich NHS Trust - University Hospital Lewisham	Acute	✓	40	63	8
Lincolnshire Community Health Services NHS Trust	Community	✓	37	10	14
Liverpool Heart and Chest NHS Foundation Trust	Acute	✓	16	52	0
Liverpool University Hospitals NHS Foundation Trust - Aintree University Hospital	Acute	✓	50	52	23
Liverpool University Hospitals NHS Trust - Royal	Acute	✓	50	27	17
Livewell Southwest	Community	✓	0	0	0
London North West University Healthcare NHS Trust	Acute	✓	50	16	8
Manchester University NHS Foundation Trust - North Manchester General Hospital	Acute	✓	37	46	0
Manchester University NHS Foundation Trust - Oxford Road Campus	Acute	✓	36	69	20
Manchester University NHS Foundation Trust - WTWA sites	Acute	✓	45	30	46
Medway NHS Foundation Trust	Acute	✓	40	22	20
Mersey Care NHS Foundation Trust	Community	✓	1	5	0
Mid and South Essex NHS Foundation Trust - Basildon	Acute	✓	50	9	0
Mid and South Essex NHS Foundation Trust - Mid Essex	Acute	✓	50	113	0
Mid and South Essex NHS Foundation Trust - Southend	Acute	✓	50	100	0
Mid Cheshire Hospitals NHS Foundation Trust	Acute	✓	50	18	46
Mid Yorkshire Hospitals NHS Trust	Acute	✓	50	80	73
Midlands Partnership NHS Foundation Trust	Community	✓	8	22	2
Milton Keynes University Hospital NHS Foundation Trust	Acute	✓	50	111	53
Norfolk and Norwich University Hospitals NHS Foundation Trust	Acute	✓	50	51	68
Norfolk Community Health and Care NHS Trust	Community	✓	2	9	0
North Bristol NHS Trust	Acute	✓	50	93	84
North Cumbria Integrated Care NHS Foundation Trust - CIC site	Acute	✓	39	0	0
North Cumbria Integrated Care NHS Foundation Trust - Community Hospitals and LWS	Community	✓	21	0	0
North Cumbria Integrated Care NHS Foundation Trust - WCH site	Acute	✓	28	0	0
North Middlesex University Hospital NHS Trust	Acute	✓	50	121	0
North Tees and Hartlepool NHS Foundation Trust - University Hospital of North Tees	Acute	✓	41	34	4



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
North West Anglia NHS Foundation Trust - Hinchingsbrooke Hospital	Acute	✓	42	9	10
North West Anglia NHS Foundation Trust - Peterborough City Hospital	Acute	✓	50	20	14
Northampton General Hospital NHS Trust	Acute	✓	50	178	41
Northamptonshire Healthcare NHS Foundation Trust - Community Beds	Community	✓	17	51	13
Northern Care Alliance NHS Foundation Trust - Fairfield General Hospital	Acute	✓	50	1	0
Northern Care Alliance NHS Foundation Trust - Oldham Intermediate Care	Community	✓	0	0	0
Northern Care Alliance NHS Foundation Trust - Rochdale Infirmary	Acute	✓	12	0	0
Northern Care Alliance NHS Foundation Trust - Royal Oldham Hospital	Acute	✓	50	11	0
Northern Care Alliance NHS Foundation Trust - Salford Royal	Acute	✓	50	13	0
Northern Care Alliance NHS Foundation Trust - Salford Intermediate Care	Community	✓	0	13	0
Northern Lincolnshire and Goole NHS Foundation Trust - Diana Princess of Wales Hospital	Acute	✓	50	25	12
Northern Lincolnshire and Goole NHS Foundation Trust - Scunthorpe General Hospital	Acute	✓	39	19	5
Northumbria Healthcare NHS Foundation Trust - Hexham	Acute	✓	9	14	0
Northumbria Healthcare NHS Foundation Trust - NSECH	Acute	✓	49	50	0
Northumbria Healthcare NHS Foundation Trust - NT	Acute	✓	40	13	0
Northumbria Healthcare NHS Foundation Trust - WGH	Acute	✓	40	15	0
Northumbria Healthcare NHS Foundation Trust - Community Hospitals	Community	✓	15	6	0
Nottingham University Hospitals NHS Trust	Acute	✓	50	113	0
Nottinghamshire Healthcare NHS Foundation Trust	Community	✓	4	0	0
Oxford Health NHS Foundation Trust	Community	✓	8	21	0
Oxford University Hospitals NHS Foundation Trust	Acute	✓	40	255	64
Oxleas NHS Foundation Trust	Community	✓	0	0	0
Powys Local Health Board	Community	✓	40	3	0
Queen Victoria Hospital NHS Foundation Trust	Acute	✓	0	7	0
Royal Berkshire NHS Foundation Trust	Acute	✓	50	139	37
Royal Cornwall Hospitals NHS Trust	Acute	✓	50	109	42
Royal Devon University Healthcare NHS Foundation Trust - North Devon District Hospital	Acute	✓	50	2	18
Royal Devon University Healthcare NHS Foundation Trust - Royal Devon and Exeter Hospital	Acute	✓	50	75	42
Royal Papworth Hospital NHS Foundation Trust	Acute	✓	16	7	0
Royal Surrey NHS Foundation Trust	Acute	✓	45	47	52



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
Royal United Hospitals Bath NHS Foundation Trust	Acute	✓	50	104	0
Salisbury NHS Foundation Trust	Acute	✓	48	55	0
Sandwell and West Birmingham Hospitals NHS Trust - City Hospital	Acute	✓	36	57	52
Sandwell and West Birmingham Hospitals NHS Trust - Sandwell Hospital	Acute	✓	50	34	58
Sheffield Teaching Hospitals NHS Foundation Trust	Acute	✓	50	213	24
Sherwood Forest Hospitals NHS Foundation Trust	Acute	✓	50	109	6
Shrewsbury and Telford Hospital NHS Trust	Acute	✓	50	0	0
Shropshire Community Health NHS Trust	Community	✓	10	0	0
Solent NHS Trust	Community	✓	0	0	0
South Tees Hospitals NHS Foundation Trust - Middlesbrough, Redcar and Cleveland Primary Care Hospitals	Community	✓	4	4	0
South Tees Hospitals NHS Foundation Trust - The Friarage Hospital	Acute	✓	6	4	0
South Tees Hospitals NHS Foundation Trust - The James Cook University Hospital	Acute	✓	50	18	8
South Tyneside and Sunderland NHS Foundation Trust - South Tyneside District Hospital	Acute	✓	49	11	0
South Tyneside and Sunderland NHS Foundation Trust - Sunderland Royal Hospital	Acute	✓	50	15	0
South Warwickshire NHS Foundation Trust	Acute	✓	40	54	10
Southern Health NHS Foundation Trust	Community	✓	33	33	0
Southport and Ormskirk Hospital NHS Trust	Acute	✓	50	63	3
St George's University Hospitals NHS Foundation Trust	Acute	✓	50	125	0
St Helens and Knowsley Teaching Hospitals NHS Trust	Acute	✓	50	105	66
Stockport NHS Foundation Trust	Acute	✓	50	101	33
Surrey and Sussex Healthcare NHS Trust	Community	✓	50	50	13
Sussex Community NHS Foundation Trust	Community	✓	0	0	0
Swansea Bay University Health Board	Acute	✓	50	44	30
Tameside and Glossop Integrated Care NHS Foundation Trust - Acute	Acute	✓	50	39	33
Tameside and Glossop Integrated Care NHS Foundation Trust - Community	Community	✓	12	10	4
The Christie NHS Foundation Trust	Acute	✓	21	40	0
The Clatterbridge Cancer Centre NHS Foundation Trust	Acute	✓	17	19	2
The Dudley Group NHS Foundation Trust	Acute	✓	50	97	32
The Hillingdon Hospitals NHS Foundation Trust	Acute	✓	38	22	0
The Newcastle upon Tyne Hospitals NHS Foundation Trust	Acute	✓	50	115	41



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
The Princess Alexandra Hospital NHS Trust	Acute	✓	39	29	47
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Acute	✓	49	20	50
The Rotherham NHS Foundation Trust	Acute	✓	50	7	0
The Royal Marsden NHS Foundation Trust	Acute	✓	20	88	15
The Royal Wolverhampton NHS Trust	Acute	✓	50	106	0
The Walton Centre NHS Foundation Trust	Acute	✓	5	24	5
Torbay and South Devon NHS Foundation Trust - Community Hospitals	Community	✓	9	3	3
Torbay and South Devon NHS Foundation Trust - Torbay Hospital	Acute	✓	45	28	13
United Lincolnshire Hospitals Trust - Lincoln County Hospital	Acute	✓	50	7	2
United Lincolnshire Hospitals NHS Trust - Pilgrim Hospital	Acute	✓	50	6	2
University College London Hospitals NHS Foundation Trust	Acute	✓	50	97	33
University Hospital of Derby and Burton NHS Foundation Trust - Burton Site	Acute	✓	46	80	0
University Hospital of Derby and Burton NHS Foundation Trust - Derby Site	Acute	✓	46	180	0
University Hospital Southampton NHS Foundation Trust	Acute	✓	50	150	40
University Hospitals Birmingham NHS Foundation Trust	Acute	✓	0	0	0
University Hospitals Coventry and Warwickshire NHS Trust - University Hospital Coventry	Acute	✓	50	221	22
University Hospitals Dorset NHS Foundation Trust - Poole Hospital	Acute	✓	41	109	36
University Hospitals Dorset NHS Foundation Trust - The Royal Bournemouth and Christchurch Hospitals	Acute	✓	50	113	73
University Hospitals of Leicester NHS Trust - Glenfield General Hospital	Acute	✓	49	122	127
University Hospitals of Leicester NHS Trust - Leicester General Hospital	Acute	✓	11	27	0
University Hospitals of Leicester NHS Trust - Leicester Royal Infirmary	Acute	✓	48	101	0
University Hospitals of Morecambe Bay NHS Foundation Trust - Furness General Hospital	Acute	✓	44	2	0
University Hospitals of Morecambe Bay NHS Foundation Trust - Royal Lancaster Infirmary	Acute	✓	46	118	0
University Hospitals of North Midlands NHS Trust	Acute	✓	50	95	85
University Hospitals Plymouth NHS Trust	Acute	✓	50	101	14
Velindre NHS Trust - Velindre Cancer Centre	Community	✓	0	15	0
Walsall Healthcare NHS Trust	Acute	✓	43	57	8
Warrington and Halton Hospitals NHS Foundation Trust	Acute	✓	50	74	10
West Hertfordshire Hospitals NHS Trust	Acute	✓	0	35	95



Appendix 23: Audit participation

Organisation and submission	Peer group	H/S	CNR	SRM	QS
West Suffolk NHS Foundation Trust	Acute	✓	50	0	43
Wiltshire Health and Care	Community	✓	8	48	1
Wirral University Teaching Hospital NHS Foundation Trust	Acute	✓	48	136	0
Worcestershire Acute Hospitals NHS Trust	Acute	✓	50	54	43
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	Acute	✓	50	103	0
Wye Valley NHS Trust	Acute	✓	50	40	35
York and Scarborough Teaching Hospitals NHS Foundation Trust - Community	Community	✓	11	15	0
York and Scarborough Teaching Hospitals NHS Foundation Trust - Scarborough	Acute	✓	50	62	21
York and Scarborough Teaching Hospitals NHS Foundation Trust - York	Acute	✓	50	102	58





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